

The City of Crossville
Vision - \$10 copay

	BCBST Vision Care 2 Current	BCBST VisionBlue Option	Davis Vision Plan A Option	BCBST Voluntary Option
Benefits				
Eye Exam	\$20 copay	\$10 copay	\$0 copay	\$10 copay
** Annual Benefit (12)				
Lenses	100% up to \$85	\$25 copay	\$0 copay	\$25 copay
** Annual Benefit (12)				
Frames	100% up to \$75	\$0 copay	\$0 copay	\$0 copay
** 2 annual benefit period (24)				
Material Allowance				
Lenses	\$85.00			
Frames	\$75.00	\$150.00	\$90.00	\$150.00
Contact Lenses (in lieu of eyeglasses)	\$150.00	\$150.00	\$105.00	\$150.00
Davis				
Employee	\$7.20	\$5.73	6.56	\$7.61
Employee/Spouse	\$15.12	\$11.46 Emp + 1	11.81	\$15.22
Employee/child(red)	\$13.18	\$12.03 Emp +2	12.47	\$15.98
Family	\$21.85	\$18.91 Family	19.68	\$25.11
Monthly Total	\$2,216.71	\$1,840.40	\$1,954.51	\$2,444.21
% Rate Increase		-17%	-12%	10%

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

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

**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**

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



**BlueCross BlueShield
of Tennessee**

An Independent Licensee of the BlueCross BlueShield Association

Group Name:
Group Number:
Effective Date:

City of Crossville
109616
01/01/2015

VisionBlue

Benefit	In-Network Member Cost	Out-of-Network Reimbursement
VISION EXAMINATION		
Comprehensive Eye Examination	\$10 Copayment	Up to \$35
Contact Lenses Fit and Follow-Up		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.
Standard	\$55 Copayment	Up to \$0
Premium	10% off retail	Up to \$0

VISION MATERIALS

Standard Plastic Lenses

Single Vision	\$25 Copayment	Up to \$30	One set of lenses within a 12 month period for each member covered under the plan.
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

Conventional	\$0 copay up to \$150 allowance, 15% off balance over allowance	Out-of-network up to \$120	One set of lenses within a 12 month period for each member covered under the plan (In lieu of lenses + frames).
Disposable	\$0 copay up to \$150 allowance	Out-of-network up to \$120	
Medically Necessary	Paid in Full	Up to \$200	

Lens Options

Standard Polycarbonate	\$40 Copayment	Up to \$0	One set of lenses within a 12 month period for each member covered under the plan.
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	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.