

Summary of Vision Benefits

Crete-Monee School District 201-U

PLAN 8: 12/12/24/\$130		MS 300 V
Frequency		
Examination	Once every 12 months	
Lenses or contact lenses	Once every 12 months	
Frame	Once every 24 months	
Contact lens eval/fitting	N/A	
Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement*
Exam with dilation as necessary	\$10 copay	Up to \$30
Contact lens fit and follow-up	Up to \$40 for standard; 10% off retail price for premium	N/A
Frames		
Any available frame at provider location	\$0 copay, \$130 allowance, 20% off balance over \$130	Up to \$65
Standard Lenses		
Single vision	\$25 copay	Up to \$25
Bifocal	\$25 copay	Up to \$40
Trifocal	\$25 copay	Up to \$55
Lenticular	\$25 copay	Up to \$55
Standard progressive lens	\$90 copay	Up to \$40
Premium progressive lens	See table on page 2.	Up to \$40
Lens Options		
Tint (solid and gradient)	\$15	N/A
Scratch resistant coating	\$0	Up to \$5
Polycarbonate lenses	\$0 kids; \$40 adults	Up to \$5 kids
Ultraviolet coating	\$15	N/A
Anti-reflective coating	See table on page 2.	N/A
High index lenses	20% off retail	N/A
Polarized lenses	20% off retail	N/A
Photochromic/transitions plastic	\$75	N/A
Contact Lenses (in lieu of spectacle lenses)		
Conventional	\$0 copay, \$130 allowance, 15% off balance over \$130	Up to \$104
Disposable	\$0 copay, \$130 allowance, plus balance over \$130	Up to \$104
Medically necessary	\$0 copay, paid-in-full	Up to \$210
Other		
Laser vision correction	15% retail price or 5% off promotional price	N/A
Additional pairs benefit	40% off purchase of complete pair of eyeglasses and a 15% off conventional contact lenses once the funded benefit has been used	N/A
Amplifon hearing discount	40% off hearing exams and low price guarantee on discounted hearing aids	N/A
Additional discounts	20% off non-covered items with limitations	N/A
Monthly Rates		
Employee	\$7.60	
Employee + spouse	\$14.44	
Employee + child(ren)	\$15.20	
Employee + family	\$22.35	

Eligibility: All active full-time employees as defined by your employer. Dependent coverage is available to age 26.



Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only.

Take a sneak peek before enrolling

- For a complete list of in-network providers near you, visit eyemedvisioncare.com/bcbsilvis or call 1.855.362.5539.
- For LASIK providers, call 1.877.5LASER6.



BlueCross BlueShield of Illinois

Vision Care

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148.

Summary of Benefits Continued

Progressive Price List ²	Member Cost In-Network
Standard progressive	\$90 copay

Premium Progressives ³ as Follows:	
Tier 1	\$110 copay
Tier 2	\$120 copay
Tier 3	\$135 copay
Tier 4	\$90 copay 80% of charge less \$120 allowance

Anti-Reflective Coating Price List ²	Member Cost In-Network
Standard anti-reflective coating	\$45

Premium anti-reflective ³ coatings as follows:	
Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge

Other Add-ons Price List	Member Cost In-Network
Photochromic	\$75
Polarized	80% of charge

Plan Exclusions

1. Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; aniseikonic lenses
2. Medical and/or surgical treatment of the eye, eyes or supporting structures
3. Any eye or vision examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear
4. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof
5. Plano (non-prescription) lenses and/or contact lenses
6. Non-prescription sunglasses
7. Two pair of glasses in lieu of bifocals
8. Services rendered after the date an insured person ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the insured person are within 31 days from the date of such order
9. Services or materials provided by any other group benefit plan providing vision care
10. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next benefit frequency when vision materials would next become available

