

State of Maryland Routine Vision Benefits Included in CareFirst Medical Plans

Extensive network

CareFirst partners with Davis Vision to offer an extensive network of vision providers nationwide. You will get the most out of your vision benefits when you stay in network. Choose from over 86,000 optometrists, ophthalmologists and opticians participating in the CareFirst preferred provider network or Davis vision network. Network providers include private practices and major retailers like Visionworks, Walmart, Pearle Vision, Target and more.



How to find a provider:

To find an in-network provider, visit carefirst.com/statemd, or call Member Services at 410-581-3601 or 800-225-0131.

How to receive care from a network provider:

When you call to schedule an appointment, identify yourself as a CareFirst BlueCross BlueShield member, provide your member identification number and your date of birth. Bring your member ID card with you to your appointment and that's it! There are no claim forms to file.

Benefits	CareFirst EPO	PPO—Preferred Provider Option	
Benefit Period 1/1/2022–12/31/2022	In-Network Plan Pays (using the PPO national network)	In-Network Plan Pays (using the PPO national network)	Out-of-Network Plan Pays
ROUTINE ADULT VISION (for members age 19 and older)			
	<i>Must use Davis Vision network or CareFirst preferred providers</i>	<i>Must use Davis Vision network or CareFirst preferred providers</i>	
Vision Exam (one per benefit period)	100%	100%	70% of Allowed Amount after deductible
Prescription Lenses (one pair per benefit period)	<ul style="list-style-type: none"> Single Vision: \$52 Bifocal: \$82 Trifocal: \$101 Lenticular: \$181 	<ul style="list-style-type: none"> Single Vision: \$52 Bifocal: \$82 Trifocal: \$101 Lenticular: \$181 	<ul style="list-style-type: none"> Single Vision: 70% of \$52 after deductible Bifocal: 70% of \$82 after deductible Trifocal: 70% of \$101 after deductible Lenticular: 70% of \$181 after deductible
Frames (in lieu of contact lenses) Once per benefit period	\$45	\$45	70% of \$45 after deductible
Contact Lenses (in lieu of frames & lenses) Once per benefit period	<ul style="list-style-type: none"> Contacts: \$97 Medically Necessary Contacts: \$285 	<ul style="list-style-type: none"> Contacts: \$97 Medically Necessary Contacts: \$285 	<ul style="list-style-type: none"> Contacts: 70% of \$97 after deductible Medically Necessary Contacts: 70% of \$285 after deductible
ROUTINE PEDIATRIC VISION (for members through age 18)			
	<i>Must use Davis Vision network or CareFirst preferred providers</i>	<i>Must use Davis Vision network or CareFirst preferred providers</i>	
Vision Exam (one per benefit period)	100%	100%	70% of Allowed Amount after deductible
Prescription Lenses (basic only) Excludes add-ons which includes glare resistant treatment, ultraviolet coating, progressive lenses, transitional lenses, etc. (one pair per calendar year)	100% priced at charges	100% priced at charges	70% priced at charges after deductible
Frames (in lieu of contact lenses) Once per benefit period	\$70	\$70	70% of \$70 after deductible
Contact Lenses (in lieu of frames & lenses) Once per benefit period	100% of annual supply	100% of annual supply	70% of annual supply after deductible

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc., which are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.