

2026 Voluntary BlueVision Comparison

VSP® Vision Care (VSP)



ND

Voluntary BlueVision Plans

Comparison

| Comparison | | Voluntary BlueVision Elite | Voluntary BlueVision Premium |
|--|--|--|---|
| Exams | | | |
| WellVision Exam® | | \$10 copay One per calendar year | One per calendar year |
| Retinal Screening | | 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 |
| Frame | | \$10 copay ¹ \$225 allowance + 20% discount ² One per calendar year | \$225 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 |
| 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 |
| 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 |

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 |

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.

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

| Voluntary BlueVision Classic | | Voluntary BlueVision Essential | |
|---|--|--|--|
| \$10 copay One per calendar year | | One per calendar year | |
| No more than \$39 copay | | No more than \$39 copay | |
| \$25 copay ¹ One per calendar year Progressive Lenses: Standard-Covered Premium \$95-\$105 Custom \$150-\$175 | | One per calendar year Progressive Lenses: Standard-Covered Premium \$95-\$105 Custom \$150-\$175 | |
| \$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 | |
| Up to \$60 copay 15% discount ² One per calendar year | | Up to \$60 copay 15% discount ² One per calendar year | |
| Elective: Up to \$150 maximum allowance Current calendar year ³ | | Elective: Up to \$150 maximum allowance Current calendar year ³ | |
| Necessary: Covered after copay | | Necessary: Covered | |
| 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 | |

| | |
|--|---|
| 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: \$95-\$105 Custom: \$150-\$175 |

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.



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.

Voluntary vision program options are available to groups of five enrollees or more or 20% participation (whichever is greater) and are 100% employee-paid.

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.



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