

	SILVER	SILVER II	GOLD	GOLD II	PLATINUM	PLATINUM II
PROVIDER NETWORK	Choice Network 31,000 preferred providers; 57,000 access points					
Benefit frequency						
Exam every	12 mo.	12 mo.	12 mo.	12 mo.	12 mo.	12 mo.
Lenses every	12 mo.	12 mo.	12 mo.	12 mo.	12 mo.	12 mo.
Frame every	24 mo.	24 mo.	24 mo.	12 mo.	12 mo.	12 mo.
Contacts every (in lieu of glasses)	12 mo.	12 mo.	12 mo.	12 mo.	12 mo.	12 mo.
Copayment						
Exam	\$10	\$10	\$10	\$10	\$10	\$10
Materials	\$25	\$15	\$20	\$10	\$10	\$25
Contact lens fitting and evaluation	Member obligation not to exceed \$60					
In-network allowances						
Retail frame value	\$125 / 20 % off overage	\$130 / 20% off overage	\$150 / 20% off overage	\$150 / 20 % off overage	\$225 / 20% off overage	\$200 / 20% off overage
Elective contact lenses	\$100	\$130	\$150	\$150	\$150	\$200
Covered lens options	Scratch coating and polycarbonate for children	Scratch coating, tint and polycarbonate for children	Scratch coating and polycarbonate for children	Scratch coating, tint and polycarbonate for children	Scratch coating, polycarbonate for children and \$25 progressive lenses	Scratch coating, tint, polycarbonate for children, suncare and \$25 progressive lenses
Value-added programs						
Diabetic EyeCare Plus	Included	Included	Included	Included	Included	Included
Hearing aid discounts	Included	Included	Included	Included	Included	Included
Eye health management	Included	Included	Included	Included	Included	Included
Diabetic exam reminders	Included	Included	Included	Included	Included	Included
Out-of-network allowances						
Exam (up to)	\$45	\$45	\$45	\$45	\$45	\$45
Single vision lenses (up to)	\$30	\$30	\$30	\$30	\$30	\$30
Bifocal lenses (up to)	\$50	\$50	\$50	\$50	\$50	\$50
Trifocal lenses (up to)	\$65	\$65	\$65	\$65	\$65	\$65
Lenticular lenses (up to)	\$100	\$100	\$100	\$100	\$100	\$100
Frame (up to)	\$70	\$70	\$70	\$70	\$70	\$70
Elective contact lenses (up to)	\$85	\$105	\$105	\$105	\$105	\$105
Necessary contact lenses (up to)	\$210	\$210	\$210	\$210	\$210	\$210
Extra discounts and savings						
Lens enhancements	20-25% avg. savings	20-25% avg. savings	20-25% avg. savings	20-25% avg. savings	20-25% avg. savings	20-25% avg. savings
Additional glasses	20% off	20% off	20% off	20% off	20% off	20% off
Sunglasses	20% off	20% off	20% off	20% off	20% off	20% off
Laser vision correction (LVC)	15-20% avg. discount	15-20% avg. discount	15-20% avg. discount	15-20% avg. discount	15-20% avg. discount	15-20% avg. discount

On behalf of Arkansas Blue Cross and Blue Shield, Vision Service Plan (VSP®) assists in the administration of vision benefits. VSP® is an independent company which contracts with vision care providers and provides lenses, frames and contact lenses.

Find your list of in-network vision providers at **arkansasbluecross.com**.

Questions? Contact your Arkansas Blue Cross marketing representative or agent to learn more about our vision plans.



*Networks are comprised of independent contracted eye doctors.

Arkansas Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association and is licensed to offer health plans in all 75 counties of Arkansas.



