



Fitzgerald Public Schools

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 your summary plan description 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.

Three Star Vision Care Plan Benefits-at-a-Glance

Note: We cover one eye exam and one pair of eyeglass lenses with or without frames **or** one pair of contact lenses, payable once during a 12-month period. During any 12-month period benefits will be provided for either prescription glasses (lenses and frame) **or** contact lenses, but not both.

	Participating provider	Nonparticipating provider
Member's responsibility (copays)		
Eye exam	\$5 copay	\$5 copay
Prescription glasses (lenses and/or frames)	A combined \$7.50 copay	No copay – member responsible for difference between approved amount and provider's charge
Medically necessary contact lenses	\$7.50 copay	No copay – member responsible for difference between approved amount and provider's charge
Eye exam		
Complete eye exam performed by a physician, ophthalmologist or optometrist	\$5 copay	\$5 copay (member responsible for any difference)
Lenses and frames		
Standard lenses (must not exceed 65 mm in diameter) prescribed and dispensed by a physician, ophthalmologist or optometrist. Lenses may be molded or ground, glass or plastic, either for insertion into a standard eyeglass frame or to be fitted directly to the patient's eyes.	\$7.50 copay (one copay applies to both lenses and frames)	Reimbursement up to approved amount based on lens type (member responsible for any difference)
Standard frames	Reimbursement up to a maximum of \$20 less \$7.50 copay (one copay applies to both frames and lenses) Note: If a member selects frames in excess of this limit, the member must pay any additional charge for the frames.	Reimbursement up to a maximum of \$20 (member responsible for any difference)
Contact lenses		
Medically necessary contact lenses (must meet criteria of medically necessary)	\$7.50 copay	Reimbursement up to a maximum of \$96 per pair (member responsible for any difference)
Elective contact lenses that improve vision (prescribed, but do not meet criteria of medically necessary)	Reimbursement up to a maximum of \$80 per pair (member responsible for any difference)	Reimbursement up to a maximum of \$80 per pair (member responsible for any difference)

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