



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

PLUMBERS & PIPEFITTERS LOCAL A1SAB1

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Vision Coverage

Effective Date: On or after July 2025

Benefits-at-a-glance

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. If your group is self-funded, please see any other plan documents your group uses. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Blue Vision benefits are provided by Vision Service Plan (VSP), the largest provider of vision care in the nation. VSP is an independent company providing vision benefit services for Blues members. To find a VSP doctor, call **1-800-877-7195** or log on to the VSP Web site at **vsp.com**.

Note: Members may choose between prescription glasses (lenses and frame) or contact lenses, but not both

Member's responsibility (copays and benefit maximum)		
Benefits	VSP network doctor	Non-VSP provider
Eye exam	\$5 copay	\$5 copay applies to charge
Prescription glasses (lenses and/or frames)	None	None
Medically necessary contact lenses	None	None
Note: No copay is required for prescribed contact lenses that are not medically necessary.		
Benefit dollar maximum - applies to prescription glasses and contact lenses	BCBSM will pay up to a benefit maximum of \$250 per member, whether obtained from a VSP or Non-VSP provider, for eyeglass lenses and frames or prescription contact lenses in any period of 12 months, starting with the first date of service. You are responsible for any provider charges over the \$250 amount	

Eye exam		
Benefits	VSP network doctor	Non-VSP provider
Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	\$5 copay	Reimbursement up to \$50 less \$5 copay (member responsible for any difference)
One eye exam in any period of 12 consecutive months		

ADM DC26MEVIS;ADM PLANR JUL;ASCMOD 10976MED;ASCMOD 11388VSH;ASCMOD 3738;BLUE DENTAL;BLUE VISION;BVE-PBM\$200;BVFL;CB ASC;CB-ECM-IN\$1.5KA;CB-ECM-ON \$3K A;CB-ET \$250 ASC;CB-MTC \$40 ASC;CB-OLV\$0ASC;CB-OPM-IN-\$9200;CB-OV \$40 ASC;CBC 20%-IN ASC;CBC 40%-ON ASC;CBD \$1K-ON ASC;CBD \$500-IN ASC;CBOPM-ON-\$18400;CDC-DC 26-ME;DC 26-ME ASC;DO-EOS;DO-PPO;LASIK/PRK ASC;MOPD ASC;NFAX-2 ASC;PD-XED-MHP ASC;PDRX ASC;PDTTC 5/10/25 A;PK141;PRX-MM ASC;RX-90 ASC;RXP ASC;SD ASC;XVA ASC

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Lenses and frames - payable up to benefit maximum

Benefits	VSP network doctor	Non-VSP provider
Standard lenses (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or ground, glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary.	Covered up to benefit maximum	Covered up to benefit maximum
Standard frames	Covered up to benefit maximum	Covered up to benefit maximum
One frame in any period of 24 consecutive months		

Note: All VSP network doctor locations are required to stock at least 100 different frames within the frame allowance.

Contact Lenses - payable up to benefit maximum

Benefits	VSP network doctor	Non-VSP provider
Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary)	Covered up to benefit maximum	Covered up to benefit maximum
	Contact lenses up to the allowance in any period of 12 consecutive months	
Elective contact lenses that improve vision (prescribed, but do not meet criteria of medically necessary)	Covered up to benefit maximum	Covered up to benefit maximum
	Contact lenses up to the allowance in any period of 12 consecutive months	

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