

Vision Blue[®]

SUPPLEMENTAL VISION PLAN

This VisionBlue Supplement Plan from BlueCross BlueShield of Tennessee is designed as a supplement to an Essential Health Benefits (EHB) medical plan, which includes pediatric vision benefits.

Members under the age of 19 may not be covered by this supplemental plan unless they are not enrolled in an EHB medical plan.

Member Advantages

- Utilizes the same vision network used for the BlueCross BlueShield EHB medical pediatric benefits; maintains consistency and simplicity
- Comprehensive benefits that cover all routine vision care needs and promote member eye health and wellness
- Savings of up to 40 percent off retail pricing, and unlimited additional discounts after the funded benefits have been used
- Supplemental Plans offer the opportunity for single ID cards, which means less confusion for members and providers alike

Benefits and Eligibility

- This plan is different from the standardized pediatric benefits contained in an EHB medical plan, so it is important to review prior to seeking service.
- Limitations such as allowances and copays are specified in the Schedule of Benefits.
- When a member reaches the age of 19 and is no longer covered by their EHB pediatric vision benefits, he/she is eligible to be added to this plan due to the loss in coverage, which is a qualifying event. As with all qualifying events, subscribers have 31 days to add a newly eligible member to the plan. If the member is not added within 31 days, they must wait until the next open enrollment period.
- Individuals that turn 19 and did not have prior EHB pediatric vision benefits because they were not enrolled in an EHB medical plan, containing pediatric vision benefits, are eligible to add the plan at open enrollment.
- Benefits, eligibility and claims may be viewed 24/7 using BlueAccess at bcbst.com, or verified by calling the member service number on the ID card.



Blue Cross BlueShield of Tennessee
1 Cameron Hill Circle | Chattanooga, TN 37402
bcbst.com

Supplemental Vision

Non-Voluntary Plan 3

Vision Care Services	Member Cost	Out-of-Network Allowance
Exam with Dilation as Necessary	\$10 Copay	Up To \$35
Contact Lens Fit and Follow-Up (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)		
Standard Contact Lens Fit and Follow-up	\$55 Copay, Paid-in-full fit and two follow-up visits	N/A
Premium Contact Lens Fit and Follow-up	10% off retail price	N/A
Frames: Any available frame at provider location	\$0 Copay; \$120 allowance, 20% off balance over the Allowance	up to \$60
Standard Plastic Lenses		
Single Vision	\$25 Copay	up to \$30
Bifocal	\$25 Copay	up to \$45
Trifocal	\$25 Copay	up to \$60
Standard Progressive Lens	Additional \$65 Copay	up to \$45
Premium Progressive Lens	Additional \$65, 80% of Charge less \$120 Allowance	up to \$45
Lens Options:		
UV Treatment	\$15 Copay	N/A
Tint (Solid and Gradient)	\$15 Copay	N/A
Standard Plastic Scratch Coating	\$15 Copay	N/A
Standard Polycarbonate	\$40 Copay	N/A
Standard Anti-Reflective Coating	\$45 Copay	N/A
Polarized	20% off Retail Price	N/A
Other add-Ons	20% off Retail Price	N/A
Contact Lenses: (Contact lens allowance includes materials only)		
Conventional	\$0 Copay; \$120 allowance, 15% off balance over the Allowance	up to \$96
Disposable	\$0 Copay; \$120 allowance	up to \$96
Medically Necessary	\$0 Copay, Paid-in-full	up to \$200
Laser Vision Correction 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 purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency:		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

- This document serves as a summary of benefits that are contained in the Evidence of Coverage (EOC). Please refer to the EOC for detailed plan information.
- Members receive a 20% discount on items not covered by the plan when a network provider is used. Discounts do not apply to a provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered.

Quote: 261

Nondiscrimination Notice

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact a consumer advisor at the number on the back of your Member ID card (for TTY help, call 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance (“Nondiscrimination Grievance”). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

