



THE UNIVERSITY OF  
**CHICAGO**

**Postdoctoral Researcher  
Benefit Program**

**Vision Insurance**

**PROVIDED BY**



**Disclaimer:** This benefit plan information shown in this benefits plan overview is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance ; the underlying insurance documents will govern in all cases.

# Postdoctoral Researcher Benefit Program

## VOLUNTARY VISION PLAN

	<b><u>IN-NETWORK Postdoc Pays</u></b>	<b><u>OUT-OF-NETWORK Postdoc Allowance</u></b>
<b>EXAM WITH DILATION (IF NECESSARY):</b>	\$0 Exam Copay	Up to \$45
<b>STANDARD LENSES:</b>		
-Single Vision	\$20 Copay for materials	Up to \$30
-Bifocal	\$20 Copay for materials	Up to \$50
-Trifocal	\$20 Copay for materials	Up to \$65
<b>FRAMES:</b>	\$150 retail allowance for any frame at a retail chain; 20% off amount over your allowance	Up to \$70
<b>LENS OPTIONS:</b>		
-UV Coating	Available at a discount	N/A
-Tint (solid and gradient)	Available at a discount	N/A
-Standard Polycarbonate	Available at a discount	N/A
-Standard Anti-Reflection	Available at a discount	N/A
<b>*CONTACT LENSES:</b>	\$130 Allowance	up to \$105 Allowance
<b>FREQUENCY:</b>	Exam, Lenses & Contact Lenses– Once every 12 months. Frames – Once every 24 months.	

\*Contact lenses may be chosen in lieu of eyeglasses.

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Once your enrollment into the VSP Voluntary PPO Plan is confirmed, you will be entered into the VSP network system. **You will not receive an ID card for this plan.** When making an appointment with a provider, they will ask you for your specific identifying information, which will display your plan benefits and allow you to access service with their office.

If you would like an ID card, the print-on-demand card will be available through the member site at <https://www.vsp.com>. The Member Vision Card is designed to reduce vision benefit questions and contains personalized information, including: member name, coverage type (i.e. member only, family), client ID number, doctor network name and co-pays.

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## DISCOUNT VISION PLAN

**Offered through BlueCross BlueShield (BCBS) of Illinois**

Both the medical HMO and medical PPO available through the PRBP offer you a vision exam copay so you may obtain a vision exam from your selected physician.

**If you have enrolled in the voluntary VSP vision plan offered through the PRBP, you may use this discount plan to obtain a second pair of contacts or glasses at a discount.**

To compliment this benefit, BCBS offers you a discount vision plan where you may take your prescription for lenses to one of the Davis Vision providers to save on eyeglasses, contact lenses and accessories.

To learn more about the Discount Vision Plan, please visit our [Plan Documents Library](#) for more detailed information.