

Blue Cross Vision - Schedule Plan 3 Benefits



You want more time to see the world around you. That's why we designed a health plan that's easy to use. With our network, you can choose from a wide range of independent doctors and retail providers to find the one that best meets your needs and schedule. Plus, you'll save money by using our plan! So let's get started.

Benefits Snapshot	In-Network Member Cost	Out-of-Network Member Cost
Exam with dilation as necessary (every 12 months)	\$10 copay	Balance over \$35
Frames (every 12 months)	\$0 copay, up to \$100 allowance; 20% off balance over \$100	Balance over \$50
Single Vision Lenses (every 12 months) or Contacts (every 12 months)	\$10 copay \$0 copay, up to \$115 allowance; 15% off balance over \$115	Balance over \$25 Balance over \$92

How your plan saves you money

You go to the doctor and have an eye exam, then need to buy new glasses. Here's a look at what the cost would be with your plan vs. without vision coverage. The example is based on a frame that costs \$163 with single vision lenses, and UV and scratch protection. Now look at the difference:

75%
SAVINGS
with us >

With us		Without insurance	
Exam	\$10 copay	Exam	\$106
Frame	\$163	Frame	\$163
	- \$100 allowance		
	\$63		
	- \$13 (20% discount off balance)		
	\$50		
Lens	\$10 copay	Lens	\$78
	\$15 UV treatment add-on		\$23 UV treatment add-on
	+ \$15 scratch coating add-on		+ \$25 scratch coating add-on
	\$40		\$126
Total	\$100	Total	\$395

Blue Cross Vision - Schedule Plan 3

Access Network

Get more
for less

40%
OFF

Complete pair
of prescription
eyeglasses**

20%
OFF

Non-prescription
sunglasses

20%
OFF

Remaining balance
beyond plan coverage

These discounts are for
frames at in-network
providers only

Find a
Provider

- For a list of providers in the RI area visit bcbsri.com, for all other providers visit eyemedvisioncare.com or call 1-855-347-6901.
- For LASIK providers, call 1-877-5LASER6.

Vision Care Services	In-Network Member Cost	Out-of-Network Member Cost
Exam with Dilation as Necessary Contact Lens Fit and Follow Up (Contact lens fit and follow-up visits are available once a comprehensive eye exam has been completed)	\$10 copay	Balance over \$35
Standard Contact Lens Fit & Follow Up	Up to \$55 copay	N/A
Frames Standard Plastic Lenses Single Vision Bifocal Trifocal Lenticular Standard Progressive Premium Progressive	\$0 copay, up to \$100 allowance; 20% off balance over \$100	Balance over \$50
Lens Options (Paid by the member in addition to the price of the lenses) UV Treatment Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate-Adults Standard Polycarbonate-Kids under 19 Standard Anti-Reflective Coating Photocromatic/Transitions Plastic Polarized Other Add-Ons and Services	\$10 copay \$10 copay \$10 copay \$10 copay \$75 copay \$75 copay, \$120 allowance; 20% off retail price \$15 copay \$15 copay \$15 copay \$40 copay \$0 copay \$45 copay \$75 copay 20% off retail price 20% off retail price	Balance over \$25 Balance over \$40 Balance over \$55 Balance over \$55 Balance over \$40 Balance over \$40 N/A N/A N/A N/A Balance over \$5 N/A N/A N/A N/A
Contact Lenses (Contact lens allowance includes materials only. Any remaining balance for contact lenses may be used within the same benefit frequency.) Conventional Disposable	\$0 copay, up to \$115 allowance; 15% off balance over \$115 \$0 copay, up to \$115 allowance; remaining balance over \$115	Balance over \$92 Balance over \$92
Laser Vision Correction LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	
Frequency Examination Lenses or Contact Lenses Frames	Once every 12 months Once every 12 months Once every 12 months	

Please Note: Your benefits cannot be combined with any other discounts, coupons, or promotional offers unless otherwise noted in an offer



This is a summary of your vision benefits. It is not a contract. For details about your coverage, including any limitations or exclusions not noted here, please refer to your subscriber agreement or call our Customer Service Department. If you have questions about receiving medical care, please call your doctor.

**40% discount available after the funded benefit has been exhausted



www.bcbsri.com

500 Exchange Street • Providence, RI 02903-2699

Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

09/16 VSN-99830