

Blue Cross Vision - Schedule Plan 1

Access Network

Vision Care Services	In-Network Member Cost	Out-of-Network Member Cost
Exam (with dilation as necessary) Contact Lens Fit and Follow-Up <i>(Contact lens fit and follow-up visits are available once a comprehensive eye exam has been completed.)</i> Standard Contact Lens Fit and Follow-Up	\$10 copay Up to \$55 copay	Balance over \$35 N/A
Frames	\$0 copay, up to \$130 allowance; 20% off balance over \$130	Balance over \$65
Standard Plastic Lenses Single Vision Bifocal Trifocal Lenticular Standard Progressive Premium Progressive	\$25 copay \$25 copay \$25 copay \$25 copay \$90 copay \$90 copay, \$120 allowance; 20% off retail price	Balance over \$25 Balance over \$40 Balance over \$55 Balance over \$55 Balance over \$40 Balance over \$40
Lens Options <i>(Paid by the member in addition to the price of the lenses)</i> UV Treatment Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate - Adults Standard Polycarbonate - Kids under 19 Standard Anti-Reflective Coating Photocromatic/Transitions Plastic Polarized Other Add-Ons and Services	\$15 copay \$15 copay \$15 copay \$40 copay \$0 copay \$45 copay \$75 copay 20% off retail price 20% off retail price	N/A N/A N/A N/A Balance over \$5 N/A N/A N/A N/A
Contact Lenses <i>(Contact lens allowance includes materials only.)</i> Conventional Disposable	\$0 copay, up to \$130 allowance; 15% off balance over \$130 \$0 copay, up to \$130 allowance; remaining balance over \$130	Balance over \$104 Balance over \$104
Laser Vision Correction LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
Frequency Examination Lenses or Contact Lenses Frames	Once every 12 months Once every 12 months Once every 24 months	Once every 12 months Once every 12 months Once every 24 months

Please Note: Your benefits cannot be combined with any other discounts, coupons, or promotional offers unless otherwise noted in an offer.



This is a summary of your vision benefits. It is not a contract. For details about your coverage, including any limitations or exclusions not noted here, please refer to your subscriber agreement or call our Customer Service Department. If you have questions about receiving medical care, please call your doctor. EyeMed Vision Care is an independent company, contracted by Blue Cross & Blue Shield of Rhode Island to provide vision benefit management services.

500 Exchange Street • Providence, RI 02903-2699

Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

12/20 VSN-492903