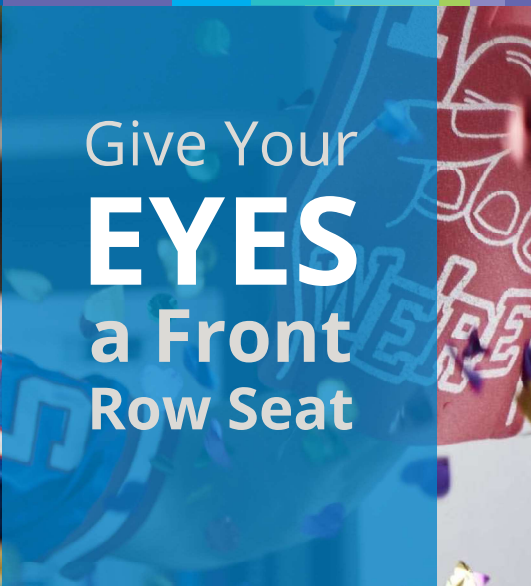


¹Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states, members may be required to pay the full retail rate. ²Blue Cross Blue Shield of Illinois reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. ³Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary. For employee use. This piece is for illustrative purposes only and is not a contract. It is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and limitations to coverage.

All plans are based on a 48-month contract term and 48-month rate guarantee. Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. Benefits may not be combined with any discount, promotional offering or other group benefit plans. Benefit allowance provides no remaining balance for future use with the same benefits year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Benefits are available from the EyeMed Vision Care, LLC provider network and are administered by First American Administrators, Inc., independent companies that offer benefits on behalf of Blue Cross and Blue Shield of Illinois. Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

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Give Your **EYES** a Front Row Seat

Maximize Your Contacts Benefit

Benefit overview

With your vision benefit, you're eligible for either contacts or spectacle lenses within the defined benefit frequency. If you use your benefit for contacts, you're still eligible to use your frame benefit, too.

Sample vision plan	<ul style="list-style-type: none"> \$130 frame allowance \$10 lens copay \$130 contact allowance
Sample member transaction	<ul style="list-style-type: none"> You buy contacts (apply \$130 contacts allowance) You buy a pair of glasses (apply \$130 frame allowance and 20% off any amount over, plus receive 20% off spectacle lenses)

Additional discounts

- 40% off unlimited complete pairs of prescription eyewear (once benefit has been used)
- 20% off partial eyewear purchases and non-covered items
- 15% off conventional contacts



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Got questions about your vision plan? We Can Help!

Your Questions Answered

Q: My eyes are fine. Do I really need to have them checked regularly?

A: Yes, regular eye exams are the way to go. It's not just about correcting your vision—it's about overall health. Eye exams can spot health conditions—like glaucoma, diabetes, cataracts and hypertension—early. The sooner these issues are spotted, the sooner you can get treatment.

Q: Will I save more money with this vision care benefit, or with an eyewear coupon or other promotional offer?

A: Great question! There are lots of special offers and coupons out there. When you compare them to your plan coverage, you'll likely find that your vision plan saves you more money in almost every case. A nice bonus is that you can use your vision benefit whenever you need to. Say goodbye to coupon expiration dates and limited time offers.

Keep in mind that your benefit can't be combined with any other discounts or promotional offers. Naturally, you're responsible for copays, any remaining out-of-pocket expenses and applicable sales tax.

Q: Can I get new contacts and glasses in the same year?

A: Every 12 months, you can get either contacts or spectacle lenses. Check your plan's benefits summary for additional frequencies, such as updating your look with new frames every 24 months.

Q: Do I need to have my ID card with me to use my benefits?

A: Nope. An in-network provider only needs your name and date of birth.

Q: How do I get another member ID card?

A: If your member ID card gets lost, no worries! You don't even need one to receive service. But if you want an additional card, you can access one and print it through our website eyemedvisioncare.com/bcbsilvis.

Q: What's included in a covered exam? Is dilation an extra cost?

A: No worries, we've got you covered. Eye exams at participating providers include dilation and other important eye health tests. There are no added out-of-pocket costs (other than a copay, if applicable).

Q: How does the standard lens benefit work?

A: It's simple. We give you a standard plastic lens—either single vision or lined multifocal—as part of the covered benefit. You're only responsible for a copay, if applicable, and taxes.



How do I get in touch with the Customer Care Center?

It's easy! You can talk to a representative—a real person—by calling 855-362-5539. Also, you'll find automated features online at eyemedvisioncare.com/bcbsilvis or through our automated voice response system.

Hours of live operation:

Monday – Saturday
6:30 a.m. to 10:00 p.m. CST

Sunday
10:00 a.m. to 7:00 p.m. CST



Are additional discounts available?

