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# Blue Vision® For Adults

## 2022 plan year

## Overview

### About this plan

Complete your health care with a plan that provides adult vision care. You'll be covered for eye exams as well as glasses or contacts, with out-of-network coverage and copays starting at \$15.

### Availability

You can buy this plan if you live in any Michigan county.

Blue Vision for Adults is not available on [healthcare.gov](https://healthcare.gov). It's available for purchase year-round and doesn't require a qualifying life event to enroll mid-year.

### Plan type

**VSP.** For vision care, you can go to any eye doctor and this plan will share the cost. But you'll pay less if you see a [VSP eye doctor](#).

### Who's covered

This plan covers vision care for adults age 19 and older as of plan effective date. Why doesn't it cover children? Because of health care reform, all medical plans you purchase yourself must include pediatric vision care.

### Monthly premiums

To give you an accurate price, we'll need some information. [Find a plan](#) to get a quote.

### Coverage and costs

#### Coverage includes:

- One eye exam each calendar year
- One pair of standard frames every calendar year

You choose between coverage for prescription glasses (lenses and frame) or contact lenses, but not both:

- Contacts covered once each calendar year, or
- One pair of standard lenses covered once each calendar year

#### Costs include:

- Copay is \$15 for an eye exam by an in-network provider.

- If you go to an in-network provider the copay for glasses is \$25 and you have a \$150 allowance for frames or elective contact lenses.

See vision tab for details.

## Related documents

For even more details about this plan, see the [Vision for Adults Certificate of Coverage \(PDF\)](#).

Certificates are legal documents that describe the benefits of a health insurance plan. Your plan might have different benefits and limitations than those listed in this document.

## Agent compensation

Members can find information about [agent commissions](#).

# Benefits

## In-network benefits

When you go to an eye doctor who participates with VSP, that's called getting your care in network. [Find a VSP eye doctor](#).

You're also covered when you go to an eye doctor who doesn't participate with VSP, but you'll pay more. That's called getting your care out of network.

## Annual allowance

There's a limit on what your plan pays toward the cost of eyeglasses or contacts. It's called an annual allowance. Once you've reached that limit, you're responsible for paying all costs.

## Eye exams

Eye exams are covered once every calendar year.

### In network

You pay \$15.

### Out of network

You pay \$15 plus any costs over \$45.

## Lenses and frames

Each calendar year this plan shares the costs for prescription eyeglasses or contact lenses, but not both.

### Standard lenses

Standard lenses prescribed by an eye doctor, optometrist or optician are covered once every calendar year.

### In network

You pay \$25.

A single copay applies to both lenses and frames.

**Out of network**

You pay \$25, plus the costs listed below.

A single copay applies to both lenses and frames.

- Single vision lenses: You pay costs over \$30.
- Bifocal lenses: You pay costs over \$50.
- Trifocal lenses: You pay costs over \$60.

**Standard frames**

Standard frames are covered once every calendar year.

**In network**

You pay \$25 plus costs over \$150.  
A single copay applies to both lenses and frames.

**Out of network**

You pay \$25 plus costs over \$70.  
A single copay applies to both lenses and frames.

## Contact lenses

Each year, this plan shares the costs for eyeglasses or contact lenses, not both.

**Elective contact lenses**

Elective contact lenses are covered once every calendar year.

**In network**

You pay any costs over \$150.

**Out of network**

You pay any costs over \$105.

**Medically necessary contact lenses**

Medically necessary contact lenses are covered once every calendar year.

**In network**

You pay \$25.

**Out of network**

You pay \$25 plus costs over \$210.

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