

What's Included in the Illinois 2017-2018 Pediatric Vision Program for Student Health?

Blue Cross and Blue Shield of Illinois (BCBSIL) is pleased to provide BCBSIL 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 BCBSIL member ID card.

For a list of EyeMed Vision Care contracted providers, visit eyemedvisioncare.com/bcbsil 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 Frequency	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	\$0 Copay		
Eyeglass Benefit - Frame	Member Cost		
Provider Designated Frames	\$0 Copay		
Eyeglass Benefit - Spectacle Lenses	Member Cost		
Standard Plastic Lenses			
Single Vision	\$0 Copay		
Bifocal	\$0 Copay		
Trifocal	\$0 Copay		
Lenticular	\$0 Copay		
Standard Progressive Lens	\$0 Copay		
Premium Progressive Lens Tier 1	\$20 Copay		
Premium Progressive Lens Tier 2	\$30 Copay		
Premium Progressive Lens Tier 3	\$45 Copay		
Premium Progressive Lens Tier 4	\$0 copay, 80% of charge less \$120 Allowance		
Lens Options			
UV Treatment	\$0 Copay		
Tint (Fashion & Gradient & Glass-Grey)	\$0 Copay		
Standard Plastic Scratch Coating	\$0 Copay		
Standard Polycarbonate - Kids under 19	\$0 Copay		
Standard Anti-Reflective Coating	\$45		
Premium Anti-Reflective Coating Tier 1	\$57		
Premium Anti-Reflective Coating Tier 2	\$68		
Premium Anti-Reflective Coating Tier 3	20% off Retail Price		
Polarized	20% off Retail Price		
Glass	\$0 Copay		
Photochromic /Transitions Plastic	\$0 Copay		
Oversized	\$0 Copay		
Contact Lens Benefit (in lieu of spectacle lenses)			
Provider Designated Conventional Contact Lenses	\$0 Copay / 1 pair per benefit year		
Medically Necessary Contact Lenses	\$0 Copay / Paid in Full		
Out-of-Network Reimbursement Schedule (Maximum Reimbursement)			
Eye Examination: \$30	Frames: \$75	Single Vision Lenses: \$25	Bifocal Lenses: \$40
Trifocal Lenses: \$55	Lenticular Lenses: \$55	Elective Contact Lenses: \$150	Medically Necessary CL: \$210

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 BCBSIL at 855-267-0214.

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

Third party brands are the property of their respective owners.

BCBSIL 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. BCBSIL 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.