Yes, indeed! You can enjoy these additional savings:

- **40% off** additional complete pairs of prescription glasses
- **20% off** any remaining frame balance
- **20% off** non-covered items, including non-prescription sunglasses, accessories and lens cleaner
- **15% off** any remaining conventional contact lens balance
- **15% off** the standard price or 5% off promotional price of LASIK or PRK services

Q: What about “add-ons” to the standard lenses?

A: Want UV and scratch protection? Or any anti-reflective coatings? Good news! Most of these common “add-ons” are discounted at Blue Cross and Blue Shield of Illinois (BCBSIL) vision care providers. Check with your provider before ordering for details.

Q: Can I receive no-line bifocals as part of the lens benefit?

A: Absolutely. Set pricing on standard progressive (no-line) lenses are available. Also, some plans offer set pricing on premium progressive lenses based on the lens brand.

Q: Does my allowance amount only apply to certain frames?

A: No, you’re free to apply your allowance toward the retail price of ANY frame at any in-network location. You also have a 20% discount on the difference between the retail price and your allowance amount.

Q: How does the contact lens benefit work?

A: Just like the frame allowance, the contact allowance is applied to the retail price of any contact lens. No fussy formularies to worry about! Also, you can apply a 15% discount to the difference between the retail price and the allowance amount for non-disposable contacts.

Q: What is a contact fitting?

A: After buying contacts, a provider may ask you to check back in—just to make sure they’re perfect for you. They will assess your eyes and ensure that the new contacts are a great fit.

Q: Can I carry over an unused allowance amount to another purchase?

A: Sorry, the contact allowance amount is a one-time allowance. It’s best to use the full benefit on your initial purchase of contacts.

Q: Do I need to pay the full retail price for non-covered items?

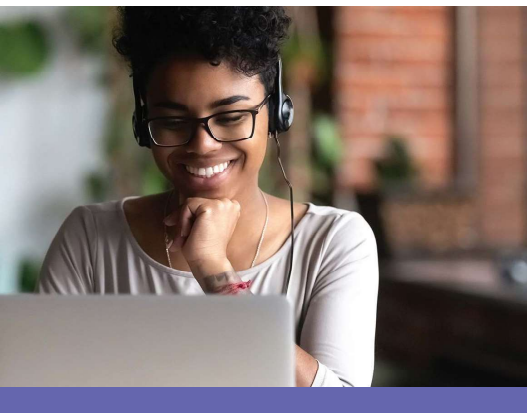
A: You have a 20% discount to buy items not covered by the plan at network providers. This discount applies to everything except professional services and contact lenses.

Q: Do I need to submit claims for services rendered at an in-network provider?

A: Not at all. If you visit a BCBSIL participating provider, you don’t need to worry about filling out forms or vouchers to get your benefits. After collecting the appropriate copays and other out-of-pocket expenses at the time of service, the provider submits the claim on your behalf.

Q: Do members have to go to a participating provider?

A: No restrictions here. You have the freedom to choose non-participating providers. But please keep in mind that you can make the most of your benefit—and save money—by choosing an in-network provider. We make it convenient and easy to find one, which is why 98% of our members visit in-network providers. Use our Provider Locator on eyemedvisioncare.com/bcbsilvis to find providers near you! At non-participating providers, you must pay full out-of-pocket pricing at the time of service. Then you can submit a claim for reimbursement of covered services.



For overall wellness
don't forget
your annual
eye exam

Q: Who qualifies for “medically necessary” contact lenses?

A: Members who are diagnosed with any of the following:

- Anisometropia of 3D in meridian powers.
- High Ametropia exceeding 10D or +10D in meridian powers.
- Keratoconus when the member’s vision is not correctable to 20/25 in either or both eyes using standard spectacle lenses.
- Vision improvement other than keratoconus for members whose vision can be corrected by two lines on the visual acuity chart when compared to the best corrected standardspectacle lenses.

Seem confusing? Our award-winning service center is always available to answer tough questions.

Q: Does your provider network include both independent and optical retailers?

A: Yes. Members can choose from thousands of private practitioners and the nation’s leading optical retailers: LensCrafters®, Target Optical® and most Pearle Vision® locations. And if your favorite provider isn’t in our network yet, you can nominate it. Just complete a Provider Nomination Form available through our Customer Care Center. The provider must accept and agree to the Terms and Conditions of our Professional Provider Agreement and complete the credentialing process to ensure they meet our quality standards.

