

**Capital Blue Cross Vision
Vision Plan**



THIS IS NOT A CONTRACT. This information highlights *some* of the benefits available through this program and is NOT intended to be a complete list or description of available services. Benefits are subject to the exclusions and limitations contained in your Certificate of Coverage (COC). Refer to your COC for benefit details.

HIGHLIGHTS	PLAN ALLOWANCES	
	In-network Providers	Out-of-network Providers
Benefit frequencies are based on date of service		
EXAMINATION Once every 12 months	100%	\$40
FRAMES ¹ Once every 24 months	\$100 plus 30% off the retail balance ²	\$40
EYEGLASS LENSES (per pair) ^{1 & 3} Once every 12 months		
Single Vision Standard Lenses	No copay	\$45
Bifocal Standard Lenses	No copay	\$65
Trifocal Standard Lenses	No copay	\$85
Aphakic/Lenticular Standard Lenses	No copay	\$105
Polycarbonate Standard Lenses (under age 19)	100%	Not covered
CONTACT LENSES ^{1 & 3} Once every 12 months		
Disposable (unlimited boxes)	\$100, plus 25% off the retail balance ^{2 & 4}	\$100
Conventional including, but not limited to: Hard/soft daily wear and spherical	\$100, plus 25% off the retail balance ^{2 & 4}	\$100
Specialty lenses including but not limited to: Bifocal, toric or gas permeable	\$20, plus 25% off the retail balance ^{2 & 4}	\$30
Medically necessary (per pair)	100%	\$250
CONTACT LENS FITTING & FOLLOW UP Once every 12 months		
Daily wear	100%	\$20
Extended wear	100%	\$30
Specialty	\$20 copay	Not covered

¹ Walmart/Sam's Club: To maintain comparable values with Walmart's pricing structure, your frame allowance will be 50% of the allowance shown above with no additional retail discounts. Your contact lens allowance will be 75% of the allowance shown above with no additional retail discount. Walmart/Sam's Club stores accept BlueCross Vision for materials, not Lens Options. Doctors affiliated with Walmart/Sam's Club are not Walmart employees; therefore, participation for exams varies.
² Discounted amounts may vary and may not be honored at all optical retailers
³ Payment will be made for either lenses or contact lenses within a benefit period. Payment will not be made for both.
⁴ Retail discounts do not apply to Contact Fill.

VALUE ADDED DISCOUNTS⁵

Costs associated with the services and materials listed below are the responsibility of the member. Valid at in-network providers only.

LENS OPTIONS AND ADDITIONAL SERVICES	MEMBER RESPONSIBILITY	LENS OPTIONS AND ADDITIONAL SERVICES	MEMBER RESPONSIBILITY
Solid Tint	\$10	Progressives – Tier 1	\$50
Fashion / Gradient Tint	\$12	Progressives – Tier 2	\$80
Standard Scratch-Resistant Coating	\$10	Progressives – Tier 3	\$100
Ultraviolet Coating	\$12	Progressives – Tier 4	\$120
Glass Photogrey	\$20 (SV); \$30 (bifocal/trifocal)	Progressives – Tier 5	\$140
Polarized	\$75	Progressives – Tier 6	\$165
Anti-Reflective Coatings – Tier 1	\$40	Progressives – Tier 7	\$190
Anti-Reflective Coatings – Tier 2	\$50	Progressives – Tier 8	20% discount off U&C
	\$65	Blue Blockers	Standard \$40, Premium \$60, Ultra \$150
Anti-Reflective Coatings – Tier 4	\$80	High Index	\$55
Anti-Reflective Coatings – Tier 5	20% discount off U&C	Retinal Imaging	\$39
Polycarbonate Standard Lenses (age 19 and older)	\$25 (SV); \$30 (bifocal/trifocal)	Additional supplies (excluding contact lenses)	20% discount off U&C
Blended Bifocal (Segment)	\$30	Transitions	\$65 (SV); \$70 (bifocal/trifocal)
LASIK SURGERY	Retail Discount		

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