## **2023 Blue Cross Vision Value Standard Exam and Eyewear – Option 2**



	In-network benefit	Out-of-network reimbursements
EYE EXAMS – One exam every 12 months		Eye exam: \$40
Eye exam Includes dilation when recommended by eye care professional	100% after \$10 copay	Frames: \$50 Lenses:
PRESCRIPTION GLASSES – Benefit available for eyeg	lass lenses or contact lenses once every 12 months	- Single vision: \$40
Lenses*	100% after \$25 copay	- Bifocal/progressive: \$60
Single vision, lined bifocal, trifocal, lenticular, polycarbonate (dependent children)	100 % alter \$25 copay	- Trifocal: \$80 - Lenticular: \$100
Frames	1 every 24 months	
Davis Vision Exclusive Collection**		Contact lenses:
- Fashion level	100%; no copay	- Elective: \$105
- Designer level	100%; no copay	- Visually required: \$225
- Premier level	100%; \$25 copay	
Non-Davis Vision Exclusive Collection	No conquinto novo un to \$190	*Vour plan covere a wide
- Visionworks stores	No copay: plan pays up to \$180 plus 20% discount on remaining costs***	*Your plan covers a wide variety of lenses. Be sure
- Frames available from other participating retailers	No copay: plan pays up to \$130	the lenses you choose are
	plus 20% discount on remaining costs***	covered by your plan. You'll have to pay the full cost for
EYE GLASS ENHANCEMENTS		lenses your plan doesn't cover.
- Tinting of plastic lenses	Member pays \$0	Your eyecare/eyewear
- Scratch-resistant coating	Standard: \$0 / Premium: \$30	provider can assist you with this, or you can contact
- Polycarbonate lenses		customer service at the
- Dependent children, monocular patients and those	Member pays \$0	number on your vision member ID card.
with a prescription of +/-6.00 diopters or greater		**Davis Vision Exclusive
- Adults	Member pays \$30	Collection available at most
- Ultraviolet coating - Anti-reflective coating	Member pays \$12 Standard: \$35 / Premium: \$48 / Ultra: \$60 / Ultimate: \$85	participating independent provider offices. Collection is
- Blue lens filtering	Member pays \$15	subject to change.
- Progressive lenses	Standard: \$50 / Premium: \$90 / Ultra: \$140 / Ultimate: \$175	***Additional discount not available at Costco,
- High-index lenses	Member pays \$55 / \$120	Walmart, Sam's Club or at
- Polarized lenses	Member pays \$75	participating online retail providers.
- Plastic photochromic lenses	Member pays \$65	†Available at most
- Scratch protection plan	Single vision: \$20 / Multifocal vision: \$40	participating independent
CONTACT LENSES - Benefit available for eyeglass len		provider offices. Collection is subject to change.
Collection contact lenses <sup>†</sup>	, , , , , , , , , , , , , , , , , , ,	††Available at participating
- Disposable	up to 4 boxes	retail providers.  †††Visually required (also
- Non-disposable	up to 2 boxes	known as medically
- Evaluation, fitting and follow-up care	100% after \$25 copay	necessary) means that optimal visual correction
Non-collection contact lens allowance <sup>††</sup>	Plan pays up to \$130 plus 15% discount on remaining costs***	cannot be achieved with prescription eyeglasses but can be achieved with
- Evaluation, fitting and follow-up care for standard lenses	100% after \$25 copay	contact lens wear.
- Evaluation, fitting and follow-up care for specialty lenses	\$25 copay; after copay, plan pays up to \$60 plus 15% discount on remaining costs***	Conditions that may commonly justify visually required lenses include
Visually required contact lenses <sup>†††</sup> (preauthorization required)		keratoconus, anisometropia, aniseikonia, high astigmatism, pathological
- Materials	100%	myopia, post-traumatic disorders, aphakia, aniridia,
- Evaluation, fitting and follow-up care	100%	and certain corneal conditions.
		conditions.

This plan provides vision coverage only. Your vision plan's benefit booklet will contain more details on standard plan exclusions and frequency limitations. In the event of a discrepancy, the benefit booklet will supersede this summary. Davis Vision is an independent company providing vision benefit management services and access to their network.

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Each provider in the network is an independent contractor and is not our agent. If you receive services from a nonparticipating provider, you will be responsible for the difference between what Blue Cross will reimburse and what the provider bills.