



Effective July 1, 2008, your BlueAdvantage HMO vision network is changing. Your vision benefits will now be available through Davis Vision, Inc., a leading national provider of routine vision care programs. There will be some changes to the vision network. **However, there are no changes to your basic benefits.**

### Davis Vision

(877) 393-8844  
 Mon. - Fri., 7 a.m. - 10 p.m.  
 Sat., 8 a.m. - 3 p.m.  
 Sun., 11 a.m. - 3 p.m.  
 Central Time  
[www.davisvision.com](http://www.davisvision.com)

### BCBSIL HMO Member Services

(800) 892-2803  
 8:30 a.m. - 5 p.m., weekdays  
 TDD: (866) 876-2194  
[www.bcbsil.com](http://www.bcbsil.com)

### How do I locate a Davis Vision provider?

The Davis Vision network includes private practice providers (ophthalmologists and optometrists) and retail locations. The Davis Vision retail network features Visionworks.<sup>®</sup> There are many convenient Visionworks locations in the Chicagoland area. In addition to the exceptional service available at Visionworks, there is an extensive selection of eyewear, including a large variety of children's frames. Visionworks also offers deep discounts on additional pairs of eyewear. *To find a provider location convenient to you:* Call Davis Vision at (877) 393-8844. You also can go to [www.bcbsil.com](http://www.bcbsil.com) and search the Provider Finder.<sup>®</sup> Or, go to [www.davisvision.com](http://www.davisvision.com).

### What are my vision care benefits?

As a Blue Cross and Blue Shield of Illinois (BCBSIL) HMO member under the Ford UAW plan, your benefits include the following:\*

- Coverage for one eye examination every 12 months for the cost of your PCP copayment
- When you select contact lenses: coverage for one contact lens evaluation and fitting every 12 months, after your examination copayment; this *must* be performed on the same day as your eye examination
- Coverage for eyewear including eyeglasses or contact lenses
  - > For eyeglasses, your plan provides the following:
    - A frame allowance of \$110
    - Spectacle lenses are included
    - At most private practice provider locations: an additional Fashion frame collection – with frames valued up to \$125 – are available for you to select from at no additional cost to you
    - At either a private practice or retail location: if you choose a frame with a price that exceeds your allowance, you will be responsible for any balance, but will receive a 20%<sup>1</sup> discount on the amount over \$110
  - > For contact lenses: You have a separate \$55 allowance available for contact lenses. Contacts will be discounted 15%<sup>1</sup> at all network locations. Your allowance will go toward the discounted price and you will be responsible for any remaining amount.

**No referral from your PCP is needed.** Simply visit any Davis Vision provider and show your HMO ID card to access your vision care benefits.

*Remember:* Your copayment is due on the day of your visit. In addition, you must visit a Davis Vision network provider to receive benefits.

You also can receive discounts on laser vision correction through Davis Vision, featuring the TruVision network. Discounted pricing on disposable contact lenses is available to you through Davis Vision's Lens 1 2 3<sup>®</sup> Mail Order Contact Lens Replacement Program. *For more information about the discount on laser vision correction:* Contact Davis Vision at (877) 393-8844. Or call TruVision directly at (866) 484-2020 to schedule an appointment. *For more information about using the mail order contact lens replacement program:* Call (800) LENS-123 ((800) 536-7123) or visit [www.lens123.com](http://www.lens123.com).

### Are there any exclusions?

The following items are *not* covered as part of the vision care program:

- Medical treatment of eye disease or injury
- Vision therapy
- Special lens designs or coatings, other than those listed in the fee schedule on the back of this page
- Services performed by a provider who is not in the Davis Vision network
  - Replacement of lost eyewear
  - Services not performed by licensed personnel

\* For more information about your vision benefits, refer to your benefit booklet or call Member Services.



**BlueCross BlueShield  
 of Illinois**

*Experience. Wellness. Everywhere.™*



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## Eye exam and vision hardware fee schedule

### Eye Examinations

Your plan offers coverage for one eye exam every 12 months for the cost of your PCP copayment.

### Contact Lens Evaluation and Fitting

If you select contact lenses, your plan offers coverage for one contact lens evaluation and fitting every 12 months, after your examination copayment. This must be performed on the same day as your eye examination.

### Frames<sup>1</sup> (once every 24 months)

Allowance for provider's own frame . . . .	\$110 plus 20% off any additional amount
Fashion Collection frames . . . . .	Included
Designer Collection frames . . . . .	\$.15
Premier Collection frames . . . . .	\$.40

### Spectacle Lenses (Uncoated plastic – once every 12 months)

Single vision . . . . .	Included
Bifocal . . . . .	Included
Trifocal . . . . .	Included

### Contact Lenses<sup>1</sup> (once every 12 months instead of eyeglasses)

Conventional . . . . .	\$.55 plus 15% off any additional amount
Disposable/Planned replacement . . . .	\$.55 plus 15% off any additional amount

### Optional lens types or coatings available

Standard progressive . . . . .	\$.45
Premium progressive . . . . .	\$.90
Polycarbonate lenses <sup>2</sup> . . . . .	\$.35
Blended invisible bifocals . . . . .	\$.20
Intermediate vision lenses . . . . .	\$.30
Photochromic lenses . . . . .	\$.20
Scratch-resistant coating . . . . .	\$.15
Standard anti-reflective coating . . . . .	\$.45
Premium anti-reflective coating . . . . .	\$.48
Ultra anti-reflective coating . . . . .	\$.60
Ultraviolet coating . . . . .	\$.12
Solid tint . . . . .	\$.12
Gradient tint . . . . .	\$.12
Hi-index lenses . . . . .	\$.55
Plastic photosensitive lenses . . . . .	\$.65
Polarized lenses . . . . .	\$.75
Glass-Grey #3 Prescription lenses . . . . .	\$.12

<sup>1</sup> Discounts do not apply at Wal-Mart.

<sup>2</sup> No additional charge for dependent children (if dependents are eligible) or members of any age who have a prescription of +/- 6.00 or are monocular.

The relationships between Blue Cross and Blue Shield of Illinois and Davis Vision, Inc., and Davis Vision, Inc., on behalf of TruVision are that of independent contractors.

The discounts offered as part of the vision care program are part of BlueExtras,<sup>SM</sup> a discount program available to BCBSIL members. This program 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.

# HMO Vision Care Program

*For Ford Members with  
a Materials Allowance*

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