

What's Included in the Illinois 2016-2017 Pediatric Vision Plan for Student Health?

Blue Cross and Blue Shield of Illinois (BCBSIL) is pleased to offer BCBSIL student members pediatric vision benefits through Davis Vision, Inc., a leading national provider of routine vision care programs. This benefit is included with the student member's medical plan for members and dependents up to age 19¹.

Benefits Include:

- Exams
- Standard lenses
- Pediatric frame collection

How It Works:

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

If an optometrist or ophthalmologist is a Davis Vision provider, or if members use a Davis Vision provider for products and services, they can receive a free eye examination, as well as free or discounted prices on select frames, lenses and contacts by presenting their BCBSIL ID card. To receive the best benefits, members should use an in-network provider.

For a list of Davis Vision providers, members can visit davisvision.com.



For more information,
call **855-267-0214**.

Eye exam and vision hardware discount fee schedule

Members can receive the following benefits:

In-Network Benefits ²		Plan Design	
Benefit		Frequency: Once every	
Eye Examination (inclusive of dilation when professionally indicated)		12 Months	
Spectacle Lenses		12 Months	
Frame		12 Months	
Contact Lens Evaluation, Fitting & Follow-Up Care		12 Months	
Contact Lenses (in lieu of eyeglasses)		12 Months	
Copayments			
Eye Examination		\$0	
Spectacle Lenses		\$0	
Eyeglass Benefit - Frame			
Pediatric Frame Selection		Included	
Eyeglass Benefit - Spectacle Lenses		Member Charges	
Clear Plastic Single-Vision, Lined Bifocal, Trifocal or Lenticular Lenses (any Rx)		Included	
Oversize Lenses		Included	
Tinting of Plastic Lenses		Included	
Scratch-Resistant Coating		Included	
Polycarbonate Lenses		Included	
Ultraviolet Coating		Included	
Standard Anti-Reflective (AR) Coating		\$35	
Premium AR Coating		\$48	
Ultra AR Coating		\$60	
Standard Progressive Lenses		Included	
Select Progressives		\$70	
Premium Progressives (Varilux®, etc.)		\$90	
Ultra Progressives (category include digital free-form progressive lenses)		\$195	
Intermediate-Vision Lenses		\$30	
Blended-Segment Lenses		\$20	
High-Index Lenses		\$55	
Polarized Lenses		\$75	
Photochromic Glass Lenses		\$20	
Plastic Photosensitive Lenses		Included	
Scratch Protection Plan: Single Vision Multifocal Lenses		\$20* \$40*	
Contact Lens Benefit (in lieu of eyeglasses)			
Pediatric Contact Lens Selection (\$150 allowance)		Included	
Medically Necessary Contact Lenses (with prior approval) - Materials, Evaluation, Fitting & Follow-Up Care		Included	
Out-of-Network Reimbursement Schedule (Maximum Reimbursement):			
Eye Examination: \$30	Collection Frames: up to \$30	Single Vision Lenses: \$25	Bifocal/Progressive Lenses: \$35
Trifocal Lenses: \$45	Lenticular Lenses: \$45	Elective Contact Lenses: \$75	Medically Necessary CL: \$225

1. The benefit ends the last day of the month in which the member turns 19.

2. This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For more information, please contact BCBSIL at 855-267-0214.

* All lenses include scratch resistant coating with no additional Copayment. There may be an additional charge at Walmart and Sam's Club. The relationships between Blue Cross and Blue Shield of Illinois and Davis Vision, Inc., and Davis Vision, Inc., on behalf of TLC/TruVisionSM, are those of independent contractors.

BCBSIL does not guarantee or make any claims or recommendations regarding these services or products. Members may want to consult with their physicians 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.

For out-of-network coverage, please contact Davis Vision at 800-278-7916.