

# Vision Summary

## Supervisory/Technical

Benefit	Blue Cross Preferred Vision Plan	
Covered Services	Preferred	Non-Preferred
<b>Exams</b> Age 19 & Under Over Age 19	100% of Contracted Amount One per 12 months One per 24 months	70% of Contracted Amount One per 12 months One per 24 months
<b>Frames/Paid (all ages)</b> Once every 24 months	100% of contracted amount	70% of allowance
<b>Lenses</b> Age 19 and Under Over Age 19	100% of contracted amount One per 12 months One per 24 months	100% of contracted amount One per 12 months One per 24 months
<b>Contacts</b>		
Medically Necessary	100% of contracted amount after cataract surgery	70% of amount after cataract surgery
Cosmetic	Covered at single, bifocal, trifocal lens rate	Covered at single, bifocal, trifocal lens rate