



Blue Vision Voluntary (2-50) High Option Plan 8000VV

Copay: \$5 Exam / \$35 Materials (1)

Covered Services	Providers	
	Participating	Non-Participating
Eye Examination	\$5 copay, then Plan pays 100%	Reimbursed up to \$35
Standard Spectacle Lenses (Pair)		
• Single Vision	\$35 copay, then Plan pays 100%	Reimbursed up to \$25
• Bifocal	\$35 copay, then Plan pays 100%	Reimbursed up to \$40
• Trifocal	\$35 copay, then Plan pays 100%	Reimbursed up to \$50
• Lenticular	\$35 copay, then Plan pays 100%	Reimbursed up to \$80
Non-Standard Spectacle Lenses (Pair)		
• Single Vision	\$35 copay, \$35 Plan allowance (2)(3)	Reimbursed up to \$25
• Bifocal	\$35 copay, \$50 Plan allowance (2)(3)	Reimbursed up to \$40
• Trifocal	\$35 copay, \$65 Plan allowance (2)(3)	Reimbursed up to \$50
• Lenticular	\$35 copay, \$80 Plan allowance (2)(3)	Reimbursed up to \$80
• Progressive	\$35 copay, \$50 Plan allowance (2)(3)	Reimbursed up to \$40
Frame (12 month benefit)	\$35 copay for one frame per benefit year, maximum value up to \$150	Reimbursed up to \$45
Contact Lenses (4)		
• Elective	\$130 allowance toward contact lenses and professional fees	Reimbursed up to \$130
• Medically necessary	Plan pays 100%	Reimbursed up to \$250
Tints, UV Protection, Scratch Coating and other items not covered under the Blue Vision Program	Blue Vision Preferred Price (2)	N/A

- (1) When frames and lenses are purchased together, only one materials copay applies.
 (2) Blue Vision Preferred Price - average savings of 20% off the normal retail price.
 (3) Member is responsible for any additional amount above copay and plan allowance.
 (4) Contact Lenses are in lieu of spectacle lenses and frame. **Not subject to copay.**

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