# **Check Out Your HMO Vision Care Program**



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.

## What are my vision care benefits?

Benefits for covered members include:1

- 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.

#### 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. However, if you would like a separate card, you can register online at **eyemedvisioncare.com/bcbsil** or via the EyeMed mobile app to download and/or print a card.

<sup>1</sup> For more information about your vision benefits, refer to your benefit booklet. This flier is just a summary of your benefits and does not change the benefits provided in the booklet.

#### 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
- 15 percent off retail or 5 percent off the promotional price of LASIK.
   For more information regarding the LASIK feature, call 877-552-7376
   (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 Vision, Sears® Optical, Target Optical® and JCPenney 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	Member Cost
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

EyeMed Vision Care is an independent company that administers the vision benefits for Blue Cross and Blue Shield of Illinois.

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