



Maximize Your Contacts Benefit

Benefit overview

With your vision benefit, you're eligible for either contacts or spectacle lenses within the defined benefit frequency. If you use your benefit for contacts, you're still eligible to use your frame benefit, too.

Sample vision plan	\$130 frame allowance \$10 lens copay \$130 contact allowance	 Additional disco 40% off unlimite pairs of prescrip
Sample member transaction	 You buy contacts (apply \$130 contacts allowance) You buy a pair of glasses (apply \$130 frame allowance and 20% off any amount over, plus receive 20% off spectacle lenses) 	 (once benefit ha 20% off partial e purchases and r items 15% off convent

counts

- ed complete ption eyewear as been used)
- eyewear non-covered
- ntional contacts





For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in the issued policy. Please consult the policy for the actual terms of coverage.

For employee use. Vision Insurance offered by Dearborn Life Insurance Company located at 701 E. 22nd Street, Lombard, IL 60148. Blue Cross and Blue Shield of Illinois is the trade name of Dearborn Life Insurance Company, an Independent Licensee of the Blue Cross and Blue Shield Association. EyeMed Vision Care, LLC and First American Administrators, Inc. are independent companies that offer provider network and administration services on behalf of Dearborn Life Insurance Company. 237577.1123