

# **New Mexico State University Vision Benefit Summary**

**Effective January 1, 2021**

**Eligibility:** All Retirees and their covered dependents

Dependent coverage is available until age 26

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| **Vision Care Service** | **In-Network Member Cost** | **Out-of-Network Reimbursement** |
| Exam with dilation as necessary | $10 copay | Up to $30 |
| Frequency |
| Examination | Once every 12 months |
| Lenses or contact lenses | Once every 12 months |
| Frame | Once every 24 months |
| Exam options |
| Contact lens fit and follow up | Standard: $0 copay, paid in full fit and two follow up visits;Premium: $0 copay, 10% off retail price, thenapply $40 allowance | Up to $40 |
| Frames |
| Any available frame at provider location | $0 Copay/$130 Allowance/20% off balance over$130 | Up to $65 |
| Standard Plastic Lenses |
| Single vision | $10 copay | Up to $25 |
| Bifocal | $10 copay | Up to $40 |
| Trifocal | $10 copay | Up to $55 |
| Lenticular | $10 copay | Up to $55 |
| Standard progressive lens | $75 copay | Up to $40 |
| Premium progressive lens | See table on page 2 | Up to $40 |
| Lens options |
| UV treatment | $15 | N/A |
| Tint (solid and gradient) | $15 | N/A |
| Standard plastic scratch coating | $0 | Up to $5 |
| Standard polycarbonate – adults | $40 | N/A |
| Standard polycarbonate – kids under 19 | $0 | Up to $5 |
| Standard anti-reflective coating | $45 | N/A |
| Polarized | 20% off retail price | N/A |
| Photochromatic/transitions plastic | $75 | N/A |
| Premium anti-reflective | See below table | N/A |
| Contact lenses (contact lens allowance includes materials only) |
| Conventional | $0 copay/ $130 Allowance/ 15% off balance | Up to $104 |
| Disposable | $0 copay/ $130 Allowance/ Plus balance over$130 | Up to $104 |
| Medically necessary | $0 copay, Paid in full | Up to $210 |
| Other |
| Lasik or PRK from U.S. Laser Network | 15% off retail price or 5% off promotional price | N/A |
| Additional pairs benefit: | Members also receive a 40% discount off complete pair eyeglass purchase and a15% discount off conventional contact lenses once the funded benefit has been used. | N/A |

**New Mexico State University Vision Benefit Summary (continued)**

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| Progressive price list\* | Member cost in-network |
| **Standard progressive** | $75 copay |
| **Premium progressives as follows:** |
| Tier 1 | $95 |
| Tier 2 | $105 |
| Tier 3 | $120 |
| Tier 4 | $75 copay, 80% of charge less $120 Allowance |
| Anti-reflective coating price list\* | Member cost in-network |
| **Standard anti-reflective coating** | $45 |
| **Premium anti-reflective coatings as follows:** |
| Tier 1 | $57 |
| Tier 2 | $68 |
| Tier 3 | 80% of charge |
| Other add-ons price list | Member cost in-network |
| Photochromic (plastic) | $75 |
| Polarized | 80% of charge |
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| Blue Cross and Blue Shield of New Mexico reserves the right to make changes to the products on each tier and the member’s out-of-pocket costs. |
| \*Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands. |