



PEDIATRIC VISION

Pediatric Vision 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.

**For more information,
call 844-684-2254.**

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 a provider contracted with EyeMed Vision Care 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 providers contracted with EyeMed Vision Care, visit eyemedvisioncare.com/BCBSIL and use their **Enhanced Provider Search tool**.

EyeMed Vision Care, LLC, an independent company, provides customer service and network administration services for BCBSIL. BCBSIL has contracted with First American Administrators (FAA), an independent company, to provide claims administration. The relationship between BCBSIL, FAA, and EyeMed is that of independent contractors.

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. To get help and information in your language at no cost, please call us at 855-710-6984.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-710-6984 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 855-710-6984 (TTY: 711).

AcademicBlue is offered by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

2020-2021 Student Health Pediatric Vision Plan¹

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 and 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 place of spectacle lenses)			
Provider Conventional Contact Lenses (\$150 allowance, 15% off balance over \$150)		\$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

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 benefits, exclusions, limitations and conditions that apply to the benefits shown. For more information, please contact the EyeMed Customer Care Center at 844-684-2254.

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.