Vision Plan Options

Blue Cross and Blue Shield of New Mexico

This is a summary only that lists member coinsurance amounts and provides a brief description of vision care services. Please see your Vision Care Rider for detailed vision care benefit information.

Vision Care Services	Premier Plan Benefits	
	In-Network member cost or discount (remainder payable by plan up to covered charge[1])	**Out-of-Network allowance** (amount payable by plan, not to exceed retail cost[2])
Exam: With dilation as necessary	$10 Copay	Up to $35
Frames: Any frame available at provider location or:	20% off balance of retail cost over $100	Up to $45
Fashion Collection frames (values up to $100)	Covered in full	N/A
Designer Collection frames (values up to $175)	$15 Copay	N/A
Premier Collection frames (values up to $200)	$40 Copay	N/A
Frequency:		
Examination	Once every 12-month benefit period	
Lenses or contact lenses	Once every 12-month benefit period	
Frames	Once every 24-month benefit period	
Standard plastic or glass spectacle lenses:		
Single-vision	$25 Copay	Up to $25
Bifocal	$25 Copay	Up to $40
Trifocal	$25 Copay	Up to $55
Lenticular	$25 Copay	Up to $55
Lens Options: Add to lens prices above		Not covered
Plastic lens tinting (solid/gradient)	Covered in full	
Scratch-resistant coating	$15 Copay	
Glass lenses	Covered in full	
Polycarbonate lenses	$30 Copay	
Standard progressive (add-on to bifocal)	$45 Copay	
Premium progressive (add-on to bifocal)	$90 Copay	
Standard anti-reflective coating (ARC)	$35 Copay	
Premium/ultra ARC	$48/$60 Copay	
Blended invisible bifocals/	$20 Copay	
Corning™ photochromic		
Plastic photosensitive lenses	$65 Copay	
High-index lenses	$55 Copay	
Polarized lenses	$75 Copay	
Intermediate vision lenses	$30 Copay	
Glass-Grey #3 prescription sunglass	Covered in full	
Ultraviolet coating	$12 Copay	

Vision Care Services	Premier Plan Benefits	
	In-Network member cost or discount (remainder payable by plan up to covered charge[1])	**Out-of-Network allowance** (amount payable by plan, not to exceed retail cost[2])
Contact lenses: Includes fit[4], follow-up[4], and materials		
Conventional	15% off balance of retail cost over $115	Up to $100
Disposable	15% off balance of retail cost over $115	Up to $100
Medically necessary	Paid in full[3]	Up to $200
Value-added features:		
Laser vision correction discount: You will receive a discount for traditional LASIK and custom LASIK. *Prices/discounts may vary by state and are subject to change without notice.*		
Mail-order contact lens replacement: Lens 1-2-3® Program (visit the Lens 1-2-3 website: www.lens123.com).		

Note: Members receive a 20 percent discount on additional items **beyond plan coverage** from in-network providers which may not be combined with any other discounts or promotional offers. The discount does not apply to in-network vision care plan providers' professional services or contact lenses.

[1] The "covered charge" is the rate negotiated by the Claims Administrator with in-network providers for a particular covered service.
[2] The Plan pays the lesser of the maximum allowance noted or the retail cost. Retail prices vary by location.
[3] These services may be covered under the member's medical/surgical plan. Premier members submit claims for such services to the vision plan administrator first; any balance remaining may be submitted to the medical/surgical plan for consideration.
[4] Under the Premier Plan, the cost for fit and follow-up may be covered by the $115 allowance, depending on state regulations or the location's individual administrative policy. Under the Preferred Plan, fit and follow-up is discounted up to 20 percent.