

Blue Cross Vision - Optics 12

Insight Network



Vision Care Services	In-Network Member Cost	Out-of-Network Member Cost
Exam (with dilation as necessary) Standard Contact Lens Fit and Follow-Up <i>(Contact lens fit and follow-up visits are available once a comprehensive eye exam has been completed.)</i>	\$10 copay Up to \$55 copay	Balance over \$35 N/A
Frames	\$0 copay, up to \$100 allowance; 20% off balance over \$100	Balance over \$50
Standard Plastic Lenses Single Vision Bifocal Trifocal Lenticular Standard Progressive Premium Progressive	\$10 copay \$10 copay \$10 copay \$10 copay \$75 copay \$95-\$120 copay; 20% off retail price, tier 4 only	Balance over \$25 Balance over \$40 Balance over \$55 Balance over \$55 Balance over \$40 Balance over \$40
Lens Options <i>(Paid by the member in addition to the price of the lenses.)</i> UV Treatment Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate - Adults Standard Polycarbonate - 18 years of age and under Standard Anti-Reflective Coating Photochromic/Transitions Plastic Polarized Other Add-Ons and Services	\$15 copay \$15 copay \$15 copay \$40 copay \$0 copay \$45 copay 20% off retail price 20% off retail price 20% off retail price	N/A N/A N/A N/A Balance over \$5 N/A N/A N/A N/A
Contact Lenses <i>(Contact lens allowance includes materials only.)</i> Conventional Disposable	\$0 copay, up to \$115 allowance; 15% off balance over \$115 \$0 copay, up to \$115 allowance; remaining balance over \$115	Balance over \$92 Balance over \$92
Laser Vision Correction LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
Frequency Examination Lenses or Contact Lenses Frames	Once every 12 months Once every 12 months Once every 12 months	Once every 12 months Once every 12 months Once every 24 months

Please Note: Your benefits cannot be combined with any other discounts, coupons, or promotional offers unless otherwise noted in an offer.



This is a summary of your vision benefits. It is not a contract. For details about your coverage, including any limitations or exclusions not noted here, please refer to your subscriber agreement or call our Customer Service Department. If you have questions about receiving medical care, please call your doctor.

EyeMed Vision Care is an independent company, contracted by Blue Cross & Blue Shield of Rhode Island to provide vision benefit management services.