

Vision Plan Comparison

Vision			BlueCross BlueShield of Illinois			Blue Cross Blue Shield of Illinois / EyeMed		
Service & Copays						In Network		Out Network
Carrier			BlueCross BlueShield			Insight		
Vision Exam			1 Annual Vision Exam Covered at 100%			\$ 0 Copay		Up to \$30
Annual Reimbursement Amount (Lenses & Frames)			\$ 150 / \$ 200 Annual Allowance			\$ 20 Copay		Reimbursement Varies
Frequency								
Examination						12 months		
Frames						24 months		
Lenses (glasses or contacts)						12 months		
Benefits								
Single Vision Lenses						\$ 20 Copay		Up to \$25
Bifocal Lenses						\$ 20 Copay		Up to \$40
Trifocal Lenses						\$ 20 Copay		Up to \$55
Lenticular Lenses						\$ 20 Copay		Up to \$55
Frames						\$ 200 Allowance +20% Off Balance over \$ 200		Up to \$50
Elective Contact Lenses						Up to \$ 200 / 15% off balance		Up to \$120
Necessary Contact Lenses						Covered in full		Up to \$210
Employer Premium Contribution						Contributory		
Rate Guarantee						4 Year RG until January 1, 2030		
Vision		EE	Rate		Total	Vision		E Rate
Employee:						Employee:		15 \$ 6.16
Employee + Spouse:						Employee + Spouse:		21 \$ 12.32
Employee + Child(ren):						Employee + Child(ren):		2 \$ 17.68
Family:						Family:		47 \$ 25.75
Total Monthly:						Total Monthly:		\$ 1,596.73