

Vision Benefits Comprehensive rider (every year), with preventive

| Benefits | In-Network Member Cost | Out-of-Network Benefits Allowance | |
|--|--|--|--------------|
| Services | | | |
| Eye exam | Covered every year (including dilated fundus evaluation) | \$30 allowance | |
| Frames | \$100 allowance toward first purchase, additional purchases 40% off retail price | \$40 allowance | |
| Standard Plastic Lenses | | | |
| Single vision | First purchase covered in full, additional purchases 40% off total cost | \$20 allowance | |
| Bifocal | | \$30 allowance | |
| Trifocal | | \$40 allowance | |
| Lenticular | | \$60 allowance | |
| Lens Options | | | |
| UV coating | \$15 | N/A | |
| Tint (solid and gradient) | | | |
| Standard scratch-resistance | | | |
| Standard polycarbonate | | | \$40 |
| Standard progressive (add-on to bifocal) | | | \$65 |
| Standard antireflective coating | | | \$45 |
| Photochromic | | | 20% discount |
| Transition lenses | | | |
| Other Add-Ons and Services | | | |
| Sunglasses, nonprescription sunglasses | 20% discount | N/A | |
| Contact Lens Materials | | | |
| Disposable | \$100 allowance in lieu of frames and lenses towards first purchase, additional purchases 0% discount | \$40 allowance in lieu of lenses and frames up to \$100 retail value | |
| Conventional | \$100 allowance in lieu of frames and lenses towards first purchase, additional purchases 15% discount | | |
| Laser Vision Correction* | | | |
| Laser vision correction procedure | 15% off retail price or 5% off promotional price | N/A | |
| Frequency | | | |
| Examination | One exam every year | N/A | |
| Frames | \$100 allowance every year, discount unlimited | | |
| Lenses | Covered in full every year, discount unlimited | | |
| Contact lenses | \$100 allowance in lieu of frames and lenses every year, discount unlimited | | |

EyeMed®, an independent company, administers vision benefits on behalf of BlueCross BlueShield of Western New York. Members must receive services from an EyeMed provider and services out-of-network are not covered. To locate a provider near you, visit bcbswny.com/vision. Simply show your ID card to a participating EyeMed provider and they will apply the appropriate discount at the time of purchase.

*Since LASIK or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization, please call 1-877-5LASER6.

Complete pair of glasses (frame, lenses, lens options) must be purchased in the same transaction to receive full discount; items purchased separately will be discounted at 20% off retail price. Members will receive a 20% discount on those items purchased at participating providers that are not specifically covered by this discount design. The 20% discount may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services, or contact lenses. Retail prices may vary by location.

BlueCross BlueShield of Western New York complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Para obtener asistencia en español, llame al servicio de atención al cliente al número que aparece en su tarjeta de identificación. 請撥打您 ID 卡上的客服號碼以尋求中文協助。

