



## Laborers' Detroit Metropolitan Health Care Fund Blue Vision<sup>SM</sup> Effective April 1, 2013 Active, Self-Pay, Retirees

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. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten or any other plan documents your group uses, if your group is self-funded. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Blue Vision benefits are provided by Vision Service Plan (VSP), the largest provider of vision care in the nation. VSP is an independent company providing vision benefit services for Blues members. To find a VSP doctor, call **1-800-877-7195** or log on to the VSP Web site at **vsp.com**.

**Note:** Members may choose between prescription glasses (lenses and frame) **or** contact lenses, but not both.

	VSP network doctor	Non-VSP provider
<b>Member's responsibility (copays and benefit maximum)</b>		
Copays		
• Eye exam	None - see benefit dollar maximum	None – see benefit dollar maximum
• Prescription glasses (lenses and/or frames)	None – see benefit dollar maximum	None – see benefit dollar maximum
• Contact lenses	None – see benefit dollar maximum	None – see benefit dollar maximum
Benefit dollar maximum	BCBSM will pay <b>up to a benefit maximum of \$225</b> per individual, whether obtained from a VSP or Non-VSP provider, for an exam, eyeglass lenses and frames <b>or</b> prescription contact lenses in any period of 12 months, starting with the first date of service. You are responsible for any provider costs over the \$225 amount.	

### Vision Services Benefits

#### Eye exam

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.	Covered up to the benefit maximum	Covered up to the benefit maximum
	One eye exam in any period of 12 <b>consecutive</b> months	

#### Lenses and frames

Standard lenses (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or ground, glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary.	Covered up to benefit maximum	Covered up to benefit maximum
	One pair of lenses, with or without frames, in any period of 12 <b>consecutive</b> months	
Standard frames <b>Note:</b> All VSP network doctor locations are required to stock at least 100 different frames within the frame allowance.	Covered up to benefit maximum	Covered up to benefit maximum
	One frame in any period of 12 <b>consecutive</b> months	

#### Contact lenses

Contact lenses (medically necessary contact lenses or elective contact lenses that improve vision)	Covered up to benefit maximum	Covered up to benefit maximum
	One pair of contact lenses in any period of 12 <b>consecutive</b> months	

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