Macomb Community College
Group Number: 71705
Vision Coverage Effective Date: 01/01/2023
Benefits-at-a-glance

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

BCBSM provides administrative claims services only. Your employer or plan sponsor is financially responsible for claims.

Blue Vision benefits are provided by Vision Service Plan (VSP), the largest provider of vision care in the nation. There are more than 3,000 VSP provider locations in Michigan and 53,000 locations nationwide. To find a VSP provider, call **1-800-877-7195** or visit VSP's Web site at **www.vsp.com**.

Member's responsibility (copayments)

Benefits	VSP Provider	Out-of-Network Provider
Eye Exam Optometrist/Ophthalmologist	No Copay	$35/$45 Copay
Frames	$250 allowance	$66 allowance
Eyeglass Lenses	Covered 100% of the allowed amount	
Single		$38
Bifocal		$60
Trifocal		$72
Lenticular		$108
Medically necessary contact lenses	Covered at 100% of the allowed amount	$200

Eye exams

Benefits	VSP Provider	Out-of-Network Provider
Covers a complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	No Copay	$35 copay – Optometrist $45 copay – Ophthalmologist
	One eye exam in any period of 12 consecutive months	

Lenses and frames

Benefits	VSP Provider	Out-of-Network Provider
Single vision, bifocal, trifocal or lenticular lenses in glass or plastic.	Covered – 100% of the allowed amount.	Pays -Single vision $38, Bifocal $60, Trifocal $72, Lenticular $108
Extra Lens Features		
Pink #1 or #2 Tint, Rimless, Oversize, Blended, Photochromic, Progressive	Pays at 100% of allowed amount	Member pays the difference.
Tinted		
Single vision, bifocal, trifocal or lenticular	Pays at 100% off allowed amount	Single vision $42, Bifocal $70…
Polarized		
Pays -Single vision, Bifocal, Trifocal , Lenticular	Pays at 100% of allowed amount	Single vision $56, Bifocal $90…
	One pair of lenses, with or without frames, in any period of 12 consecutive months	
Standard frames	$250 allowance (member responsible for any cost exceeding the allowance)	Reimbursement up to $66 less (member responsible for any difference)
Note: All VSP network doctor locations are required to stock at least 100 different frames within the frame allowance.	One frame in any period of 12 consecutive months	

Contact Lenses

Benefits	VSP Provider	Out-of-Network Provider
Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary	Covered – 100% of allowed amount	Reimbursement up to $200 less (member is responsible for any difference)
	One pair of contact lenses in any period of 12 consecutive months	
Elective contact lenses that improve vision (prescribed, but do not meet criteria of medically necessary	$250 allowance (member responsible for any cost exceeding the allowance)	$105 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)
	One pair of contact lenses in any period of 12 consecutive months	
Contact lens Exam Fitting and evaluation	Covered – no copay	Not covered
	One suitability exam in any period of 12 consecutive months	