



Blue Cross
Blue Shield
of Michigan

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State of Michigan Vision Plan

SUMMARY OF BENEFITS FOR RETIREES

Service	VSP Providers	Nonparticipating Providers
Vision examination		
Routine eye exam	100% of VSP-approved amount \$5 copay	Reimbursement up to a maximum of \$34 \$5.00 copay Member is responsible for the difference
Once every 12 months		
Eyeglass lenses (glass, plastic or prism up to 60 mm). One pair of corrective lenses every 24 months, or once every 12 months if prescription changes. Members may obtain either eyeglasses or contact lenses, but not both.		
Single vision	100% of VSP-approved amount \$7.50 copay* <i>* If the member has a copay for frames, no further copay is required</i>	Reimbursement up to a maximum of \$17 \$7.50 copay Member is responsible for the difference
Bifocal (includes blended)	100% of VSP-approved amount \$7.50 copay	Reimbursement up to a maximum of \$30 \$7.50 copay Member is responsible for the difference



Service	VSP Providers	Nonparticipating Providers
Trifocal	100% of VSP-approved amount \$7.50 copay	Reimbursement up to a maximum of \$43 \$7.50 copay Member is responsible for the difference
Special lenses	100% of VSP-approved amount \$7.50 copay	Not covered
Progressive lenses (Standard)	100% of VSP-approved amount \$7.50 copay Member is responsible for the difference of premium or custom progressive lenses.	Reimbursement up to a maximum of \$30 \$7.50 copay Member is responsible for the difference
Rose tints # 1 and 2 or Photochromic tint	100% of VSP-approved amount \$7.50 copay	Not covered
Frames		
Eyeglass frames* <i>*If the member has a copay for lenses, no further copay is required</i>	\$100 allowance \$7.50 copay Member is responsible for the difference	Maximum of \$38.25 \$7.50 copay Member is responsible for the difference
Contact lenses – Members may obtain either eyeglasses or contact lenses, but not both.		
Medically necessary	100% of the VSP-approved amount \$7.50 copay Includes fitting and suitability exam.	Maximum of \$210 allowance per pair \$7.50 copay Member is responsible for the difference
Cosmetic, not medically necessary	Maximum of \$130 per pair No copay Includes fitting and suitability exam Member is responsible for the difference	Maximum of \$100 per pair No copay Member is responsible for the difference

VSP Customer Service

1-855-356-4362

Monday through Friday, 8 a.m. to 11 p.m. EST

Saturday, 10 a.m. to 11 p.m. EST

Sunday, 10 a.m. to 10 p.m. EST

This benefit chart is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. Every effort has been made to ensure the accuracy of this information. However, if statements in this description differ from the applicable coverage documents, then the terms and conditions of those documents will prevail. Payment amounts are based on the VSP-approved amount, less any applicable copay amount required by the State Vision Plan. This coverage is provided pursuant to a contract entered into with the State of Michigan and shall be construed under the jurisdiction and according to the laws of the State of Michigan.