



BlueCross BlueShield
of Illinois

2020 BlueCare VisionSM Individual Plan Portfolio

BlueCare Vision PremierSM

BlueCare Vision StandardSM

BlueCare Vision BasicSM

- Vision plans for the entire family
- National network of providers
- Enroll on a convenient online platform

NEW

Individual portfolio designed to:

- **Diversify** product offering
- **Provide** solutions to complement member's health needs
- **Lower** cost barriers to care for members
- **Focus** on providing a variety of benefit features to a broad base

Overview

- Blue Cross and Blue Shield of Illinois (BCBSIL) is expanding product offerings
- BlueCare Vision plans are a vision solution to meet the needs of your clients
- Three options to address your clients' budgets and lifestyles

Sales Information

- Applications can be submitted through Coverage Plus Central (an online enrollment platform) at coverageplusIL.com or through a paper application
- If you sell BCBSIL health plans, you are already appointed to sell these products

Post-Sales Information

- After approval, members will receive a policy fulfillment kit containing their ID card, outline of coverage, and policy booklet.
- You can track your business by going to coverageplusIL.com and creating a profile
- Members will be able to log into coverageplusIL.com to see their vision selections and other important information

EyeMed Select Network

- The EyeMed Select network is a national network with access points at such locations as LensCrafters®, Pearle Vision, Target Optical® and other independent providers.
- There are over 6,400 provider locations in Illinois. A list can be found at eyemedvisioncare.com/bcbsilind.

Illinois Plans BlueCare Vision plans

- Non-ACA vision plans ideal for the entire family providing for an eye exam with dilation and allowances for frames and lenses
- This plan is only available to subscribers 18 years or older. Dependents under 26 can be added.
- The plans can be sold year-round with effective dates following SEP rules:
 - A policy sold and approved between the 1st and 15th is effective the 1st of the next month (i.e., a policy approved 2/2/19 would be effective 3/1/19)
 - After the 15th, the effective date is the 1st of the subsequent month (i.e., a policy sold 2/20/19 would be effective 4/1/19)

BlueCare Vision Premier

- Geared toward consumers seeking a higher level of benefits
- \$200 allowance on frames and contacts; 20% discount on costs over \$200
- \$20 copay on most lens options (i.e., single, bifocal, etc.)

BlueCare Vision Standard

- Geared toward budget-conscious consumers who have vision needs beyond preventive services
- \$130 allowance on frames and contacts; 20% discount on all costs over \$130
- \$20 copay on most lens options (i.e., single, bifocal, etc.)

BlueCare Vision Basic

- Geared toward the budget-conscious consumer
- Covered eye exam with 35% discount on frames and 15% discount on conventional contacts

BlueCare Vision Plans^{1,2}

The benefits below show what the member will pay in network.

	BlueCare Vision Premier	BlueCare Vision Standard	BlueCare Vision Basic
Exam with Dilation as Necessary	\$10 copay	\$10 copay	\$0 copay
Frames	\$0 copay; \$200 allowance, 20% off balance over \$200	\$0 copay; \$130 allowance, 20% off balance over \$130	35% off retail price ³
Additional Pairs	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.		N/A
Standard Plastic Lenses⁴			
Single Vision	\$20 copay	\$20 copay	\$50 ³
Bifocal	\$20 copay	\$20 copay	\$70 ³
Trifocal	\$20 copay	\$20 copay	\$105 ³
Standard Progressive Lens⁴	\$20 copay	\$85 copay	\$135 ³
Lens Options⁴			
UV Treatment	\$0 copay	\$0 copay	\$15 ³
Tint (Solid and Gradient)	\$0 copay	\$0 copay	\$15 ³
Standard Plastic Scratch Coating	\$0 copay	\$0 copay	\$15 ³
Contact Lenses (contact lens allowance includes materials only)⁵			
Standard Contact Lens Fit	Up to \$40	Up to \$40	N/A
Conventional	\$0 copay; \$200 allowance, 15% off balance over \$200	\$0 copay; \$130 allowance, 15% off balance over \$130	15% off retail price
Disposable	\$0 copay; \$200 allowance, plus balance over \$200	\$0 copay; \$130 allowance, plus balance over \$130	N/A
Medically Necessary	\$0 copay, paid in full	\$0 copay, paid in full	N/A
Frequency			
Examination	Once every 12 months	Once every 12 months	Once every 12 months
Lenses or Contact Lenses	Once every 12 months	Once every 12 months	Unlimited
Frame	Once every 12 months	Once every 12 months	Unlimited
Monthly Rates for BlueCare Vision Plans⁶			
Individual Member	\$30.78	\$18.49	\$5.17

1. This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For full information, refer to the certificate of benefits booklet.
2. This is a 12-month policy (from effective date).
3. Frame, lenses and lens options must be purchased in same transaction to receive full discount.
4. Lens benefits cover two lenses. Please see your certificate of benefits booklet for additional lens options benefits.
5. Federal law prohibits the dispensing of a quantity of contact lenses whose intended use would exceed the expiration date of the contact lens prescription.
6. Rates subject to change.

This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the individual mandate, if any, that you have health insurance coverage. If you do not have other health care coverage, you may be subject to a tax penalty. Please consult your tax adviser.

Benefits are available from the EyeMed Vision Care, LLC provider network and are administered by First American Administrators, Inc., independent companies that offer benefits on behalf of Blue Cross and Blue Shield of Illinois.

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