

# Congratulations!

Employee Only:	\$4.15
Employee + Spouse:	\$7.69
Employee + Children:	\$8.32
Family:	\$11.85



## Arkansas Blue Cross Gold Vision

Clearly, you see the importance of good eye health for both you and your family. Vision coverage from a company you know and trust – Arkansas Blue Cross and Blue Shield – saves you money and supports good eye health, including early detection of glaucoma, cataracts and vision issues related to diabetes.

Arkansas Blue Cross teamed up with VSP to offer vision plans that allow you to care for your vision *and* enjoy hundreds of dollars in savings. You've chosen a **Gold Vision plan**, which will:

- Save money on eye care
- Help cover your glasses or contact lenses
- Ensure you receive regular eye exams
- Give you access to an exclusive network of eye doctors and eye care centers, including large retail locations



Thanks again for choosing Arkansas Blue Cross, the state's most trusted name for affordable health plans. We've been doing it for more than 65 years.

## EXTRA SAVINGS

**Save more with Arkansas Blue Cross Vision and VSP! Our exclusive offers to members can help you find savings everywhere.**



Get an extra **\$20** to spend on featured frame brands like Anne Klein, bebe, Calvin Klein, Flexon, Lacoste, Nike, Nine West and more!



Get **20%** off unlimited additional pairs of glasses



Save an average of **15-20%** when you have LASIK



Mail-in rebate savings on Bausch & Lomb brand contact lenses (at participating providers)

### IN-NETWORK GOLD VISION COVERAGE

Benefit	Description	Frequency
Eye Exam	Eye exam covered in full after \$10 copayment	12 months
Lenses	Glass or plastic, single vision, lined bifocal, lined trifocal or lenticular prescription lenses covered in full after \$20 copayment  Scratch coating and polycarbonate for children covered in full  Most popular lens enhancements covered after a copayment, saving an average of 20-25% <sup>2,3</sup>  20% savings on unlimited pairs of additional prescription glasses and nonprescription sunglasses <sup>3,4</sup>  Member's children dependents eligible for covered polycarbonate prescription lenses	12 months
Frames	Frames are covered in full up to \$150 allowance <sup>1,3,5</sup>  20% off any amount exceeding allowance <sup>3</sup>	24 months
Contact Lenses	Elective contact lens materials (instead of glasses) are covered in full up to \$150  15% off contact lens exam; copay not to exceed \$60 <sup>3</sup>  Necessary contact lenses are covered in full for members who have specific conditions for which contact lenses provide better visual correction	12 months

### VALUE-ADDED COVERAGE

Lasik vision correction	In-network laser centers provide discounts for laser surgery, including PRK, custom PRK, LASIK, custom LASIK and Intralase <sup>6</sup>  Special pricing with participating centers that can add up to hundreds of dollars in savings for members. Contact the centers near you to learn more about their pricing. <sup>7</sup>
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### OUT-OF-NETWORK COVERAGE

	Eye Exam = \$45   Single Vision Lenses = \$30   Bifocals = \$50 Progressives = \$50   Trifocals = \$65   Lenticular = \$100 Frame = \$70   Elective Contact Lenses = \$85 Necessary Contact Lenses = \$210
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### EXCLUSIONS

	The following items are excluded under this plan: <ul style="list-style-type: none"> <li>▪ Two pairs of glasses instead of bifocals</li> <li>▪ Replacement of lenses, frames or contacts</li> <li>▪ Medical or surgical treatment</li> <li>▪ Orthoptics, vision training or supplemental testing</li> </ul> Items not covered under the contact lens coverage: <ul style="list-style-type: none"> <li>▪ Insurance policies or service agreements</li> <li>▪ Artistically painted or nonprescription lenses</li> <li>▪ Additional office visits for contact lens pathology</li> <li>▪ Contact lens modification, polishing or cleaning</li> </ul>
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1. Less any applicable copay. 2. Most popular lens options include progressives, anti-reflective, photochromics, polycarbonate, plastic dyes, and UV protection. All other lens enhancements also available at 20% off. 3. Based on applicable laws; benefits may vary by location. 4. Discounts valid through any VSP Preferred Provider within 12 months of the last covered eye exam. 5. Frame allowance at Walmart is \$70. 6. Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. 7. The VSP Laser VisionCare Program is a discount plan only. Discounts only apply to services received from a VSP participating laser center. No monetary benefits are payable to members under this program.