2026 BlueVision Comparison

VSP® Vision Care (VSP)

BlueVision Plans

Comparison

	BlueVision Elite	BlueVision Premium	BlueVision Classic	BlueVision Essential
Exams				
WellVision Exam®	$10 copay One per calendar year	One per calendar year	$10 copay One per calendar year	One per calendar year
Retinal Screening	No more than $39 copay	No more than $39 copay	No more than $39 copay	No more than $39 copay
Prescription Glasses				
Lenses Single-Vision, Bifocal or Trifocal (Lined) Progressive	$10 copay[1] One per calendar year **Progressive Lenses:** Standard-Covered | Premium-Covered | Custom-Covered	One per calendar year **Progressive Lenses:** Standard-Covered | Premium-Covered | Custom-Covered	$25 copay[1] One per calendar year **Progressive Lenses:** Standard-Covered | Premium $80-$90 | Custom $120-$160	One per calendar year **Progressive Lenses:** Standard-Covered | Premium $80-$90 | Custom $120-$160
Frame	$10 copay[1] | $225 allowance + 20% discount[2] One per calendar year	$225 allowance + 20% discount[2] One per every other calendar year	$25 copay[1] | $225 allowance + 20% discount[2] One per every other calendar year	$175 Allowance + 20% discount[2] One per every other calendar year
Contacts				
Fitting and Exam	Up to $60 copay | 15% discount[2] One per calendar year	Up to $60 copay | 15% discount[2] One per calendar year	Up to $60 copay | 15% discount[2] One per calendar year	Up to $60 copay | 15% discount[2] One per calendar year
Lenses	Elective: Up to $150 maximum allowance Current calendar year[3] Necessary: Covered after copay	Elective: Up to $150 maximum allowance Current calendar year[3] Necessary: Covered	Elective: Up to $150 maximum allowance Current calendar year[3] Necessary: Covered after copay	Elective: Up to $150 maximum allowance Current calendar year[3] Necessary: Covered
Vision Correction				
Laser	Average 15% discount off regular price or 5% discount off promotional price[4]	Average 15% discount off regular price or 5% discount off promotional price[4]	Average 15% discount off regular price or 5% discount off promotional price[4]	Average 15% discount off regular price or 5% discount off promotional price[4]

BlueVision - Popular Lens Enhancements (Single-Vision and Multifocal)[5]

Tints, Dyes and Polish

Solid Tints and Dyes
Covered - Except Pink I and II
Fashionable and reduces the amount of light coming through the lenses

Plastic Gradient Dye - $15
Usually dark at the top and gradually lighten toward the bottom of the lenses

High Luster Edge Polish - $14
Edges can be polished to a high luster, resulting in clearer and shinier edges; plus, it makes lenses look thinner

Coatings

Scratch-Resistant - $15
Applied to plastic lenses to increase their resistance to normal scratching and pitting

Anti-Reflective -
Standard: $37 | Premium: $61 | Custom: $75
Can reduce eyestrain caused by glare, reflections, blue light exposure from digital devices and the "halos" you see around lights at night; plus, it helps protect lenses from scratches, smudges, dust and water

UV Protection - $10
Can be added to the front or back side of a lens and can block 98–100% of transmitted and reflected UVA and UVB rays

Lenses

Photochromic - $70
Automatically darken when exposed to sunlight and lighten when out of sunlight

High-Index -
Single-Vision $51 | Multifocal $55
Thinner and lighter than standard lenses, these lenses help people with severe vision correction needs

Polycarbonate -
Adult $33 | Children Covered
One of the thinnest, lightest and most impact-resistant materials available; plus, they provide UV protection and scratch resistance

Progressive- Single-Vision n/a
Elite and Premium Plans:
- Standard: Covered
- Premium: Covered
- Custom: Covered
- Line-free lenses that gradually change power with distance

Classic and Essential Plans:
- Standard: Covered
- Premium: $80-$90
- Custom: $120-$160

Out-of-Network

Services received from out-of-network doctors are considered out-of-network.
Out-of-network services are subject to higher cost-sharing amounts and reduced benefits.

[1]If a full set of glasses (lenses and frame) is purchased, one copay will apply.
[2]Applies when seeing a member doctor.
[3]Contact lenses are available under this vision plan in place of all other lens and frame benefits.
[4]Discounts only available from contracted facilities.
[5]Prices shown reflect the standard plastic price for each respective category. Premium lens enhancement prices may vary.
Prices are valid only through VSP Providers and are subject to change without notice.

Definitions

Member Doctor
Optometrist or ophthalmologist licensed and otherwise qualified to practice vision care and/or provide vision care materials who has contracted with VSP to provide vision care services and/or materials on behalf of covered persons of BCBSND.

Out-of-Network Doctor
Optometrist, optician, ophthalmologist or other licensed and qualified vision care provider who has not contracted with VSP to provide vision care services and/or vision care materials to covered persons of BCBSND.

Employer Contribution
To qualify for a group vision plan, the employer must contribute a minimum of 50% toward the individual contract premium payment.

Employer Participation
Coverage for vision programs are available only to groups of three employees or more.

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Prioritize your sight and save more with a plan built for you

Your BlueVision benefits include:

Wide provider choice

Benefits through a large network of private-practice eye doctors, convenient online services at Eyeconic.com and the flexibility to choose from over 41,000 retail locations.

Exclusive savings

Discounts on lens enhancements, additional glasses, contact lenses and even LASIK surgery.

Comprehensive eye exams

Annual WellVision® exams, including screening for overall health and early signs of conditions, such as diabetes and high cholesterol.

Affordable coverage

Low copays for exams, lenses and frames.

- ✓ Progressives covered in full on select plans
- ✓ Competitive frame allowances

Find providers, virtual care options and care support programs using the Find Care tool located within BCBSND.me.

For further details of the coverage, including exclusions, any reductions or limitations and the terms under which the benefit plan may be continued, see your sales and account executive.

This is a brief explanation of covered services and payment levels of this product. It should not be used to determine whether vision expenses will be paid. The written certificate of insurance governs the benefits available.

VSP® Vision Care is an independent company providing vision benefit management services and access to the VSP vision network for Blue Cross Blue Shield of North Dakota vision products.

VSP and WellVision Exam are registered trademarks of Vision Service Plan.

Scan the QR code to view the non-discrimination notice or visit nd.blue/non-discrimination-notice

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