

2020 Blue Cross Vision

St Louis County

January 1, 2020



EYEWEAR ONLY PLAN		
In-network benefit		Out-of-network reimbursements
EYE EXAMS – One exam every 12 months		
Eye exam Includes dilation when recommended by eye care professional	Exam not covered by vision plan. Routine eye exams are eligible under the group health plan.	Frames: \$50
PRESCRIPTION GLASSES		
Lenses* Single vision, lined bifocal, trifocal, lenticular, polycarbonate (dependent children)	100% after \$10 copay	Lenses: - Single vision: \$40 - Bifocal/progressive: \$60 - Trifocal: \$80 - Lenticular: \$100 - Visually required: \$225
Frames	1 every 12 months	Contact lenses (Elective): \$105
Davis Vision Exclusive Collection** - Fashion level - Designer level - Premier level	100%, no copay 100%, no copay 100%, \$25 copay	
Non-Davis Vision Exclusive Collection - Visionworks stores - Frames available from other participating providers	No copay, plan pays up to \$180 plus 20% of remaining costs*** No copay, plan pays up to \$130 plus 20% of remaining costs***	
EYE GLASS ENHANCEMENTS – Member charges		
- Tinting of plastic lenses - Scratch-resistant coating - Polycarbonate lenses - Dependent children, monocular patients, and those with a prescription of +/-6.00 diopters or greater - Adults - Ultraviolet coating - Anti-reflective coating - Progressive lenses - High index lenses - Polarized lenses - Plastic photochromic lenses - Scratch protection plan	Member pays \$0 Member pays \$0 Member pays \$0 Member pays \$30 Member pays \$12 Standard: \$35/Premium: \$48/ Ultra: \$60 Standard: \$50/Premium: \$90/ Ultra: \$140 Member pays \$55 Member pays \$75 Member pays \$65 Single vision: \$20/Multifocus vision: \$40	
CONTACT LENSES – Benefit available for eyeglass lenses OR contact lenses every 12 months		
Collection contact lenses† - Disposable - Non-disposable - Evaluation, fitting and follow-up care	up to 4 boxes/multi-packs up to 2 boxes/multi-packs 100% after \$10 copay	
Non-collection contact lens allowance†† - Evaluation, fitting and follow-up care for standard lenses - Evaluation, fitting and follow-up care for specialty lenses	Plan pays up to \$130 plus 15% of remaining costs*** 100% after \$10 copay \$10 copay; after copay, plan pays up to \$60 plus 15% of remaining costs***	
Collection contact lenses (preauthorization required) - Materials - Evaluation, fitting and follow-up care	100% 100% after \$10 copay	

**Davis Vision Exclusive Collection available at most independent providers and private practice locations. Collection is subject to change.

***Additional discount not available at Costco, Walmart and Sam's Club.

†Available in private practice locations.

††Available in participating retail locations.

Blue Cross Vision – Eyewear Only

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		Eyewear Only
<i>Voluntary monthly premiums</i>		
3-Tier		
Employee		\$5.85
Employee + one family member		\$10.96
Employee + two or more family members		\$16.85

Eligible family members include spouse and children under 26 years of age.