

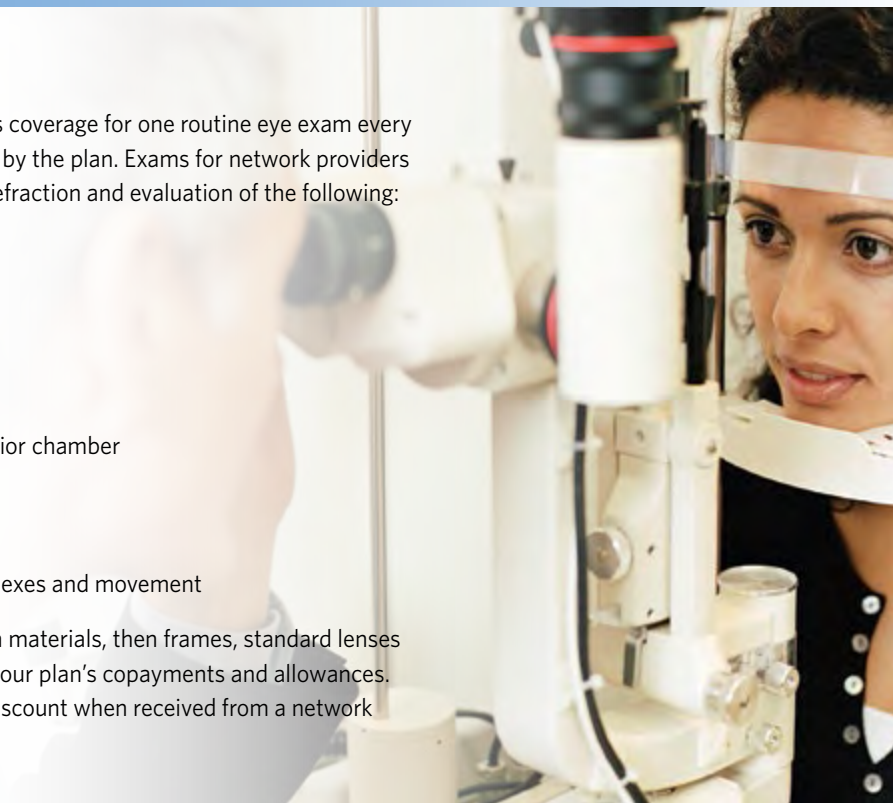
BCBST Vision Blue Benefits

Your VisionBlue Benefits

Your VisionBlue benefit plan includes coverage for one routine eye exam every 12 months for each member covered by the plan. Exams for network providers will include eye dilation as needed, refraction and evaluation of the following:

- Visual acuity
- Visual field screening
- Pupils and iris
- Area surrounding eye
- Eye and lid conjunctiva
- Extra-ocular muscles
- Examination of cornea, lens, anterior chamber
- Intraocular pressure (glaucoma)
- Optic nerve
- Posterior segment
- Neurological evaluation of eye reflexes and movement

If your plan also covers routine vision materials, then frames, standard lenses or contact lenses are provided with your plan's copayments and allowances. Lens options are also available at a discount when received from a network provider.



Get the Information You Need at bcbst.com



When you visit bcbst.com, you have a world of resources at your fingertips. In fact, most BlueCross BlueShield of Tennessee member services are available online, around the clock. And part of your member experience includes BlueAccess, your gateway to our secure member web pages.

Registration for BlueAccess is Easy!

1. Go to **bcbst.com**
2. Select the **"Register now!"** link at the bottom of the BlueAccess box
3. Select **"Member"**
4. **Enter your member ID information** and select **"Go>>"**
5. Enter a **User ID, password, security information** and select **"Register>>"**

After you register, you can log in to BlueAccess to view specific information about your plan and your care. You can see what services are covered and what you will pay in the "My Benefits" box and find details about your claims under the "My Claims & Balances" tab. In addition you can view information about covered vision materials if they are part of your plan.

Vision Savings All Year Long

VisionBlue saves you money on all of your eye care and eyewear needs. From glasses to cleaning supplies, you and your eligible dependents will enjoy discounts year-round when you visit network providers.

