Vision Plans[1,2]

The benefits below show what the member will pay in network.

	BlueCare Vision Premier℠	BlueCare Vision Standard℠	BlueCare Vision Basic℠
Exam with Dilation as Necessary	$10 copay	$10 copay	$0 copay
Frames	$0 copay; $200 allowance, 20% off balance over $200	$0 copay; $130 allowance, 20% off balance over $130	35% off retail price[3]
Additional Pairs	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.		N/A
Standard Plastic Lenses[4]			
Single Vision	$20 copay	$20 copay	$50[3]
Bifocal	$20 copay	$20 copay	$70[3]
Trifocal	$20 copay	$20 copay	$105[3]
Standard Progressive Lens[4]	$20 copay	$85 copay	$135[3]
Lens Options[4]			
UV Treatment	$0 copay	$0 copay	$15[3]
Tint (Solid and Gradient)	$0 copay	$0 copay	$15[3]
Standard Plastic Scratch Coating	$0 copay	$0 copay	$15[3]
Contact Lenses (contact lens allowance includes materials only)[5]			
Standard Contact Lens Fit	Up to $40	Up to $40	N/A
Conventional	$0 copay; $200 allowance, 15% off balance over $200	$0 copay; $130 allowance, 15% off balance over $130	15% off retail price
Disposable	$0 copay; $200 allowance, plus balance over $200	$0 copay; $130 allowance, plus balance over $130	N/A
Medically Necessary	$0 copay, paid in full	$0 copay, paid in full	N/A
Frequency			
Examination	Once every 12 months	Once every 12 months	Once every 12 months
Lenses or Contact Lenses	Once every 12 months	Once every 12 months	Unlimited
Frame	Once every 12 months	Once every 12 months	Unlimited
Monthly Rates for BlueCare Vision Plans[6]			
Individual Member	**$30.78**	**$18.49**	**$5.17**

For more information, please contact an independent, authorized agent or visit **coverageplusIL.com**.

1. This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For full information, refer to your certificate of benefits booklet.
2. This is a 12-month policy (from effective date).
3. Frame, lenses and lens options must be purchased in same transaction to receive full discount.
4. Lens benefits cover two lenses. Please see your certificate of benefits booklet for additional lens options benefits.
5. Federal law prohibits the dispensing of a quantity of contact lenses whose intended use would exceed the expiration date of the contact lens prescription.
6. Rates subject to change.

This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the individual mandate, if any, that you have health insurance coverage. If you do not have other health care coverage, you may be subject to a tax penalty. Please consult your tax adviser.

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.

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