



BlueCross BlueShield of Montana

# 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 Montana.

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 Montana (BCBSMT) provides BlueCare Vision plans. Our vision plans offer savings on exams along with discounts on glasses and contact lenses. BCBSMT offers 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 our 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 and Target Optical®.



For more information please contact an independent, authorized agent or visit [coverageplusMT.com](https://coverageplusMT.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>Per Member</b>	<b>\$30.78</b>	<b>\$18.49</b>	<b>\$5.17</b>



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<sup>1</sup> 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.

<sup>2</sup> This is a 12-month policy (from effective date).

<sup>3</sup> Frame, lenses and lens options must be purchased in same transaction to receive full discount.

<sup>4</sup> Lens benefits cover two lenses. Please see your certificate of benefits booklet for additional lens options benefits.

<sup>5</sup> Federal law prohibits the dispensing of a quantity of contact lenses whose intended use would exceed the expiration date of the contact lens prescription.

<sup>6</sup> 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.

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 Montana.