

What's Included in the Oklahoma 2016-2017 Pediatric Vision Program for Student Health?

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is pleased to provide BCBSOK student members pediatric vision benefits administered by EyeMed Vision Care, a leading national provider of routine vision care programs. This benefit is included with the student member's medical plan for covered members and dependents up to age 19¹.

Benefits Include:

- Exams
- Standard lenses
- Pediatric frame collection

How It Works:

The EyeMed Vision Care network consists of major national and regional retail locations such as LensCrafters®, Pearle Vision, Sears® Optical, Target Optical® and JCPenney Optical, as well as independent optometrists and ophthalmologists.

Members who use an EyeMed Vision Care contracted provider for products and services can receive an eye exam at no additional charge, and discounted prices on select frames, lenses and contacts by presenting their BCBSOK member ID card.

For a list of EyeMed Vision Care contracted providers, visit eyemedvisioncare.com/bcbsok and use their **Enhanced Provider Search tool**.



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

Eye exam and vision hardware discount fee schedule

Members¹ can receive the following benefits:

In-Network Benefits²

Benefit	Once every		
Eye Examination (inclusive of dilation when professionally indicated)	12 Months		
Spectacle Lenses	12 Months		
Frame	12 Months		
Contact Lens (CL) Evaluation, Fitting and Follow-Up Care	12 Months		
Contact Lenses (instead of eyeglasses)	12 Months		
Examinations	Member Cost		
Eye Examination	Included		
Eyeglass Benefit - Frame	Member Cost		
Pediatric Frame Selection	Included		
Eyeglass Benefit - Spectacle Lenses	Member Cost		
Clear Plastic Single-Vision, Lined Bifocal, Trifocal or Lenticular Lenses (any prescription)	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 includes 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 (instead of eyeglasses)			
Pediatric Contact Lens Selection (\$150 allowance)	Included		
Medically Necessary Contact Lenses (with prior approval) – Materials, Evaluation, Fitting and 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

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

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

*All lenses include scratch resistant coating with no additional copayment.

Third party brands are the property of their respective owners.

BCBSOK does not guarantee or make any claims or recommendations regarding these services or products. Members may want to consult with their physicians or an eye care professional prior to use of these services and products. Services and products are subject to availability by location. BCBSOK reserves the right to discontinue or change this program at any time without notice.

For out-of-network coverage, please contact the EyeMed Customer Care Center at 844-684-2254.