

VisionBlue Insight

Benefit	In-Network Member Cost	Out-of-Network Reimbursement	
VISION EXAMINATION			
Comprehensive Eye Examination	\$10 Copayment	Up to \$35	One exam within a 12 month period for each member covered under the plan.
Retinal Imaging	Up to \$39	N/A	
Contact Lenses Fit and Follow-Up			
Standard	\$40 Copayment	Up to \$0	
Premium	10% off retail	Up to \$0	

VISION MATERIALS

Standard Plastic Lenses			One set of lenses within a 12 month period for each member covered under the plan.
Single Vision	\$25 Copayment	Up to \$30	
Bifocal	\$25 Copayment	Up to \$45	
Trifocal	\$25 Copayment	Up to \$60	
Frames	\$0 Copayment up to \$150 allowance, 20% off balance over allowance	Up to \$75	One pair of frames within a 24 month period for each member covered under the plan.
Contacts			One set of lenses within a 12 month period for each member covered under the plan (In lieu of lenses + frames).
Conventional	\$0 copay up to \$150 allowance, 15% off balance over allowance	Out-of-network up to \$120	
Disposable	\$0 copay up to \$150 allowance	Out-of-network up to \$120	
Medically Necessary	Paid in Full	Up to \$200	
Lens Options			One set of lenses within a 12 month period for each member covered under the plan.
Standard Polycarbonate	\$40 Copayment	Up to \$0	
Standard Polycarbonate (For covered dependent children under 19 years of age)	\$0 Copayment	Up to \$5	
UV Treatment	\$15 Copayment	Up to \$0	
Tint	\$15 Copayment	Up to \$0	
Standard Plastic Scratch Coating	\$15 Copayment	Up to \$0	
Standard Progressive Lenses (add on to Bifocal)	\$65 Additional Copayment	\$0 Additional *	
Premium Progressive Lenses (add on to Bifocal)	Lens + Additional Copayment See fixed tier price list	\$0 Additional *	
Standard Anti-Reflective Coating	\$45 Copayment	Up to \$0	
Premium Anti-Reflective Coating	See fixed tier price list	Up to \$0	
Photchromatic Lenses	\$75 Copayment	Up to \$0	
Other Lens Options	20% off retail	N/A	

* \$45 maximum reimbursement

Diabetic Eye Care
(Care and testing for diabetic members)

Up to 2 services per year for each listed service.**

Exam	\$0	Up to \$77	
Retinal Imaging	\$0	Up to \$50	
Extended Ophthalmoscopy	\$0	Up to \$15	
Gonioscopy	\$0	Up to \$15	
Scanning Laser	\$0	Up to \$33	

**Some or all of the diagnostic services described above will be provided as deemed appropriate, subject to provider determination of service necessity and the benefit frequency limitations referenced above.

- This document serves as a summary of the benefits that are detailed in the Evidence of Coverage. These benefits are subject to the Covered Services and Limitations on Covered Services, Exclusions from Covered Services, and Schedule of Benefits sections of the Evidence of Coverage.
- When applicable benefits are paid after the Copayment listed above and to the allowance listed, members are responsible for amounts above the allowance.
- Members may see any vision care provider. However, contracted providers in our network have agreed to limit certain charges and provide additional discounts once the allowance has been reached. Because we have no contract with non-network providers, members are responsible for all charges that exceed the out-of-network reimbursement.

Premium Tiered Price List

Premium Progressive Tiered Pricing

Additional Member In-Network Cost*

Tier 1	\$85 Copay*
Tier 2	\$95 Copay*
Tier 3	\$110 Copay*
Tier 4	\$65 Copay, 80% of charge less \$120 Allowance*

