

Section 3: Elective Benefits

Vision Care Benefits

You may choose from two vision plan options:

1. VSP® (Vision Service Plan) and
2. AlwaysVisionSM.

Both options offer eye-care services through a network of service providers. Both options offer access to national eye care chains. The providers in the AlwaysVision network include Loyola University Health System Ophthalmologists.

A third option for vision care benefits is available through the Loyola Advantage PPO Plan. If you enroll in the Loyola Advantage PPO Plan, you have coverage for eye exams and discounts through a BCBSIL partnership with Davis Vision. The three plans are compared in the table. Details follow the table.

Comparison of Vision Care Plan Options						
VSP			AlwaysVision SM			Davis
Features	In-Network	Out-of-Network	Loyola Providers	In-Network	Out-of-Network	In-Network Only
Exam	Frequency: Once every calendar year		Frequency: Once every 12 months			No limit
	Plan pays 100% after \$10 co-pay	Plan pays up to \$45	Plan pays 100% after \$20 co-pay	Plan pays 100% after \$10 co-pay	Plan pays up to \$45	15% off or \$5 off of the retail cost
Lenses	Frequency: Once every calendar year		Frequency: Once every 12 months			No limit
▪ Single vision	Plan pays 100% after \$15 co-pay	▪ Up to \$35	▪ Plan pays 100%	▪ Up to \$35	▪ You pay \$35	
▪ Lined bifocal		▪ Up to \$58	▪ Plan pays 100%	▪ Up to \$58	▪ You pay \$55	
▪ Lined trifocal		▪ Up to \$75	▪ Plan pays 100%	▪ Up to \$75	▪ You pay \$65	
▪ Lenticular		▪ Up to \$95	▪ Plan pays up to \$80	▪ Up to \$50	▪ You pay \$110	
▪ Progressive		▪ Ask provider	▪ Plan pays up to \$50	▪ Up to \$40	▪ You pay \$65 or \$75	
▪ Polycarbonates for covered child		▪ Not covered	▪ Not covered	▪ Not covered	▪ You pay \$30	
Frames³	Frequency: once every other calendar year		Frequency: Once every 24 months			No limit
	Plan pays up to \$150 after \$15 co-pay and 20% off cost over the \$150 limit	Plan pays up to \$50	Up to \$150 retail allowance	Up to \$150 retail allowance (\$94 at Walmart and Sam's Club)	Plan pays up to \$50	<ul style="list-style-type: none"> ▪ Priced up to \$70 retail, you pay \$40 ▪ Priced over \$70 retail, you pay \$40 plus 10% of the amount over \$70
Contacts	Frequency: Once every calendar year		Frequency: Once every 12 months			No limit
	Plan pays up to \$150 after \$15 co-pay		<ul style="list-style-type: none"> ▪ Elective: Up to \$150 retail ▪ Medically Necessary: Up to \$210 retail 		Plan pays up to \$125 retail	<ul style="list-style-type: none"> ▪ Exam: 15% off or \$10 off of the retail cost ▪ Conventional: 20% off ▪ Disposable: 10% off

Notes on the Comparison of Vision Care Plan Options Table

Below are several descriptive notes that apply to the table for VSP and Davis Vision columns.

VSP

- If your exam includes contact lens exam, the plan also pays 15 percent of the contact lens exam (separate from eye exam co-pay).
- \$15 co-pay covers both lenses and frames or contact lenses.
- Lens options, which can enhance the appearance, durability, and function of your glasses, are available to you at VSP's preferred member pricing at an additional cost to you.
- The \$150 allowance for contact lenses through in-network providers applies to the cost of your contact lens exam and contact lenses.
- Current soft contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses. Learn more from your VSP doctor or www.vsp.com.

Davis Vision

- Davis Vision's discounted fees apply at most provider locations. However, fees may vary. For example, at Walmart, members will receive comparable values on spectacle lens and contact lens purchases with Walmart's standard retail cost. Members buying frames at Walmart will receive a flat 10 percent discount on Walmart's price, rather than the discounts shown. Confirm discounts with your selected provider.
- The 15% exam discount will be applied to the provider's usual and customary price for services.
- Special lens designs, materials, powers, and frames may require additional cost.
- Pricing for progressive lenses vary at some retail locations (\$65 or \$75 for standard progressive and \$110 or \$125 for premium progressive lenses).
- See the BluePoints Davis Vision summary for the cost of lens options, such as scratch-resistance coatings, tints, ultraviolet coats and Photogrey Extra® lenses.
- The relationships between Blue Cross and Blue Shield of Illinois and Davis Vision, Inc., and Davis Vision, Inc., on behalf of TLC/TruVision are that of independent contractors. BlueExtras is a discount program available to BCBSIL members. This is NOT insurance. Some of the services offered through BlueExtras may be covered under your health plan. Please refer to your benefit booklet or call the customer service number on the back of your ID card for specific benefit information under your health plan. Use of BlueExtras does not affect your premium, nor do costs of BlueExtras' services or products count toward your plan deductible, calendar year, or lifetime maximums. Discounts are only available through participating vendors. BCBSIL does not guarantee or make any claims or recommendations regarding the services or products offered under BlueExtras. You may want to consult with your physician prior to use of these services and products. Services and products are subject to availability by location. BCBSIL reserves the right to discontinue or change this discount program at any time without notice.

Vision Service Plan (VSP)

Loyola's Vision Service Plan (VSP) is a voluntary benefit that provides comprehensive eye-care benefits when you visit a VSP network doctor for routine services. This plan allows you to obtain eye care through the provider of your choice. However, you receive a higher level of benefits if you choose a VSP network provider and do not need to file a claim. If you choose an out-of-network provider, you pay the provider and file a claim with VSP for reimbursement. Identification cards are not issued by VSP. You may phone the VSP provider of your choice to make an appointment.