2026 Blue Cross Vision
Value Standard Exam and Eyewear – Option 1

BlueCross BlueShield Minnesota

	In-network benefit	Out-of-network reimbursements
EYE EXAMS – One exam every 12 months		
Eye exam Includes dilation when recommended by eye care professional	100% after $10 copay	$40
PRESCRIPTION GLASSES – Benefit available for eyeglasses *or* contact lenses		
Lenses* Single vision, lined bifocal, trifocal, lenticular	1 every 12 months 100% after $25 copay	Single vision: $40 Bifocal/progressive: $60 Trifocal: $80 Lenticular: $100
Frames	1 every 12 months	$50
Davis Vision Exclusive Collection** - Fashion and Designer levels - Premier level	 100%; no copay 100%; $25 copay	
Non-Davis Vision Exclusive Collection - Visionworks stores - Frames available from other participating retailers	Plan pays up to $180 plus 20% discount on remaining costs*** Plan pays up to $130 plus 20% discount on remaining costs***	
EYE GLASS ENHANCEMENTS		
- Tinting of plastic lenses	Member pays $0	Not Covered
- Scratch-resistant coating	Standard: $0 / Premium: $30	
- Polycarbonate lenses - Dependent children, monocular patients and those with a prescription of +/-6.00 diopters or greater - Adults	 Member pays $0 Member pays $30	
- Ultraviolet coating	Member pays $12	
- Anti-reflective coating	Standard: $35 / Premium: $48 / Ultra: $60 / Ultimate: $85	
- Blue light filtering	Member pays $15	
- Progressive lenses	Standard: $50 / Premium: $90 / Ultra: $140 / Ultimate: $175	
- High-index lenses	Member pays $55 / $120	
- Polarized lenses	Member pays $75	
- Plastic photochromic lenses	Member pays $65	
- Scratch protection plan	Single vision: $20 / Multifocal vision: $40	
CONTACT LENSES – Once every 12 months. Benefit available for eyeglasses *or* contact lenses		
Collection contact lenses† - Disposable - Planned replacement	 up to 4 boxes up to 2 boxes	Not Applicable
- Evaluation, fitting and follow-up care	100% after $25 copay	Not Applicable
Non-collection contact lens allowance††	Plan pays up to $130 plus 15% discount on remaining costs***	$105
- Evaluation, fitting and follow-up care for standard lenses - Evaluation, fitting and follow-up care for specialty lenses	100% after $25 copay $25 copay; after copay, plan pays up to $60 plus 15% discount on remaining costs***	Not Covered
Visually required contact lenses Evaluation, fitting and follow-up care (preauthorization required)	Member pays $0	$225

*Your plan covers a wide variety of lenses. Be sure the lenses you choose are covered by your plan. You'll have to pay the full cost for lenses your plan doesn't cover. Your eyecare/eyewear provider can assist you with this, or you can contact customer service at the number on your vision member ID card.

**Davis Vision Exclusive Collection available at many participating independent provider offices. Collection is subject to change.

***Additional discount not available at Costco, Walmart, Sam's Club or at participating online retail providers.

†Available at many participating independent provider offices. Collection is subject to change. Boxes must be ordered as part of a single transaction.

††Available at participating retail providers.

Not all providers or locations of a retail chain may choose to participate in the network. You can contact customer service at the number on your vision member ID card or the provider directly to confirm network participation.

This plan provides vision coverage only. Your vision plan's benefit booklet will contain more details on standard plan exclusions and frequency limitations. In the event of a discrepancy, the benefit booklet will supersede this summary.

Davis Vision is an independent company providing vision benefit management services and access to their network. Each provider in the network is an independent contractor and is not our agent. If you receive services from a nonparticipating provider, you will be responsible for the difference between what Blue Cross will reimburse and what the provider bills.