Blue Cross Blue Shield of Michigan

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Usui International Corporation
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Vision Coverage - Blue Signature VSP
Effective Date: 01/01/2017
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. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

BCBSM provides administrative claims services only. Your employer or plan sponsor is financially responsible for claims.

Blue Vision benefits are provided by Vision Service Plan (VSP), the largest provider of vision care in the nation. There are more than 3,000 VSP provider locations in Michigan and 53,000 locations nationwide. To find a VSP provider, call **1-800-877-7195** or visit VSP's Web site at **www.vsp.com**.

Member's responsibility (copayments)

Benefits	VSP Provider	Out-of-Network Provider
Eye Exam	No Copay	No Copay
Lenses and/or frames	No Copay	No Copay
Medically necessary contact lenses	No Copay	No Copay
Benefit Maximum Maximum benefit for all eligible expenses	$400	

Eye exams

Benefits	VSP Provider	Out-of-Network Provider
Covers a 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.	Covered - up to a combined benefit maximum of $400	Covered - up to a combined benefit maximum of $400
	Once every 12 months	

Lenses and frames

Benefits	VSP Provider	Out-of-Network Provider
Single vision, bifocal, trifocal or lenticular lenses in glass or plastic. **Note:** Additional pairs of prescription glasses and non-covered lens options are discounted when purchased from a VSP provider.	Covered - up to a combined benefit maximum of $400	Covered - up to a combined benefit maximum of $400
	Once every 12 months	
Covers standard eyeglass frames. A wide selection of quality frames is fully covered by VSP up to the frame allowance. Members should ask their doctor which frames are covered in full. Members may select a more expensive frame and pay a cost controlled price difference.	Covered - up to a combined benefit maximum of $400	Covered - up to a combined benefit maximum of $400
	Once every 12 months	

Contact Lenses: Members may obtain either eyeglasses or contact lenses, but not both		
Benefits	**VSP Provider**	**Out-of-Network Provider**
Elective contact lenses (prescribed, but not medically necessary) may be chosen instead of spectacle lenses and a frame.	Covered - up to a combined benefit maximum of $400	Covered - up to a combined benefit maximum of $400
	Once every 12 months	
Therapeutic contact lenses (medically necessary)	Covered - up to a combined benefit maximum of $400	Covered - up to a combined benefit maximum of $400
	Once every 12 months	