## **Voluntary Vision**



| Services   | In-Network   | Out-of-Network<br>(Reimbursed Amount) |
|--|--|---------------------------------------|
| Eye Exam: once every 12 months   | Covered 100%   | Up to \$40                            |
| Frames <sup>1</sup> : once every 24 months                                     | \$100 retail allowance<br>(30% discount for balance<br>exceeding allowance)              | Up to \$40                            |
| Lenses <sup>1</sup> : once every 12 months                                     | Standard glass or plastic  | Standard glass or plastic             |
| Single Vision Lenses   | Covered 100%   | Up to \$45                            |
| Bifocal Vision Lenses  | Covered 100%   | Up to \$65                            |
| Trifocal Vision Lenses   | Covered 100%   | Up to \$85                            |
| <b>Contact Lenses (in lieu of glasses)</b> <sup>1</sup> : once every 12 months |  |                                       |
| Elective Disposable or Conventional  | \$100 retail allowance (25%<br>discount for balance<br>exceeding allowance) <sup>2</sup> | Up to \$100                           |
| Specialty Lenses   | \$20 retail allowance (25%<br>discount for balance<br>exceeding allowance) <sup>2</sup>  | Up to \$30                            |
| Medically Necessary  | Covered 100%   | Up to \$250                           |

<sup>1</sup>Walmart/Sam's Club retail allowances may differ

<sup>2</sup> Discounted amounts may vary and may not be honored at all optical retailers

## **Vision Per Pay Contributions**

| Enrollment Tier       | <b>Biweekly Contribution</b> |
|-----------------------|------------------------------|
| Single                | \$2.96                       |
| Employee & Spouse     | \$5.91                       |
| Employee & Child(ren) | \$4.97                       |
| Family                | \$7.92                       |

## **Vision Provider Search**

To find an in-network provider, visit www.capbluecross.com and then click on "Find a doctor". You have the option of logging in or continuing as a guest. If continuing as a guest, select "Vision plans (for routine services)" when asked the type of plan you wish to search. Next, select "Capital Blue Cross Dental PPO" and then enter the search location. Confirm your selections and click on "Start your search". You will then be able to search by doctor's name, doctors by specialty, places by name, or places by type. To see a list of in-network dentists, select "Places by type" and then type "vision".

The benefit plan information shown in this guide are illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents and/or plan document(s) that govern the terms and conditions of the plans described in this guide, the underlying insurance and/or plan documents will govern in all cases.