

# BlueCare Vision<sup>SM</sup> for Individuals and Families

Complete your health care coverage with an affordable vision plan from Blue Cross and Blue Shield of Illinois.



Vision care can be a key part of your total health. Regular eye exams may not only help keep your vision clear but may help identify common vision concerns like glaucoma and cataracts. Your eye doctor may also be able to spot early signs of serious health issues such as diabetes, high blood pressure or cancer. An eye exam may help with more than checking your prescription.

That is why Blue Cross and Blue Shield of Illinois (BCBSIL) provides BlueCare Vision plans. Our vision plans offer savings on exams along with discounts on glasses and contact lenses. BCBSIL provides three plans designed to cover you and your family, so you can choose the one that helps fit your needs and budget. See the other side to learn more about these three plans.

## How do I locate an eye doctor?

BlueCare Vision plans are part of the EyeMed Select Network. Thousands of in-network providers are available nationwide, including favorites like LensCrafters®, Pearle Vision, Sears® Optical and Target Optical®.



For more information, please contact an independent, authorized agent or visit [coverageplusIL.com](https://www.coverageplusIL.com).

See the chart on the back for more plan details.

# Vision Plans<sup>1,2</sup>

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

	BlueCare Vision Premier <sup>SM</sup>	BlueCare Vision Standard <sup>SM</sup>	BlueCare Vision Basic <sup>SM</sup>
<b>Exam with Dilation as Necessary</b>	\$10 copay	\$10 copay	\$0 copay
<b>Frames</b>	\$0 copay; \$200 allowance, 20% off balance over \$200	\$0 copay; \$130 allowance, 20% off balance over \$130	35% off retail price <sup>3</sup>
<b>Additional Pairs</b>	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
<b>Standard Plastic Lenses<sup>4</sup></b>			
<b>Single Vision</b>	\$20 copay	\$20 copay	\$50 <sup>3</sup>
<b>Bifocal</b>	\$20 copay	\$20 copay	\$70 <sup>3</sup>
<b>Trifocal</b>	\$20 copay	\$20 copay	\$105 <sup>3</sup>
<b>Standard Progressive Lens<sup>4</sup></b>	\$20 copay	\$85 copay	\$135 <sup>3</sup>
<b>Lens Options<sup>4</sup></b>			
<b>UV Treatment</b>	\$0 copay	\$0 copay	\$15 <sup>3</sup>
<b>Tint (Solid and Gradient)</b>	\$0 copay	\$0 copay	\$15 <sup>3</sup>
<b>Standard Plastic Scratch Coating</b>	\$0 copay	\$0 copay	\$15 <sup>3</sup>
<b>Contact Lenses (contact lens allowance includes materials only)<sup>5</sup></b>			
<b>Standard Contact Lens Fit</b>	Up to \$40	Up to \$40	N/A
<b>Conventional</b>	\$0 copay; \$200 allowance, 15% off balance over \$200	\$0 copay; \$130 allowance, 15% off balance over \$130	15% off retail price
<b>Disposable</b>	\$0 copay; \$200 allowance, plus balance over \$200	\$0 copay; \$130 allowance, plus balance over \$130	N/A
<b>Medically Necessary</b>	\$0 copay, paid in full	\$0 copay, paid in full	N/A
<b>Frequency</b>			
<b>Examination</b>	Once every 12 months	Once every 12 months	Once every 12 months
<b>Lenses or Contact Lenses</b>	Once every 12 months	Once every 12 months	Unlimited
<b>Frame</b>	Once every 12 months	Once every 12 months	Unlimited
<b>Monthly Rates for BlueCare Vision Plans<sup>6</sup></b>			
<b>Individual Member</b>	\$30.78	\$18.49	\$5.17

For more information, please contact an independent, authorized agent or visit [coverageplusIL.com](http://coverageplusIL.com).

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 your 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.



**Health care coverage is important for everyone.**

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.

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

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, Illinois 60601

Phone: 855-664-7270 (voicemail)  
TTY/TDD: 855-661-6965  
Fax: 855-661-6960  
Email: [CivilRightsCoordinator@hcsc.net](mailto:CivilRightsCoordinator@hcsc.net)

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/portal/lobby.jsf>  
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>



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.

Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
العربية Arabic	إن كان لديك أو لدى شخص تساعد أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您，或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員，請撥電話號碼 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવા કોઈ બીજી વ્યક્તિને એસ.બી.એમ. કાયદુક્રમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसको सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में नि:शुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें।
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
Diné Navajo	T'áá ni, éí doodago ła'da bíká anáníłwo'ígíí, na'ídíłkidgo, ts'ídá bee ná ahóótí'i' t'áá níík'e níká a'doolwoł dóó bína'ídíłkídígíí bee níł h odoonih. Ata'dahalne'ígíí bich'í' hodííłnih kwe'é 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سؤالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با شماره 855-710-6984 تماس حاصل نمایید.
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiegokolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nếu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.