



BlueCross BlueShield of Illinois

Check Out Your HMO Vision Care Program



What Are My Vision Care Benefits?

Benefits for covered members include*:

- Coverage for one eye examination every 12 months for the cost of your wellness services copayment
- Coverage for one standard contact lens evaluation and fitting every 12 months, when performed on the same day as your eye examination

Remember: When you visit an EyeMed network provider, your copayment or other share of the cost is due on the day of your visit.

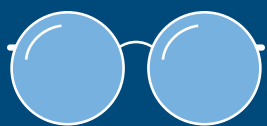
For more details about what your plan covers, please visit eyemedvisioncare.com/bcbsil or call EyeMed at 844-684-2254.

Do I Need a Referral?

You don't need a referral. Simply visit any EyeMed Select provider and show your medical ID card to access your vision care benefits and discounts.

Do I Need a Vision ID Card?

As long as you have your BCBSIL medical ID card, you do not need a separate vision ID card.



As a member of Blue Cross and Blue Shield of Illinois (BCBSIL), you and your covered dependents are eligible for vision care benefits through EyeMed.

Are There Discounts Included?

You receive extra discounts** above your vision program benefits, including:

- 35 percent off frames
- 20 percent off any item not covered by the plan (limitations may apply)
- 15 percent off retail or 5 percent off the promotional price of LASIK. For more information regarding the LASIK feature, call **877-5LASER6**.

See a list of available discounts in the blue box to the right.

How Do I Locate a Contracted EyeMed Provider?

The EyeMed Select network consists of thousands of independent and retail contracted providers, including national favorites like LensCrafters®, Pearle and Target Optical®.

For a list of EyeMed Select providers near you, visit eyemedvisioncare.com/bcbsil or call EyeMed.



In addition, you have online, in-network access to contactsdirect.com and glasses.com.

Are There Any Exclusions?

The following are some of the items not covered as part of the vision care program. Refer to your benefits booklet for a full list.

- Medical treatment of eye disease or injury
- Vision therapy
- Services performed by a provider who is not in the EyeMed network
- Replacement of lost eyewear
- Services not performed by licensed personnel

Discounts

Frames	35% off retail price
Other Add-ons	20% off retail price

Standard Lenses

Single Vision	\$50
Bifocal	\$70
Trifocal	\$105
Lenticular	\$105
Standard Progressive	\$135

Lens Options

UV Treatment	\$15
Tint (Solid and Gradient)	\$15
Scratch Coating	\$15
Polycarbonate - Adults	\$40
Polycarbonate - Kids under 19	\$40
Standard Anti-reflective	\$45
Conventional Contact Lenses	15% off retail price

For more information:

Call EyeMed at **844-684-2254**
Mon. - Sat., 6:30 a.m. - 10 p.m.
Sun. 10 a.m. - 7 p.m. CT
eyemedvisioncare.com/bcbsil

* For more information about your vision benefits, refer to your benefit booklet or call the customer service number on the back of your ID card.
This flier is just a summary of your benefits and does not change the benefits provided in the booklet.

**Discounts are subject to change and may be discontinued at any time.

Benefits are available from the EyeMed Vision Care, LLC provider network and are administered by First American Administrators, Inc., independent companies that offer benefits on behalf of Blue Cross and Blue Shield of Illinois.

Third party brands are the property of their respective owners. Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association