

BlueCrossVision VISION PLANS FOR YOUR BUSINESS

Plans for Groups and Businesses with FEWER THAN 50 EMPLOYEES



BlueCrossVision

SEE THE VALUE OF INTEGRATION

There are significant benefits to employing a holistic strategy for medical and vision coverage. Besides measuring vision, routine eye exams are a simple, non-invasive tool that can help identify early signs of certain chronic health conditions, including high blood pressure, diabetes, heart disease, and high cholesterol.¹

- **5.3 million** U.S. adults have diabetic retinopathy, which is the number one cause of blindness in Americans 18 and older. ²
- 24.4 million U.S. adults over age 40 have cataracts, which can result in double or blurred vision. 2
- Up to 25% of school-age children may have vision problems that can affect learning.3

Focus on employee engagement

Adding comprehensive vision coverage can also be a low-cost investment in employee engagement and satisfaction, as well as a differentiator in attracting top talent. Plus, vision coverage can support increased productivity. One recent study found a direct correlation between:

- Lost productivity and poor vision correction, particularly among workers who complete complex and/or repetitive computer tasks like data entry.
- The amount of time required for completion of a computer task and proper vision. When workers operated with uncorrected vision, they took much longer to perform computer-related tasks.⁴



¹American Academy of Ophthalmology, "Frequency of Ocular Examinations," 2009

²Centers for Disease Control and Prevention, 2015

³Vision Council, February 2012 Parent for Child Report

⁴Gary Heiting, "Worker Productivity and Computer Vision Syndrome," All About Vision, January 2015.

REASONS EMPLOYERS CHOOSE

BLUE CROSS VISION

We know vision coverage can be important to your employees—nearly 81% of U.S. adults need vision correction—and we know that a full-service solution is important to you. That's why we give you the option to add Blue Cross Vision plans to your benefits package. Our vision plans provide:

1. Access.

Nationwide network of over 115,000 eye care providers at more than 26,700 locations nationwide—including more than 420 providers in 80+locations across RI—with easy access to provider listings through **myBCBSRI**.*

2. Affordability.

Competitive rates for individual through family plans.

3. Convenience.

No receipts to submit for in-network services.

4. Choice.

The ability to select the plan type that works best for you and your employees:

- Allowance plan Provides an allowance for eyewear
- Schedule plan Includes an annual routine eye exam and eyewear allowance

5. Savings.

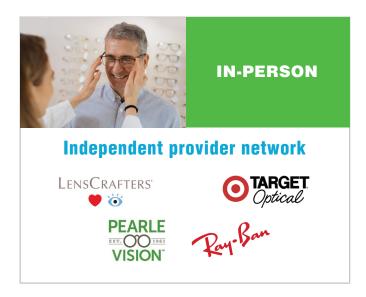
With our Schedule Plans, Blue Cross Vision members only pay a \$10 copay for routine eye exams and get special negotiated rates on lens options, as well as 15% off conventional contact lenses.

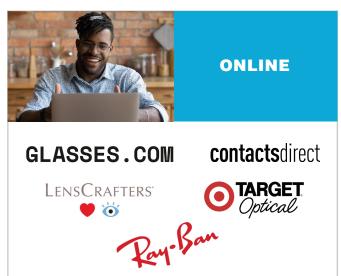


OFFERING GREATER CONVENIENCE, VALUE, AND CHOICE

More ways to purchase eyewear

Consumer shopping habits are changing. Today, 13% of all eyewear purchases are made online—and that number is sure to grow. That's why BCBSRI vision coverage includes online options as well as traditional in-person services, both offered through the expansive EyeMedSM Insight Network of providers.





77% Savings

With Schedule Plan 1

Exam \$10 copay

Frame \$163

- \$130 allowance

\$33

- \$7 (20% discount off balance)

\$26

Lens \$25 copay

\$15 UV treatment add-on

+ \$15 scratch coating add-on

\$55

Total \$91

71% Savings

With Schedule Plan 2

Exam \$10 copay

Frame \$163

- \$100 allowance

\$63

- \$13 (20% discount off balance)

\$50

Lens \$25 copay

\$15 UV treatment add-on

+ \$15 scratch coating add-on

\$55

Total \$115

These examples are for illustration purposes only and do not represent actual costs or reflect all of the terms and conditions that may apply to your coverage. For details about coverage, please refer to the subscriber agreement or contact ayour BCBSRI sales representative or broker.

