# Vision Blue℠ Plans powered by VSP®

| In-Network Benefit (Policy Period is 24 Months) | | Vision Blue℠ Platinum Plus | Vision Blue℠ Platinum Choice | Vision Blue℠ Gold Plus | Vision Blue℠ Gold | Vision Blue℠ Silver Plus | Vision Blue℠ Silver |
|---|---|---|---|---|---|---|---|
| **Benefit Frequency:** | Exam, Lenses, Contacts | every **12 Months** | every **12 Months** | every **12 Months** | every **12 Months** | every **12 Months** | every **12 Months** |
| | Frame | every **12 Months** | every **12 Months** | every **12 Months** | every **12 Months** | every **24 Months** | every **24 Months** |
| **Copayments:** | Exam<br>WellVision Exam® covered in full after copay | **$10 copay** | **$10 copay** | **$10 copay** | **$10 copay** | **$10 copay** | **$10 copay** |
| | Materials | **$10 copay** | **$10 copay** | **$20 copay** | **$20 copay** | **$25 copay** | **$25 copay** |
| | Contact Lens Fitting and Evaluation | up to **$60** | up to **$60** | up to **$60** | up to **$60** | up to **$60** | up to **$60** |
| | Retinal Screening | up to **$39** | up to **$39** | up to **$39** | up to **$39** | up to **$39** | up to **$39** |
| **In Network Allowances:** | Retail Frame Value | up to **$180** | up to **$180** | up to **$150** | up to **$150** | up to **$130** | up to **$130** |
| | Elective Contact Lenses (instead of glasses) not subject to copay | up to **$180** | up to **$180** | up to **$150** | up to **$150** | up to **$130** | up to **$130** |
| | Enhancements<br>(Covered after materials copay) | Polycarbonate for Children, Standard/Premium/Custom Progressive, Photochromic/Tint, Anti-Reflective and Scratch Resistant Coating | Polycarbonate for Children Standard Progressive | Polycarbonate for Children Standard/Premium/Custom Progressive, Anti-Reflective and Scratch Resistant Coating | Polycarbonate for Children Standard Progressive | Polycarbonate for Children, Standard/Premium/Custom Progressive, Anti-Reflective and Scratch Resistant Coating | Polycarbonate for Children Standard Progressive |
| **EasyOption Benefits:** | | **N/A** | **$230 Frame Allowance** OR **Premium and Custom Progressive Lenses** OR **Photochromic Lenses** OR **Anti-Reflective Lenses** OR (in lieu of glasses) **$210 Elective Contact Lenses** | **N/A** | **N/A** | **N/A** | **N/A** |

| Additional Programs, Benefits and Savings | | APPLICABLE TO ALL PLANS |
|---|---|---|
| **Extra Discounts & Savings** | Lens Enhancements | **Average savings of 30%** |
| | Featured Frame Brands | **Extra $20 allowance** |
| | Additional Pairs of Glasses | **20% savings** |
| | Sunglasses | **20% savings** |
| | Laser Vision Correction | **Average savings of 15%** |
| **Value Added Programs** | Diabetic EyeCare Plus Program℠ | **Included ($20 copay per exam)** |
| | Low Vision | **75% for low vision aids, up to $1,000 (Testing every 2 years)** |
| **Out-of-Network Allowances** (Covered after applicable copay) | Examination | Up to **$45** |
| | Single Vision Lenses | Up to **$30** |
| | Bifocal Lenses/ Trifocal Lenses/Lenticular Lenses | Up to **$50/$65/$100** |
| | Frame | Up to **$70** |
| | Elective Contact Lenses | Up to **$105** (not subject to copay) |
| | Necessary Contact Lenses | Up to **$210** |

Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details. Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

VBP3-2108

BlueCross BlueShield of Alabama

*We cover what matters.*

Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association.

Vision Service Plan (VSP) is an independent company providing Credentialing, Quality Management, Claims Processing, Complaints and Grievance, and Customer Service activities on behalf of Blue Cross and Blue Shield of Alabama. VSP and WellVision Exam are registered trademarks, and VSP Diabetic EyeCare Plus Program is a service mark of Vision Service Plan. All other brands or marks are the property of their respective owners.