## The City of Crossville Vision - \$10 copay

	BCBST	BCBST		Davis Vision	BCBST	
	Vision Care 2	VisionBlue	e er come ette er	Plan A	Voluntary	
	Current	Option		Option	Option	
Benefits				in a marii maana ka kanaa maana dha chedhaana maanaa aabaa ahiin agaba garaadii hooyiya	et fan een versteerde sterningsval van het fêrste maarke als die sterning van 1922 eeu naam de sterning van de De sterningsval de sterningsval van de sterningsval de sterningsval de sterningsval van de sterningsval de ste	
Eye Exam	\$20 copay	\$10 copay		\$0 copay	\$10 copay	
** Annual Benefit (12)			Committee in the Committee in Section 1995 and the second 1995 and	trade contre existent promocor interference and administration of the contract		et i mani in transitati ett all liinistati iliidi.
Lenses	100% up to \$85	\$25 copay		\$0 copay	\$25 copay	
** Annual Benefit (12)	,	etti piraktila emire eriyyetistik et ilikusi et savangalak yili kakalik akkali ilikusi eriya artik akkalikan	termentar mercenar de la composition d	i Salam etamohinin esemente aya yan gamenye nago o Gilistan yendharista (2007) daga aya ye	in an a-managaman da an in-militar a si <del>da</del> ata <del>n da an anda a</del> si anda di an	
Frames	100% up to \$75	\$0 copay		\$0 copay	\$0 copay	
** 2 annual benefit period (24)	and the second s	i de tem comina e e empre e e e e e e e e e e e e e e e e e e	in method on the control process in a control of a con-	en transistant on the contract of	er en	and was the Salama hat Car
Material Allowance						
Lenses	\$85.00	ikusa saka siku saka mada saka kali saka mana saka mana arak mana arak saka saka saka saka saka saka sak	en Personne i es anno esta esta esta la compania de la compania de la compania de la compania de la compania d	ann aireach ann i readhla a aide a' mar aid an ann an cheal-a-annaige a' air leithe adaire bhaigea	akki ala 10 kusin 200 ilay 19 kusa a sa ila mahan 18 manin kalanda di kaban 18 mali kusa manga ila Azi	
Frames	\$75.00	\$150.00		\$90.00	\$150.00	
Contact Lenses (in lieu of eyeglasses)	\$150.00	\$150.00		\$105,00	\$150.00	
	er seemmelden 19 – Medulide van Linke (Sig-resetter) tra desmine pyrenselyne participalija (1995. gd. 1995. g	aktealaktiitatiin vitee aliikaa aannaa taramaan oo maankaa artiin ta'a'' maan ayaqii vite'si Tisallah	Davis	alle et la late tha cuite aireann a cui a la cuite paul trop la cuita del cuillad a più tilphagain pa	en de de la composiçõe de La composiçõe de la compo	er entremeller van Laren Lein, die staatstel
Employee	\$7.20	\$5.73		6.56	\$7.61	
or transmission mission of a Standard at additional growing of the material and a standard standard of the standard stan	\$7.20 \$15.12	\$5.73 \$11.46	Emp + 1	6.56 11.81	\$7.61 \$15.22	
Employee/Spouse	and the Control of th	e teritor and antilizarion collinate for the land about the	Emp + 1 Emp +2	and the second of the control of the	lakula dikula like dina mada alif masa dikulakuta menakan dikuti labah lib. diaktik kadi termasa di dikik a had	
Employee/Spouse Employee/child(red)	\$15.12	\$11.46	men artista de americana acción a dispersión a la comita de la comita de la comita de la comita de la comita d	11.81	\$15.22	
Employee/Spouse Employee/child(red)	\$15.12 \$13.18	\$11.46 \$12.03	Emp +2	11.81 12.47	\$15.22 \$15.98	
Employee Employee/Spouse Employee/child(red) Family Monthly Total	\$15.12 \$13.18	\$11.46 \$12.03	Emp +2	11.81 12.47	\$15.22 \$15.98	

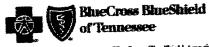
## Current Vision Plan with Blue Cross is not available in 2015 - due to ACA changes.

Following companies declined to bid: Guardian, Starmark, Humana, and Principal

<sup>\*\*</sup>BCBST VisionBlue/Voluntary - no max allowance "in network" on lenses - additional lens options/upgrades copays attached also.

<sup>\*\*</sup>Davis Vision - Lenses/Frames - no set allowance for eyeglass lenses in network; additional lens options/upgrades copays attached please note if Davis Vision frames are not used there is a max allowance of \$ 140.00 for lenses

Frames - select from Davis Tower Collection or use credits towards other collections. - Cumberland Co Gvt & BOE are on this plan



Group Name: Group Number: Effective Date:

City of Crossville 109616 01/01/2015

VisionBlue Benefit	In-Network Member Cost C	ut-of-Network Reimbursement		
VISION EXAMINATION Comprehensive Eye Examination Contact Lenses Fit and Follow-Up	\$10 Copayment	J	One exam within a 12 month period for each member covered under the plan. One exam within a 12 month period for each member covered under the plan.	
Contact Lenses Ficulty 5 and 1	ACC Consument	Up to \$0	each member services and and	
Standard	\$55 Copayment 10% off retail	Up to \$0		
Premium	10% Oil Telali			
VISION MATERIALS			One set of lenses within a 12 month period for each member covered under	
Standard Plastic Lenses		•	the plan.	
O: L. Vinian	\$25 Copayment	Up to \$30		
Single Vision	\$25 Copayment	Up to \$45		
Bifocal	\$25 Copayment	Up to \$60	· · · · · · · · · · · · · · · · · · ·	
Trifocal Frames	\$0 Copayment up to \$150 allowance, 20% off	Up to \$75	One pair of frames within a 24 month period for each member covered under	
Contacts	balance over allowance		the plan.  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	Out-of-network up to \$120		
	balance over allowance		•	
Disposable	\$0 copay up to \$150 allowance	Out-of-network up to \$120	J	
Medically Necessary	Paid in Full	Up to \$200	One set of lenses within a 12 month	
Lens Options			period for each member covered unde the plan.	
	\$40 Copayment	Up to \$0		
Standard Polycarbonate Standard Polycarbonate (For cove dependent children under 19 year	ered \$0 Copayment	Up to \$5		
age)		Up to \$0	·	
UV Treatment	\$15 Copayment	Up to \$0		
Tint	\$15 Copayment	Up to \$0		
Standard Plastic Scratch Coating Standard Progressive Lenses (ad	\$15 Copayment d on \$65 Additional Copaymer	• .		
to Bifocal) Premium Progressive Lenses (ad to Bifocal)	1	nt, Up to \$45		
a. Charles District Confirm		Up to \$0		
Standard Anti-Reflective Coating	20% off retail	N/A	and the second control of the second of the second of the second control of the second control of the second of th	
Other Lens Options	20/0 Off 1 Cean	n nyangan ni Spinar Bertan yang ni nagi in naganan nemanan hara mban dipantang negari yang berpan	A Company of the Comp	

• 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

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.