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

^{*40%} discount available after the allowance and discount has been used

Significant discounts at network providers

- 40% off a complete pair of prescription eyeglasses*
- 20% off non-prescription sunglasses
- 20% off your employees' balance after the allowance
- **15% off** the retail price for laser vision correction, or 5% off the promotional price

Leading brands







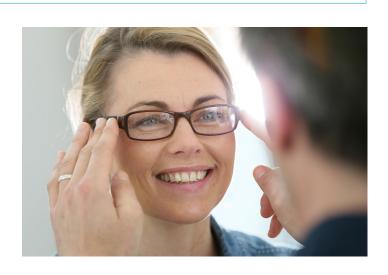




DOLCE & GABBANA







75% Savings

With Schedule Plan 3

Exam \$10 copay

Frame \$163

- \$100 allowance

\$63

- \$13 (20% discount off balance)

\$50

Lens \$10 copay

\$15 UV treatment add-on

+ \$15 scratch coating add-on

\$40

Total \$100

Without insurance

Exam \$106

Frame \$163

Lens \$78

\$23 UV treatment add-on

+ \$25 scratch coating add-on

\$126

Total \$395

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BUSINESS BENEFIT HIGHLIGHTS

Which Blue Cross Vision plan is right for you and your employees?

The chart below highlights the in-network costs associated with each plan. All plans feature the national **Insight** network.

	Schedule Plan 1	Schedule Plan 2	Schedule Plan 3	Allowance Plan 1	Allowance Plan 2
Routine eye exam	\$10 copay	\$10 copay	\$10 copay	Not covered	Not covered
Frames	\$130 allowance plus 20% off balance over \$130	\$100 allowance plus 20% off balance over \$100	\$100 allowance plus 20% off balance over \$100	\$200 allowance plus 20% off balance over \$200	\$100 allowance plus 20% off balance over \$100
Standard plastic lenses (single vision, bifocal, trifocal, lenticular) Standard progressive lenses Premium progressive lenses Lens options*	\$25 copay \$90 copay \$90 copay, \$120 allowance; 20% off retail price Copays from \$0-\$75	\$25 copay \$90 copay \$90 copay, \$120 allowance; 20% off retail price Copays from \$0-\$75	\$10 copay \$75 copay \$75 copay, \$120 allowance; 20% off retail price Copays from \$0-\$75		
Contact lenses	\$0-\$/3	\$0-\$73			
Conventional	\$130 allowance plus 15% off balance over \$130	\$115 allowance plus 15% off balance over \$115	\$115 allowance plus 15% off balance over \$115	\$200 allowance plus 15% off balance over \$200	\$100 allowance plus 15% off balance over \$100
Disposable	\$130 allowance	\$115 allowance	\$115 allowance	\$200 allowance	\$100 allowance
Standard contact lens fit and follow-up	Up to \$55 copay	Up to \$55 copay	Up to \$55 copay	Not covered	Not covered
Frequency					
Examination	Once every 12 months	Once every 12 months	Once every 12 months	Not covered	Not covered
Lenses or contact lenses	Once every 12 months	Once every 12 months	Once every 12 months	Frames and lenses or contacts once every 12 months	Frames and lenses or contacts once every 12 months
Frames	Once every 24 months	Once every 24 months	Once every 12 months	, , <u></u>	5.5., 12
Laser vision correction LASIK or PRK from U.S. Laser Network	15% off retail price; 5% off promotional price	15% off retail price; 5% off promotional price	15% off retail price; 5% off promotional price	15% off retail price; 5% off promotional price	15% off retail price; 5% off promotional price

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 Blue Cross Vision benefits. It is not a contract. For details about coverage, including any limitations or exclusions not noted here, please refer to the subscriber agreement or contact your BCBSRI sales rep or broker.

^{*}Please see Plan Benefit Highlights Sheet for detailed lens options copays. Lens options include UV Treatment, Tint, Standard Plastic Scratch Coating, Standard Polycarbonate, Standard Anti-Reflective Coating and Photochromic/Transitions plastic, and other Add-On Services.

BlueCrossVision BUSINESS RATES

	Schedule Plan 1	Schedule Plan 2	Schedule Plan 3	Allowance Plan 1	Allowance Plan 2
	Voluntary/contributory rates*			Non-voluntary rates	
Individual	\$4.73/\$4.18	\$3.96/\$3.50	\$4.95/\$4.38	\$3.22	\$1.11
Employee/Spouse	\$8.98/\$7.94	\$7.52/\$6.66	\$9.41/\$ 8.33	\$6.11	\$2.11
Employee/Children	\$10.40/\$9.20	\$8.71/\$7.71	\$10.90/\$9.64	\$7.08	\$2.44
Family	\$14.65/\$12.96	\$12.28/\$10.86	\$15.36/\$13.59	\$9.97	\$3.44

 $^{{\}it *Please note: Contributory\ rates\ require\ a\ minimum\ of\ a\ 50\%\ contribution\ to\ premium\ by\ employer.}$

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