



PEDIATRIC VISION

Pediatric Vision for Student Health

Blue Cross and Blue Shield of New Mexico is pleased to provide student members with 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 844-684-2257.**

Benefits Include:

- Exams
- Standard lenses
- Choice of pediatric frames

How It Works:

The EyeMed Vision Care network consists of major national and regional retail locations, 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 BCBSNM member ID card.

For a list of providers contracted with EyeMed Vision Care, visit eyemedvisioncare.com/bcbsnm and use their "Find an eye doctor" search tool.

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

Blue Cross and Blue Shield of New Mexico 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).

Díj baa akó nínizin: Díj saad bee yáníít'go Diné Bizaad, saad bee áká'ánida'áwo'dé' é'', t'áá jik'eh, éí ná hółq', kójj' hódílnih 855-710-6984 (TTY: 711).

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

2025-2026 Student Health Pediatric Vision Plan¹

In-Network Benefits²

What's Covered?		Once Every	
Eye Examination (inclusive of dilation when professionally indicated)		12 months	
Spectacle Lenses		12 months	
Frames		12 months	
Contact Lens (CL) Evaluation, Fitting and Follow-Up Care		12 months	
Contact Lenses (in place of spectacle lenses)		12 months	
Examinations		Member Cost	
Eye Examination		\$0 copay	
Eyeglass Benefit — Frames		Member Cost	
Provider Designated Frames (\$100 allowance, 15% off balance over \$100)		\$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		\$65 copay	
Premium Progressive Lens Tier 1		\$85 copay	
Premium Progressive Lens Tier 2		\$95 copay	
Premium Progressive Lens Tier 3		\$110 copay	
Premium Progressive Lens Tier 4		\$65 copay (80% of charge less \$120 allowance)	
Lens Options			
UV Treatment		\$15 copay	
Tint (fashion, gradient and glass-grey)		\$15 copay	
Standard Plastic Scratch Coating		\$15 copay	
Standard Polycarbonate — children under 19		\$0 copay	
Standard Anti-Reflective Coating		\$45 copay	
Premium Anti-Reflective Coating Tier 1		\$57 copay	
Premium Anti-Reflective Coating Tier 2		\$68 copay	
Premium Anti-Reflective Coating Tier 3		20% off retail price	
Polarized		20% off retail price	
Glass		20% off retail price	
Photochromic / Transitions Plastic		\$75 copay	
Oversized		20% off retail price	
Contact Lens Benefit (in place of spectacle lenses)			
Provider Conventional Contact Lenses (\$100 allowance, 15% off balance over \$100)		\$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: \$50	Single Vision Lenses: \$25	Bifocal Lenses: \$40
Trifocal Lenses: \$55	Lenticular Lenses: \$55	Elective Contact Lenses: \$100	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 844-684-2257

Third party brands are the property of their respective owners.

BCBSNM 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. BCBSNM 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 844-684-2257.



Health care coverage is important for everyone.

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984. We provide free communication aids and services for anyone with a disability or who needs language assistance.

We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
Complaint Forms: <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

To receive language or communication assistance free of charge, please call us at 855-710-6984.

Español	Llámenos al 855-710-6984 para recibir asistencia lingüística o comunicación en otros formatos sin costo.
العربية	لتلقي المساعدة اللغوية أو التواصل مجاًاً، يرجى الاتصال بنا على الرقم 855-710-6984.
繁體中文	如欲獲得免費語言或溝通協助，請撥打855-710-6984與我們聯絡。
Français	Pour bénéficier gratuitement d'une assistance linguistique ou d'une aide à la communication, veuillez nous appeler au 855-710-6984.
Deutsch	Um kostenlose Sprach- oder Kommunikationshilfe zu erhalten, rufen Sie uns bitte unter 855-710-6984 an.
ગુજરાતી	ભાષા અથવા સંચાર સહાય મફતમાં મેળવવા માટે, કૃપા કરીને અમને 855-710-6984 પર કોલ કરો.
हिंदी	निःशुल्क भाषा या संचार सहायता प्राप्त करने के लिए, कृपया हमें 855-710-6984 पर कॉल करें।
Italiano	Per assistenza gratuita alla lingua o alla comunicazione, chiami il numero 855-710-6984.
한국어	언어 또는 의사소통 지원을 무료로 받으려면 855-710-6984번으로 전화해 주세요.
Navajo	Niná: Doo bilagáana bizaad dinits'á'góó, shá ata' hodooni nínízingo, t'áájí'eh bee náhaz'á. 1-866-560-4042 jì' hodíilni.
فارسی	برای دریافت کمک زبانی یا ارتباطی رایگان، لطفاً با شماره 855-710-6984 تماس بگیرید.
Polski	Aby uzyskać bezpłatną pomoc językową lub komunikacyjną, prosimy o kontakt pod numerem 855-710-6984.
Русский	Чтобы бесплатно воспользоваться услугами перевода или получить помощь при общении, звоните нам по телефону 855-710-6984.
Tagalog	Para makatanggap ng tulong sa wika o komunikasyon nang walang bayad, pakitawagan kami sa 855-710-6984.
اردو	مفت میں زبان یا مواصلت کی مدد موصول کرنے کے لیے، براہ کرم ہمیں 855-710-6984 پر کال کریں۔
Tiếng Việt	Để được hỗ trợ ngôn ngữ hoặc giao tiếp miễn phí, vui lòng gọi cho chúng tôi theo số 855-710-6984.