

An Independent Exenses of the HineCross BlueStrickl Association

Group Name:

Clarksville-Montgomery Co Action

Group Number: Effective Date: Agency 131147 10/01/2023

VisionBlue		Out-of-Network	
	Network Member Cost	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	655 O	A1/A	$(\mathbf{r}_{i}, \mathbf{r}_{i}) = (\mathbf{r}_{i}, \mathbf{r}_{i}, $
Standard	\$55 Copayment 10% off retail	N/A N/A	e e e e e e e e e e e e e e e e e e e
Premium	10% off retail	19/75	
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 (For covered dependent children under 19 years of	\$0 Copayment	Up to \$5	
age)			
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)	\$65 Additional Copayment, 20% off retail price less \$120 allowance	\$0 Additional *	
Standard Anti-Reflective Coating	\$45 Copayment	Up to \$0	
Other Lens Options * \$45 maximum reimbursement	20% off retail	N/A	· · · · · · · · · · · · · · · · · · ·

Diabetic Eye Care (Care and testing for diabetic members) Up to 2 services per year for each listed service.**

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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.

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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 تنحدث اذكر اللغة، فإن خدمات المساعدة اللعوية تتوافر لك بالمجان. انصل برقم 1-9140-565-800 (رقم هاتف الصم والبكم: 1-809-848-800

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

CHỦ 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).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄຳ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-565-9140 (TTY: 1-800-848-0298).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፡ በነጻ ሊድግገዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደወሉ 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、無料の哲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 (TTY:1-800-848-0298) 9140-565-800-1 تماس بگیرید .

ATANSYON: Si w pale Kreyöl 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 bezplatnej pomocy językowej. Zadzwoń pod numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponiveis serviços linguisticos, 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).

Dlí baa akó nínízin: Dlí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jilk'eh, éi ná hóló, koji' hódíinih 1-800-565-9140 (TTY: 1-800-848-0298).