



Blue Vision Benefits at-a-Glance

This is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. For an official description of benefits, please see the applicable Blue Cross Blue Shield of Michigan certificate and riders. Payment amounts are based on the Blue Cross Blue Shield of Michigan approved amount, less any applicable deductible and/or copay amounts required by the plan. This coverage is provided pursuant to a contract entered into in the state of Michigan and shall be construed under the jurisdiction and according to the laws of the state of Michigan.

Blue Vision benefits are provided by Vision Service Plan (VSP), the largest provider of vision care in the nation. There are more than 1,100 VSP provider locations in Michigan and 28,000 locations nationwide. To find a VSP provider, call 1-800-877-7195 or visit VSP's Web site at www.vsp.com.

	VSP Provider	Out-of-Network Provider
Eye Exams		
Covers a complete eye exam including refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	Covered – \$5 copay	Reimbursement up to \$35 less a \$5 copay
	Once every 12 months	
Eyeglass Frames		
Covers standard eyeglass frames. A wide selection of quality frames is fully covered by VSP up to the frame allowance. Members should ask their doctor which frames are covered in full. Members may select a more expensive frame and pay a cost controlled price difference.	Covered – \$10 copay (one copay applies to both lenses and frames)	Reimbursement up to \$46, less a \$10 copay
	One frame every 12 months	
Eyeglass Lenses		
Single vision, bifocal, trifocal or lenticular lenses in glass or plastic. Note: Additional pairs of prescription glasses and non-covered lens options are discounted when purchased from a VSP provider.	Covered – \$10 copay (one copay applies to both lenses and frames)	Reimbursement up to predetermined amount based on lense type after copay
	One pair every 12 months	
Contact Lenses: Members may obtain either eyeglasses or contact lenses, but not both.		
Elective contact lenses (prescribed, but not medically necessary) may be chosen instead of spectacle lenses and a frame	Covered – \$105 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)	
	Once every 12 months	
Therapeutic contact lenses (medically necessary)	Covered – \$10 copay	Reimbursement up to \$210 after a \$10 copay (member responsible for difference)
	Once every 12 months	
Copays		
• Eye exam	\$5 copay	\$5 copay applies to charge
• Frames and/or lenses <u>or</u> medically necessary contact lenses	A combined \$10 copay	Member responsible for difference between approved amount and provider's charge, less a \$10 copay

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.