

Using Your VisionBlue Benefits at Wal-Mart

Your VisionBlue plan gives you the option to use any provider of your choosing, even Wal-Mart. Although using your VisionBlue benefits at an out of network retailer will reduce your benefit payments, the actual hit to your pocket book may not be as bad as expected. This is mainly due to the “Everyday low pricing” slogan that has made Wal-Mart the leading discount retailer in the world.

This “Everyday low pricing” also helps with VisionBlue members that choose to go to said retail outlet for the eyewear needs. The below chart shows typical Wal-Mart pricing and out of network allowances for VisionBlue.

Pricing Comparison to Walmart		
Benefit	Walmart Price	EyeMed out of network allowance
Exam	\$52	\$35
Single vision lens and frame	Starting at \$38	Lens \$30 Plus Frame allowance: \$50 Low; \$60 Standard; \$75 High
Multi-focal lens and Frame	Starting at \$58	\$45 bifocal \$60 trifocal Plus Frame allowance: \$50 Low; \$60 Standard; \$75 High
No line Multi Focal and Frame	Starting at \$88	Standard progressive lens \$45 Plus Frame allowance: \$50 Low; \$60 Standard; \$75 High
Contacts	No discounts	\$80 Low; \$96 Standard; \$120 High (Which is only \$20 to \$30 less than the in-network allowance)

For members that do use their benefits at Wal-Mart, or any out of network provider, please follow the below steps.

1. When visiting an out-of-network provider, you are responsible for payment of services and/or materials at the time of service. EyeMed will reimburse you for authorized services according to your plan design.
2. Please complete all sections of the Out of Network claim form to ensure proper benefit allocation. This form can be found on [BlueAccess](#) at [BCBST.com](#)
3. EyeMed will only accept itemized paid receipts that indicate the services provided and the amount charged for each service. The services must be paid in full in order to receive benefits. Handwritten receipts must be on the provider’s letterhead. Attach itemized paid receipts from your provider to the claim form. If the paid receipt is not in US dollars, please identify the currency in which the receipt was paid.
4. Please include a copy of your Explanation of Benefits if submitting for a Secondary Insurance Benefit.