BlueCross BlueShield Nebraska | BlueVision

Schedule of Benefits Summary

Option 47

$150 Frame Allowance/$10 Lens Copay/Discounted Fit and Follow Up — Insight **Plus+** Network

Vision Care Services	In-Network Member Cost		Out-of-Network Reimbursement
	Insight Plus +	Insight	
Vision Examination			
Exam	$0 Copay	$10 Copay	Up to $35
Dilation	Included with Exam		N/A
Refraction	Included with Exam		N/A
Frames	80% of Balance over $200	80% of Balance over $150	Up to $75
Lens			
Single Vision	$10 Copay		Up to $25
Bi-focal	$10 Copay		Up to $40
Tri-focal	$10 Copay		Up to $55
Standard Progressive Lens	$75 Copay		Up to $40
Premium Progressive Lens			
• Tier 1	$95 Copay		Up to $40
• Tier 2	$105 Copay		
• Tier 3	$120 Copay		
• Tier 4	80% of Retail Less $120 Plus $75 Copay		
Lenticular	$10 Copay		Up to $55
Other Lens Type	80% of Charge		N/A
Lens Options			
Standard Polycarbonate	$40		N/A
Standard Plastic Scratch Coating	$15		N/A
Tint	$15		N/A
UV Treatment	$15		N/A
Standard Anti-reflective (a/r) Coating	$45		N/A
Premium Anti-reflective (a/r) Coating			
• Tier 1	$57		N/A
• Tier 2	$68		N/A
• Tier 3	80% of Retail		N/A
Photochromatic/Transitions	$75		N/A
Other Lens Options	80% of Charge		N/A
Contact Lenses			
• Conventional	85% of the Balance Over $200	85% of the Balance Over $150	Up to $120
• Disposable	100% of the Balance Over $200	100% of the Balance Over $150	Up to $120
• Standard Fit and Follow-Up Exam	Up to $40		N/A
• Premium Fit and Follow-Up Exam	Discount of 10% Off Retail Price		N/A
• Medically Necessary	$0 Copay		Up to $200
Non-Scheduled Items			
• Doctor Misc. Materials	80% of Charge		N/A
LASIK or PRK Vision Correction	85% of the Retail Price or 95% of a Promotional Price		N/A
Benefit Frequency			
Contacts (in lieu of frame and lens)	Once Every Calendar Year		
Lenses (in lieu contacts)	Once Every Calendar Year		
Exam	Once Every Calendar Year		
Frame (in lieu of contacts)	Once Every Two Calendar Years		
Shades of Blue Buy Up Plan Included			