



What are my vision care benefits?

As a Blue Cross and Blue Shield of Illinois (BCBSIL) HMO member, you have vision care benefits available through Davis Vision, Inc., a leading national provider of routine vision care programs. Your benefits include:*

- coverage for one eye examination every 12 months for the cost of your PCP or wellness copayment
- coverage for one contact lens evaluation and fitting, after your examination copayment, when selecting contact lenses when performed on the same day as your eye examination
- discounts on the purchase of eyeglasses, contact lenses and accessories, as outlined on the back of this flier.

Remember: Your copayment is due on the day of your visit. In addition, you must visit a Davis Vision network provider to receive benefits.

You also can receive discounts on laser vision correction through Davis Vision, featuring the TLC/TruVision network. Discounted pricing on disposable contact lenses is available to you through Davis Vision's Lens 1 2 3[®] Mail Order Contact Lens Replacement Program. Contact Davis Vision at (877) 393-8844 for more information about the discount on laser vision correction. Or call TLC/TruVision directly at (866) 484-2020 to schedule an appointment. For more information about using the mail order contact lens replacement program, call (800) LENS-123 ((800) 536-7123) or visit www.lens123.com.

How do I locate a Davis Vision provider?

The Davis Vision network consists of major national and regional retail locations, such as EyeMasters[®] and Visionworks[®], as well as independent ophthalmologists and optometrists.

For a list of Davis Vision providers near you, visit www.bcbsil.com and search the Provider Finder.[®]

Do I need a referral?

No referral from your PCP is needed. Simply visit any Davis Vision provider and show your HMO ID card to access your vision care benefits.

Is there a limit to discounts on eyewear?

There is no limit to the number of times you can receive discounts on eyewear, including eyeglass frames and lenses, contact lenses and accessories.

Are there any exclusions?

The following items are *not* covered as part of the vision care program:

- Medical treatment of eye disease or injury
- Vision therapy
- Special lens designs or coatings, other than those listed in the fee schedule on the back of this page
- Services performed by a provider who is not in the Davis Vision network
- Replacement of lost eyewear
- Services not performed by licensed personnel

For more information, call Davis Vision at (877) 393-8844 (Mon. – Fri., 7 a.m. – 10 p.m., Sat., 8 a.m. – 3 p.m., Sun., 11 a.m. – 3 p.m., Central Time). Contact BCBSIL HMO Member Services toll free at (800) 892-2803, 8:30 a.m. to 5 p.m., weekdays. Toll free TDD number: (866) 876-2194. Or visit www.bcbsil.com.



**BlueCross BlueShield
of Illinois**

Experience. Wellness. Everywhere.[™]

*For more information about your vision benefits, refer to your benefit booklet or call Member Services.



Eye exam and vision hardware discount fee schedule¹

Eye Examinations

Your plan offers coverage for one eye exam every 12 months for the cost of your PCP or wellness copayment.

Contact Lens Evaluation and Fitting

Your plan offers coverage for one contact lens evaluation and fitting, after your examination copayment, when choosing contact lenses. This must be performed on the same day as your eye examination.

Frames²

Priced up to \$70 retail	\$40
Priced over \$70 retail	\$.40 plus 10% off the amount over \$70

Spectacle Lenses (Uncoated plastic)²

Single vision	\$.35
Bifocal	\$.55
Trifocal	\$.65
Lenticular	\$.110

Contact Lenses

Conventional ³20% off
Disposable/Planned replacement ³10% off

Spectacle Lens Options (Add to lens prices)²

Standard progressive ⁴	\$.60 or \$75
Premium progressive ⁴	\$.110 or \$125
Glass lenses	\$.18
Polycarbonate lenses	\$.30
Blended invisible bifocals	\$.20
Intermediate vision lenses	\$.30
Photogrey Extra [®] lenses	\$.35
Scratch-resistant coating	\$.15
Anti-reflective coating	\$.45
Ultraviolet coating	\$.15
Solid tint	\$.10
Gradient tint	\$.12
Hi-index lenses	\$.55
Plastic photosensitive lenses	\$.65
Polarized lenses	\$.75

¹ These discounted fees apply at most provider locations. However, fees may vary. For example, at Wal-Mart, members will receive comparable values on spectacle lens and contact lens purchases with Wal-Mart's standard retail cost. Members buying frames at Wal-Mart will receive a flat 10 percent discount on Wal-Mart's price, rather than the discounts shown. Confirm discounts with your selected provider.

² Special lens designs, materials, powers and frames may require additional cost.

³ Discount will be applied to the provider's usual and customary price for services.

⁴ Pricing at some retail locations may vary.

The relationships between Blue Cross and Blue Shield of Illinois and Davis Vision, Inc., and Davis Vision, Inc., on behalf of TLC/TruVision are that of independent contractors.

The discounts offered as part of the vision care program are part of BlueExtras,SM a discount program available to BCBSIL members. This program is NOT insurance. Some of the services offered through BlueExtras may be covered under your health plan. Please refer to your benefit booklet or call the customer service number on the back of your ID card for specific benefit information under your health plan. Use of BlueExtras does not affect your premium, nor do costs of BlueExtras' services or products count toward your plan deductible, calendar year or lifetime maximums. Discounts are only available through participating vendors.

BCBSIL does not guarantee or make any claims or recommendations regarding the services or products offered under BlueExtras. You may want to consult with your physician prior to use of these services and products. Services and products are subject to availability by location. BCBSIL reserves the right to discontinue or change this discount program at any time without notice.

HMO Vision Care Program