



An Independent Licensee of the Blue Cross and Blue Shield Association

BENEFITS AT-A-GLANCE: VISION

All costs are for participating providers only. Please see your Guide to Benefits for information on providers outside our network.

	Vision Standard Plus 1B (JB)	
	Member Cost	
	Adult	Child
Routine Eye Care		
Eye Exam (one per calendar year)	\$10 copayment	\$0 copayment
Lenses & Frames* (from participating vision care facilities)		
Eyeglass Lenses	\$10 copayment	\$0 copayment
Contact Lenses	up to \$130 allowance	\$0 copayment
Polycarbonate Lenses	Not covered	\$0 copayment
One Eyeglass Frame (one every other calendar year)	up to \$130 allowance	\$0 copayment
Additional Benefits		
Contact Lens Fitting	Not Covered	\$0 copayment

*You're eligible for either contact lenses or frames per calendar year. You're responsible for any charges above the allowed amount for contact lenses and frames.

Key Terms

Term	Definition
Contact Lens Fitting	An eye exam to ensure that you have the correct fit and prescription for your contacts.
Lenses	Single vision or multifocal lenses for eyeglasses and non-disposable and disposable contact lenses.
Polycarbonate Lens	An impact-resistant eyeglass material that is thinner and lighter than traditional plastic eyeglass lenses. These lenses provide UV protection and are scratch resistant.

Understand important information about your plan: This benefits at-a-glance-summary provides a basic overview and comparison of a few of the benefits. Benefits and costs are based on the terms and conditions of your plan, specific exclusions and limitations, coordination of benefits, privacy, third party liability, eligibility requirements, and appeal rights, none of which are described here. For a complete description, see your Guide to Benefits and any riders, certificates, or amendments. To dispute a decision made by HMSA related to benefits, reimbursement, or any other decision or action by HMSA, please follow the instructions at hmsa.com/appeals.