



**BlueCross BlueShield
of Illinois**

using the



provider network

Benefit	Description	Copay	Frequency
Well Vision Exam	Focuses on overall eye wellness	\$10	Every Plan Year
Frames	\$130 allowance & 20% disc on over \$150	-----	Every Other Plan Year
Lenses	Single vision, Lined bifocal & trifocal lenses	\$25	Every Plan Year
Lens Options	* Standard progressive lenses	\$90	Every Plan Year
	* Premium Progressive lenses	\$90 - \$135	Every Plan Year
	* Other: Anti Reflective/Photochromic	\$15 - \$75	Every Plan Year
Contacts	\$130 allowance for contacts, no copay	Up to \$104	Every Plan Year
Laser Correction	Average 15% off the regular price	-----	
Hearing Discount	40% off exam and low price guarantee	-----	

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