



Vision Care Services	EyeMed (In-Network)	VSP (In-Network)
Available to:	HMO & PPO subscribers	PPO subscribers only
Contact Information:	<a href="http://eyemedvisioncare.com/bcbsil">eyemedvisioncare.com/bcbsil</a> 844-684-2254	<a href="http://VSP.com">VSP.com</a> 800-877-7195
Membership Card:	Your Blue Cross/Blue Shield HMO card	No insurance card – provide the last 4 digits of your social security number to provider.
Wellness Exam:	\$0 copay, once every 12 months (from the date of service). Contact lens evaluation on the same day as your eye exam.	\$10 copay, every calendar year
Prescription Glasses:	Retail discounts	\$25 Copay
Frames:  Benefit	Frequency – unlimited  35% off retail price	Frequency - every other calendar year  Included in the prescription glasses copay. – \$120 allowance for wide selection of frames – \$140 allowance for featured frame brands – 20% off amount over your allowance
Lenses:  Single Vision Lined Bifocal Lined Trifocal Polycarbonate	Frequency – unlimited  Covered up to \$50 Covered up to \$70 Covered up to \$105 Covered up to \$40	Frequency – every other calendar year  Included in prescription glasses copay Included in prescription glasses copay Included in prescription glasses copay Included in prescription glasses for dependent child(ren) copay
Lens Options:  Progressive (standard) Progressive (premium) Anti-Reflective (standard) Anti-Reflective (premium) Scratch Coating (standard)	Frequency - unlimited  Covered up to \$135 20% off retail price Covered up to \$45 20% off retail price Covered up to \$15	Frequency – every other calendar year  Copay \$50 Copay \$80 - \$90 Average savings 30-35% Average savings 30-35% Average savings 30-35%
Contacts:	Frequency – unlimited Contact lens fit & follow-up: once every 12 months from date of svc.  Conventional – 15% off retail Disposable – No discount	Frequency - Instead of glasses/every other calendar year  – Up to \$60 copay for contact lens exam (fitting and evaluation) – \$120 allowance for contacts; copay does not apply