

DISCOUNTED SERVICES

Costs associated with the services and items listed below are the responsibility of the member, but are discounted when provided by participating providers.

EXAMINATION	Participating Providers Examination State Fee Listed Below	Non-Participating Providers No discount
FRAMES	Wholesale frame cost, plus 50%	No discount
EYEGLASS LENSES (per pair)		
Single Vision Standard Lenses	\$31	No discount
Bifocal Standard Lenses	\$45	No discount
Trifocal Standard Lenses	\$55	No discount
Aphakic/Lenticular Standard Lenses	Retail lens price, minus 25%	No discount
CONTACT LENSES* (includes contact lens examination)	Retail contact lens price, minus 25%	No discount
LENS OPTIONS		
Solid Tint	Wholesale option cost, plus 50%	No discount
Gradient Tint	Wholesale option cost, plus 50%	No discount
Scratch Coating	Wholesale option cost, plus 50%	No discount
Ultraviolet Coating	Wholesale option cost, plus 50%	No discount
Anti-reflective Coating	Wholesale option cost, plus 50%	No discount
Photochromatic	Wholesale option cost, plus 50%	No discount
Progressive Standard Lenses	Wholesale option cost, plus 50%	No discount
Specialty lenses including but not limited to: Polycarbonates and High Index	Wholesale option cost, plus 50%	No discount
All other options	Wholesale option cost, plus 50%	No discount
LASIK SURGERY		
Surgery must be through participating providers	Retail Discount	No discount

*Programs are subject to change. **This is not a contract.*** This information highlights vision benefits when you visit a participating provider and is *not* intended to be a complete list or complete description of available services. Contact your employer, marketing representative, or broker for additional benefit details.

There is no limit on the number of times materials can be purchased at discounted prices, with the exception of disposable contact lenses. Disposable contact lenses may be purchased at discounted prices once per year only. Discounts on materials are not available at Wal-Mart stores.

Deductibles, coinsurance and copayments under this program are separate from any deductibles, coinsurance and copayments described in your company's other health benefits coverage.

Paper claims may be submitted to the following address: National Vision Administrators; P.O. Box 2187; Clifton, New Jersey 07015.

On behalf of Capital BlueCross, National Vision Administrators, LLC (NVA®) provides the network and assists in the administration of network management services for the BlueCross Vision benefits program. NVA is an independent company.

Benefits are issued by Capital Advantage Assurance Company®, a subsidiary of Capital BlueCross. Independent licensee of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

STATE	EXAM FEE	STATE	EXAM FEE	STATE	EXAM FEE
ALABAMA	\$50	LOUISIANA	\$50	OKLAHOMA	\$50
ALASKA	\$50	MAINE	\$50	OREGON	\$50
ARIZONA	\$50	MARYLAND	\$38	PENNSYLVANIA	\$38
ARKANSAS	\$50	MASSACHUSETTS	\$50	PUERTO RICO	\$50
CALIFORNIA	\$50	MICHIGAN	\$38	RHODE ISLAND	\$38
COLORADO	\$50	MINNESOTA	\$50	SOUTH CAROLINA	\$50
CONNECTICUT	\$38	MISSISSIPPI	\$50	SOUTH DAKOTA	\$50
DELAWARE	\$38	MISSOURI	\$50	TENNESSEE	\$50
DISTRICT OF COLUMBIA	\$38	MONTANA	\$50	TEXAS	\$50
FLORIDA	\$50	NEBRASKA	\$50	UTAH	\$50
GEORGIA	\$50	NEVADA	\$50	VERMONT	\$38
HAWAII	\$50	NEW HAMPSHIRE	\$38	VIRGINIA	\$38
IDAHO	\$50	NEW JERSEY	\$50	WASHINGTON	\$50
ILLINOIS	\$50	NEW MEXICO	\$50	WISCONSIN	\$50
INDIANA	\$50	NEW YORK	\$38	WYOMING	\$50
IOWA	\$50	NORTH CAROLINA	\$50	WEST VIRGINIA	\$38
KANSAS	\$50	NORTH DAKOTA	\$50		
KENTUCKY	\$50	OHIO	\$38		