



VISION PLAN 1B

See the Benefits of Your Student Vision Plan

Blue Cross and Blue Shield of Illinois is pleased to offer you vision benefits administered by EyeMed Vision Care, a leading national provider of vision care programs.

For a list of in-network providers near you, visit member.eyemedvisioncare.com/bcsil or call 844-684-2254.

How It Works

Our robust network gives you access to major national and regional retail locations, as well as independent optometrists and ophthalmologists. When you use an in-network provider for products and services you can receive an eye exam and discounted prices on select frames, lenses and contacts.

Do I Need a Vision ID Card?

Although ID cards are not necessary to receive services, you will receive a one-time welcome packet containing two ID cards and a member brochure. Mailed ID cards will only have the students name listed but any covered family member may use the card. For additional ID cards, visit member.eyemedvisioncare.com/bcsil or by using the EyeMed App.



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.

2024-2025 Student Health Vision Plan

In-Network Benefits¹

What's Covered?	Once Every
Examination	12 months
Lenses or Contact Lenses	12 months
Frames	12 months
Examinations	Member Cost
Eye Examination (Exam with Dilation as Necessary)	\$10 copay
Contact Lens Fit and Follow-Up ²	Member Cost
Standard Contact Lens Fit and Follow-Up	\$0 copay, Paid-in-full fit and two follow-up visits
Premium Contact Lens Fit and Follow-Up	\$0 copay, 10% off retail price, then apply \$40 allowance
Frames	Member Cost
Any Available Frame at Provider Location	\$0 copay; \$130 allowance, 20% off balance over \$130
Standard Plastic Lenses	Member Cost
Single Vision, Bifocal, Trifocal or Lenticular	\$20 copay
Standard Progressive Lens	\$0 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	\$85 copay, 20% off retail less \$120 allowance
Lens Options	
UV Treatment	\$15 copay
Tint (Solid and Gradient)	\$15 copay
Standard Plastic Scratch Coating	\$15 copay
Standard Polycarbonate — Adults	\$40 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
Polarized, Photochromic (Plastic), Other Add-Ons	20% off retail price
Contact Lenses (Contact lens allowance includes materials only)	
Conventional	\$0 copay; \$130 allowance, 15% off balance over \$130
Disposable	\$0 copay; \$130 allowance
Medically Necessary Contact Lenses	\$0 copay, Paid-in-full
Laser Vision Correction	
Lasik or PRK (Photorefractive Keratectomy) Surgery from U.S. Laser Network	15% off retail price or 5% off promotional price
Additional Pairs Benefit	
Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	

1. 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 refer to the Vision policy or contact the EyeMed Customer Care Center at 844-684-2254.

2. Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.

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.



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	لنلقى المساعدة اللغوية أو التواصل مجاناً، 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'áájíík'eh bee náhaz'á. 1-866-560-4042 jí' 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.