Value added discounts include:

Eyeglasses	40% off retail price when you purchase additional complete pairs of glasses* (frames, lenses and lens options). <i>Available after your eyewear benefit has been used.</i>
Conventional Contact Lenses	15% discount off conventional contact lenses. <i>Available after your eyewear benefit has been used.**</i>
Non-Covered Items	20% off retail price of vision care items purchased at participating provider locations including non-prescription sunglasses, cleaning supplies and accessories**
Laser Vision Correction	15% off regular price and 5% off promotional price on laser vision correction performed by U.S. Laser Vision Network providers. Call 877-5LASER6 or visit EyeMedlasik.com for more details.

*Frames, lenses or lens options purchased separately are 20% off retail price.

**Discount does not apply to doctor's services or contact lenses.

Benefit Detail Questions?

We have the answers. Call us.

1-877-342-0737

We're here 7 days a week.

Monday – Saturday 7:30 a.m. - 11 p.m. (Eastern)

Sunday 11 a.m. – 8 p.m. (Eastern)



How To Use Your VisionBlue Benefits

It's easy to protect your family's vision by following these simple steps:

1. Locate a Network Provider

- Go to bcbst.com and select Begin your search! in the 'Find a Doctor' box.
- At the bottom of the page, click 'VisionBlue.'
- Enter your starting ZIP code.
- Choose VisionBlue from the network drop-down menu and click 'Go.'
- You also have access to the following optical retail locations:



2. Schedule an Appointment and Present Your Member ID Card

Call the provider to schedule an appointment and confirm that they are in the network. Or, stop by one of the many providers who offer walk-in appointments. Many providers offer evening and weekend hours to fit your busy schedule.

VisionBlue network providers will charge you based on the in-network member cost listed in your benefit summary and will file claims directly with the vision claims administrator. You will be responsible for any copayments, non-covered costs and costs above your plan allowances.

3. Out-of-Network Benefits

If you visit an out-of-network provider, you must pay in full at the time of your visit and then submit a claim for eligible reimbursements. Out-of-network benefits may not apply. Check your plan benefit summary for more information.

To obtain a claims form:

- Visit bcbst.com
- Call the vision customer service number on your member ID card

Mail your claim and itemized receipts to the VisionBlue claims administrator:

EyeMed Vision Care
 ATTN: OON CLAIMS
 P.O. Box 8504
 Mason, OH 45040

Your Member ID Card

- Always carry your member ID card with you.
- Protect it from misuse as you would a credit card.
- Show it whenever you visit a provider.
- Get a replacement if your member ID card is lost or stolen by visiting BlueAccess member self-service on our website, bcbst.com, or by calling customer service at 1-800-523-1478.

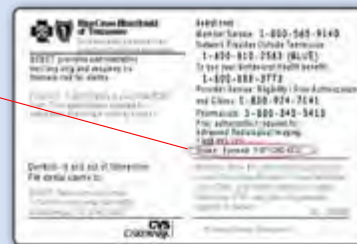
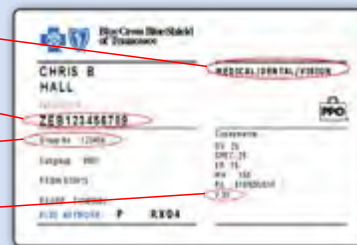
Your Coverage

Your ID No.

Your Group No.

Vision Copay

Vision Customer Service Phone No.



LensCrafters, Pearle Vision, Target Optical, Sears Optical, JCPenney and Private Practitioners are independently-owned companies, that do not provide BlueCross BlueShield of Tennessee products or services. LensCrafters, Pearle Vision, Target Optical, Sears Optical, JCPenney and Private Practitioners are solely responsible.



Group Name: **Unicoi County**

Effective Date: **07/01/2015**

VisionBlue

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.
Contact Lenses Fit and Follow-Up			
			One exam within a 12 month period for each member covered under the plan.
Standard	\$55 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 \$120 allowance, 20% off balance over allowance	Up to \$60	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 \$120 allowance, 15% off balance over allowance	Out-of-network up to \$96	
Disposable	\$0 copay up to \$120 allowance	Out-of-network up to \$96	
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 <i>(For covered dependent children under 19 years of age)</i>	\$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	Up to \$45	
Premium Progressive Lenses (add on to Bifocal)	\$65 Additional Copayment, 20% off retail price less \$120 allowance	Up to \$45	
Standard Anti-Reflective Coating	\$45 Copayment	Up to \$0	
Other Lens Options	20% off retail	N/A	

- 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.

Semi-Mo Rates: EE-\$0.00 (paid by County) Spouse= \$ 2.52 Child =\$ 2.77 Family = \$ 5.78

***Family Rates also paid by County if Employee has family medical coverage**