

BCBS Vision Comparison

Vision	Superior High	Superior Low	BCBS - High	BCBC - Low
Carrier Name (No Special Characters. Will Be Displayed In The Enrollment System & Marketing Materials.)	Superior Vision	Superior Vision	BCBS - High	BCBC - Low
Type of Plan & Plan Name (No Special Characters. Will Be Displayed In The Enrollment System & Marketing Materials.)	Vision Plan	Vision Plan	Vision	Vision
A.M. Best Rating	A+	A+	A+	A+
ELIGIBILITY				
New Employee Waiting Period	1st of the month following or coincident with DOH	1st of the month following or coincident with DOH	1st of the month following or coincident with DOH	1st of the month following or coincident with DOH
Eligible Employment Status (Active, Retired, COBRA, FMLA, etc.)	Active	Active	Active	Active
Dependent Spouse Maximum Age	No max age	No max age	No max age	No max age
Dependent Child(ren) Eligibility Definition (Include Relation to EE)	Adopted, foster, natural child, stepchild, disabled child, court-ordered	Adopted, foster, natural child, stepchild, disabled child, court-ordered	Adopted, foster, natural child, stepchild, disabled child, court-ordered	Adopted, foster, natural child, stepchild, disabled child, court-ordered
Dependent Child(ren) Maximum Age	To Age 24	To Age 25	To Age 26	To Age 26
Disabled Child(ren) Covered Up To	No max age	No max age	No max age	No max age
PROVIDER NETWORK				
Vision Network Name	Superior	Superior	Eyemed	Eyemed
BENEFIT FREQUENCY & AVAILABILITY				
Frame Benefit Frequency	12 months	12 months	12 Months	12 months
Lenses Benefit Frequency	12 months	12 months	12 Months	12 months
Contact Lens Benefit Frequency	12 months	12 months	12 Months	12 Months
IN-NETWORK PLAN FEATURES				
Exam Co-Pay	\$10	\$15	\$10	\$15
Materials Co-Pay	\$20	\$20	\$20	\$20
Frames Allowance	\$150	\$125	\$150	\$125
Are Single Vision Lenses Covered In-Full (Per Pair)	Yes	Yes	Yes	Yes

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Are Bifocal Lenses Covered In-Full (Per Pair)	Yes	Yes	Yes	Yes
Are Trifocal Lenses Covered In-Full (Per Pair)	Yes	Yes	Yes	Yes
Are Progressive Lenses Covered In-Full (Per Pair)	Covered at Tri-focal level	Covered at Tri-focal level	Yes	Yes
Are Polycarbonate Lenses Covered In-Full (Adult & Children)	Covered in full	not covered	Yes - \$85 copay	Yes - \$85 copay
Contacts in lieu of glasses? (Yes/ No)	Yes	Yes	Yes	Yes
Standard Contact Lense Allowance	\$150	\$150	\$150	\$150
Standard Contact Lens Fitting Allowance	\$25 copay	\$25 copay	\$25 copay	\$25 copay
Specialty Contact Lens Fitting Allowance	\$50 copay	\$50 copay	\$25 copay	\$25 copay
Lasik Benefit	Discounted	Discounted	Discounted	Discounted
RATES (Monthly, Must End in an Even Digit)				
Employee Only	\$16.95	\$9.04	\$11.87	\$7.73
Employee + Spouse	\$36.48	\$19.46	\$25.54	\$15.57
Employee + Child(ren)	\$27.45	\$14.63	\$19.22	\$11.70
Employee + Family	\$50.10	\$26.71	\$35.07	\$21.37