Q: Do you offer a discount on laser vision correction?

A: You bet we do. Members get 5% off any promotion or 15% off the retail price for treatments performed through the U.S. Laser Network, which is owned and administered by LCA-Vision.

Q: How do I access the laser vision discount?

A: Follow these simple steps to get the ball rolling:

1. First, pick which laser correction provider you’d like to use. Call the U.S. Laser Network at 877-5LASER6 for a complete list.
2. Next, set up a consultation with the provider. When making the appointment, be sure to tell them you’re a Blue Cross and Blue Shield of Illinois member.
3. The consultation is next. That’s when you and your provider will decide whether or not you’re a good candidate for the procedure. Be sure to bring questions.
4. Going ahead with laser correction? Great! Call the U.S. Laser Network to request an authorization for your discount. At this time, you’ll also need to put down a refundable deposit. The authorization will be sent to you and the laser provider.
5. All that’s left is scheduling your procedure. After surgery, be sure to follow all post-operative instructions carefully. Then treat your new eyes to a beautiful view.

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Vision Benefit Information and Resources

Finding a provider and scheduling an appointment is AS EASY AS...

At Blue Cross and Blue Shield of Illinois, we've made it easier than ever to access your vision benefit information and schedule your annual eye exam. Everything you need is available through our member portal.

- 1. Register and log in to the member portal at eyemedvisioncare.com/bcbsilvis.**
- 2. Review your vision benefit information.¹**
Our member portal gives you access to benefit details, claims, provider locations and more. And since many providers offer extended evening and weekend hours, you can get care when it works for you.
- 3. Find a provider near you:**
Log in to eyemedvisioncare.com/bcbsilvis, and then select "Click here to find a provider." Enter your zip code to be connected with eye health experts near you.

Still have questions?

Feel free to contact our award-winning² Customer Care Center at 855-362-5539. You can also learn more by visiting eyemedvisioncare.com/bcbsilvis.

All in-network providers can look up eligible members in the EyeMed system with a name and date of birth to verify benefits. ID cards are not required for eligible members to use their vision benefits.



Blue Cross and Blue Shield of Illinois Vision Care ID Cards

- You will receive a one-time welcome packet, containing two ID cards and a member brochure.
- You do not need ID cards to receive services.
- Mailed ID cards will only have the employee's name listed (but any covered family member may use the card).
- Additional ID cards can be downloaded or printed by registering at eyemedvisioncare.com/bcbsilvis or by using the EyeMed App.



¹Actual benefits and frequencies vary by plan.

²Purdue University Benchmark Portal independent assessment of call centers nationwide.

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Vision Benefits Made Easy

Vision benefits should enhance your life, not complicate it. That's why Blue Cross and Blue Shield of Illinois brings you vision benefits that deliver more.

1. America's largest vision network¹

You'll have access to 96,000 providers including 54,000 independent providers.² Plus, you can visit top retail providers such as LensCrafters®, Pearle VisionSM and Target OpticalSM.

2. A more convenient experience

Our member portal gives you access to benefit details, claims, provider locations and more. And since many providers offer extended evening and weekend hours, you can get care when it works for you.

3. Choices that will make you happy

No restrictions or limiting frame towers here! You can choose from any frame available at your in-network provider location, including frame brands such as Armani, Coach, Ray-Ban, DKNY and many more.³

4. Amazing savings

You'll get even more bang for your buck with 40% off additional complete pairs of eyeglasses, 20% off non-prescription sunglasses and 15% off laser vision correction.⁴

5. Answers when you need them

You'll receive a welcome kit with answers to frequently asked questions, your ID card and more. You'll also have access to one of America's highest-rated and award-winning customer call centers.⁵



Being a Vision Care member has ADVANTAGES!

Enroll in Blue Cross and Blue Shield of Illinois vision benefits today!



¹EyeMed Analysis of NetMinder data through November 2018. ²On the Blue Cross and Blue Shield of Illinois Vision Care Select network. ³All brands may not be available at all provider locations. ⁴Discounts only available at participating in-network providers. Does not apply to discount plans. ⁵For the past 10 years in a row, our Customer Care Center has been recognized as a "Certified Center of Excellence" by Purdue University Benchmark Portal.

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