



**BlueCross BlueShield**  
of Illinois

using the

**eyE  
Med**

provider network

### Benefit

Benefit	Description
Well Vision Exam	Focuses on overall eye wellness
Frames	\$130 allowance & 20% disc on over \$150
Lenses	Single vision, Lined bifocal & trifocal lenses
Lens Options	* Standard progressive lenses * Premium Progressive lenses * Other: Anti Reflective/Photochromic
Contacts	\$130 allowance for contacts, no copay
Laser Correction	Average 15% off the regular price
Hearing Discount	40% off exam and low price guarantee

### Copay

Copay
\$10
-----
\$25
-----
\$90
\$90 - \$135
\$15 - \$75
Up to \$104
-----

### Frequency

Frequency
Every Plan Year
Every Other Plan Year
Every Plan Year
Every Plan Year
Every Plan Year
Every Plan Year
Every Plan Year
Every Plan Year
Every Plan Year

**NEW PROVIDER!!** You must enroll in the new BlueCross BlueShield plan in WebBenefits. Your VSP coverage will automatically expire 12/31/2020

## Voluntary Vision

### Monthly Premiums

Single	Emp/SP	Emp/Ch	Family
\$6.79	\$12.90	\$13.58	\$19.96