



Blue Vision Care (A80) Coverage Benefits-at-a-Glance

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten or any other plan documents your group uses, if your group is self-funded. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Note: Members may choose between prescription glasses (lenses and frame) **or** contact lenses, but not both.

	Participating provider	Nonparticipating provider
Member's responsibility (copays)		
Eye exam	\$5 copay	\$5 copay
Prescription glasses (lenses and/or frames)	A combined \$7.50 copay	Member responsible for difference between approved amount and provider's charge
Medically necessary contact lenses	\$7.50 copay	Member responsible for difference between approved amount and provider's charge
Eye exam		
Eye exam by a physician or optometrist	\$5 copay	75% of approved amount after \$5 copay
One eye exam in any period of 24 consecutive months		
Lenses and frames		
Standard lenses, not to exceed 65 mm in diameter, when prescribed or dispensed by a physician, optometrist or optician	\$7.50 copay (one copay applies to both lenses and frames)	Covered up to predetermined amount
	One pair of lenses, with or without frames, in any period of 24 consecutive months	
Standard frames	\$7.50 copay (one copay applies to both lenses and frames)	Covered up to predetermined amount
	One frame in any period of 24 consecutive months	
Contact lenses		
Medically necessary contact lenses (must meet criteria of medically necessary)	\$7.50 copay	Covered up to predetermined amount
	One pair of contact lenses in any period of 24 consecutive months	
Elective contact lenses that improve vision (prescribed, but do not meet criteria of medically necessary)	Covered up to a maximum payment of \$35 (member responsible for difference)	Covered up to a maximum payment of \$35 (member responsible for difference)
	One pair of contact lenses in any period of 24 consecutive months	

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.