Premium Anti-Reflective Coating

Additional Member In-Network Cost

Tier 1	\$57
Tier 2	\$68
Tier 3	80% of Charge

*** In addition to In-network lens copay**



EyeMed Progressive and Anti-Reflective Tier Classifications

Progressive Classification*
Standard Progressives as Follows:
Adaptar / Adatar Short / Essilor Computer / Essilor Interview / Natural / Navigator / Navigator Short / Ovation / Super No Line / Amplitude / Amplitude Mini / GP / HoyaLux Tact / Seiko AF 2 / Seiko AF 2 Mini / Seiko Diamond Clear Mini / Synchrony Access / AO Compact / Gradal RD / Instinctive / Sola Max / VIP / Zeiss Business / Freedom 5 / Freedom Fit / Freedom ID / Outlook / Shoreview / Shoreview Mini / Unique Softwear / Synchrony Easy M / Synchrony Easy View / Synchrony Access / MVC Standard Progressive
Premium Progressives as Follows:
TIER 1 - Adaptar Digital / Adaptar Digital Short / Natural Digital / Ovation Digital / Small Fit / Small Fit Digital / Amplitude BKS / Amplitude Mini BKS / Amplitude IQ / Amplitude IQ Mini / GP Wide / Tact BKS / Navigator FBS / Navigator Short FBS / Proceed II / Proceed III / Gradal Top / Instinctive HD / AO Easy / Synchrony / Synchrony Easy S / Adage / Concise / Illumina / Image / Image Wrap / Novel / Novella / Precise / Precise Short / Xplorer / Shamir 1st Pal / MVP / Premium Progressive / Short Fit Progressive / LC Design 1.0
TIER 2 - Ideal / Ideal Short / Varilux Comfort 2 / Varilux Comfort 2 Short / Varilux Comfort DRx / Varilux Comfort DRx Short / Summit CD / Summit ECP / Seiko PC Wide Computer / Succeed / Succeed WS / Element / Compact Ultra / GT2 / GT2 Short / Sola One / Zeiss Choice / Zeiss Digital / Zeiss Digital Wrap / DST Custom Plus / HD Workspace / Kodak Precise PB / Kodak Precise PB Short / IOT Everyday / TruClear / Nikon Presio I Digital / Instinctive Performance / Synchrony Easy View HD / Synchrony Easy View M HD / Synchrony Easy View S HD / Synchrony Easy Adapt / Synchrony Access HD / Synchrony Easy Wear / Signet Armorlite DirecTek / Signet Armorlite DirecTek Short / Workspace
TIER 3 - Definity / Definity Short / Ideal Advanced / Ideal Advanced Wrap / Varilux Comfort W2 + / Varilux Comfort W2+ Fit / Varilux Ellipse / Varilux Panamic / Varilux Physio / Varilux Physio Short / Varilux Physio DRx / Varilux Physio DRx Short / Varilux Stylistic Wrap / Supercede II / Autograph II Attitude Wrap / Autograph II Fixed / Autograph II Office / Autograph II Variable / Shamir Computer / Shamir Golf Progressive / Shamir InTouch / Shamir Work Space / Shamir Spectrum / Shamir Spectrum + / AO Easy HD / Compact Ultra HD / GT2 3D / GT2 3D Short / Sola One HD / Zeiss Choice Plus / Zeiss Offilens / Concise Digital / DST Custom Plus HD / DST Custom Plus HD Sun Wrap / Precise Digital / Precise Digital Short / Unique / IOT Ultimate / IOT Universal / IsSential / TruClear SD / Nikon Digi Life / Synchrony Performance HD / Synchrony Easy Wear HD / Synchrony Ultra HD / Synchrony Work & Go HD / Synchrony Work & Read HD / Synchrony Work & Office HD / Synchrony PAL Starter HD / Hoya Array Fixed / Hoya Array VL / Hoya Summit ECP IQ / Hoya Summit CD IQ / Zeiss Energize Me
TIER 4 - Other Premium Progressives
Anti-Reflective Classification*
Standard Anti-Reflective Coatings as Follows:
Sharp View Plus / Crizal Kids w/UV / Hoya Premium Coating / Zeiss Super ET / Backside AR / Custom CleAR / Custom CleAR Sun / Clean Shield AR / ProClean / Reflection Free / RF Endura / Trion AR / HMC Plus / Blue Shield AR / SYNGERY Crystal AR / SYNGERY Crystal UV AR / RayBan Sun AR / Synchrony

HMC / Standard AR / Standard Backside AR / Anti-Reflective AR / CleAR
Premium Anti-Reflective Coatings as Follows:
TIER 1 - Crizal Easy w/UV / Crizal Previncia Kids / Xperio Sun UV / Xperio Sun UV w/Mirrors / VISO / HiVision / Hoya Premium w/ViewProtect / BluCrystal / Kodak CleAR / RF Endura EZ / Zeiss DuraVision Chrome
TIER 2 - Crizal Alize w/UV / Crizal SunShield w/UV / VISO XC / HiVision w/ViewProtect / Allure AR / Zeiss DuraVision Silver / Custom CleAR Plus / Custom CleAR Plus Sun / Clean Shield Elite AR / Clean Shield Elite Sun AR / ECC AR / Kodak Clean'N CleAR / Kodak Clean N Clear AR UV / Kodak Total Blue AR / Vivid AR / RayBan Premium AR / Synchrony HMC+ / Premium AR / EasyCare Premium AR / EZ Premium CleAR
TIER 3 - Other Premium Anti-Reflective Coatings

EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket amounts

* Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels

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>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-565-9140 (رقم هاتف الصم والبكم: 1-800-848-0298).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-565-9140 (TTY:1-800-848-0298)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-565-9140 (TTY:1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-565-9140 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-565-9140 (ATS : 1-800-848-0298).

បំណង: បើ អ្នក និយាយ ភាសា ខ្មែរ, មាន សេវា ជំនួយ ភាសា ឥត គិត ថ្លៃ ចំពោះ អ្នក។
លេខ ទូរស័ព្ទ 1-800-565-9140 (TTY: 1-800-848-0298)។

ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚክላው ቁጥር ይደውሉ
1-800-565-9140 (መስማት ለተሳናቸው: 1-800-848-0298)።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-565-9140 (TTY: 1-800-848-0298).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-565-9140 (TTY:1-800-848-0298)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-565-9140 (TTY:1-800-848-0298) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-565-9140 (TTY:1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-565-9140 (TTY:1-800-848-0298) पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-565-9140 (телетайп: 1-800-848-0298).

-توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با
1-800-565-9140 تماس بگیرید. (TTY:1-800-848-0298)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-565-9140 (TTY: 1-800-848-0298).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíílnih 1-800-565-9140 (TTY: 1-800-848-0298).