The City of Crossville Vision - \$20 copay

	Vision Care 2	VisionBlue		Plan B	Voluntary	ti da de la compania
	Current	Option		Option	Option	
Benefits	ingen militinogeninga (ikis sekri) diamineralisa silikurungin garap menerah merataman yapibbangkalab. A r hi k I	talah 25an termidikan membernya sementan basah makit samanik semba sera sakin sema sakin sema di	ng magalikin nagar taun manan saman na manan ni na manandina - 19 ili Silaman ni Nagari.	i jako orangen erro oma bere emmentega magnet amana je melikljemskiha ki jako, prijakljika piko spo	an Collinsia de Communicació de America de Communicación de Communicación de Communicación de Communicación de	er te make gade debenden die Person von de Stadies de Stadies von de Stadies de Stadies von de Stadies de Stadi
Eye Exam	\$20 copay	\$20 copay		\$20 copay	\$20 copay	
** Annual Benefit (12)						700
Lenses	100% up to \$85	\$20 copay		\$0 copay	\$20 copay	
** Annual Benefit (12)	,					
Frames	100% up to \$75	\$0 copay		\$0 copay	\$0 copay	
** 2 annual benefit period (24)			ř			
Material Allowance						
iviaterial Andwarte	경하는 회원 등은 이번 어느 그렇게 되는 것도 그리고 있는 것이 없는데 없었다.	[발생하다] 그 나는 그 그리고 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그			화하다 그 회에 들어 그런 그는 그는 그는 가는 이 사람이 없다.	English Character Service
Lenses	\$85.00			Tilking A Hilbilik sitt	1922-2014 - 1924 - 1924 - 1924 - 1924 - 1924 - 1924 - 1924 - 1924 - 1924 - 1924 - 1924 - 1924 - 1924 - 1924 - Indiana - 1924 - 1924 - 1924 - 1924 - 1924 - 1924 - 1924 - 1924 - 1924 - 1924 - 1924 - 1924 - 1924 - 1924 - 19	
بقاد بشقف والدائد المناد والمتلاء والمتلاء والمتارين والمتارية والمتاركة والم	\$85.00 \$75.00	\$150.00		\$90.00	\$150.00	S
Lenses	Particularies and a semilarization of the control of	\$150.00 \$150.00		\$90.00 \$105.00	\$150.00 \$150.00	
Lenses Frames	\$75.00	화학 문학하다 회로 기회에 하는 것 같아.	Davis		가득하는 사람이 하는 사람들이 하는데 이 가는 아니는 사람들이 없다.	
Lenses Frames Contact Lenses (in lieu of eyeglasses)	\$75.00	화학 문학하다 회로 기회에 하는 것 같아.	Davis		가득하는 사람이 하는 사람들이 하는데 이 가는 아니는 사람들이 없다.	
Lenses Frames Contact Lenses (in lieu of eyeglasses) Employee	\$75.00 \$150.00	\$150.00	Davis Emp + 1	\$105.00	\$150.00	
Lenses Frames Contact Lenses (in lieu of eyeglasses) Employee Employee/Spouse	\$75.00 \$150.00 \$7.20	\$150.00 \$5.43		\$105.00 5.48	\$150.00 \$7.31	
Lenses Frames Contact Lenses (in lieu of eyeglasses) Employee Employee/Spouse Employee/child(red)	\$75.00 \$150.00 \$7.20 \$15.12	\$150.00 \$5.43 \$10.85	Emp + 1	\$105.00 5.48 9.87	\$150.00 \$7.31 \$14.61	
Lenses Frames	\$75.00 \$150.00 \$7.20 \$15.12 \$13.18 \$21.85	\$150.00 \$5.43 \$10.85 \$11.40	Emp + 1 Emp +2	\$105.00 5.48 9.87 10.42	\$150.00 \$7.31 \$14.61 \$15.34	

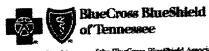
Current Vision Plan with Blue Cross is not available in 2015 - due to ACA changes.

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

^{**}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



Group Name: Group Number: Effective Date:

City of Crossville 109616 01/01/2015

VisionBlue Benefit	In-Network Member Cost C	out-of-Network Reimburs	ement
VISION EXAMINATION Comprehensive Eye Examination Contact Lenses Fit and Follow-Up	\$20 Copayment	Op 13 , 400	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.
•	\$55 Copayment	Up to \$0	
Standard 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.
	\$20 Copayment	Up to \$30	
Single Vision	\$20 Copayment	Up to \$45	
Bifocal	\$20 Copayment	Up to \$60	
Trifocal			One pair of frames within a 24 month
Frames	\$0 Copayment up to \$150 allowance, 20% off balance over allowance	Op. 10 4.10	period for each member covered under the plan. One set of lenses within a 12 month period for each member covered under
Contacts			the plan (In lieu of lenses + frames).
Conventional	\$0 copay up to \$150 allowance, 15% off	Out-of-network up to \$120)
Disposable	balance over allowance \$0 copay up to \$150 allowance	Out-of-network up to \$120	0
Medically Necessary	Paid in Full	Up to \$200	One set of lenses within a 12 month period for each member covered under
Lens Options			the plan.
and the same and a	\$40 Copayment	Up to \$0	
Standard Polycarbonate Standard Polycarbonate (For cove dependent children under 19 years	red \$0 Copayment	Up to \$5	
age)	\$15 Copayment	Up to \$0	
UV Treatment	\$15 Copayment	Up to \$0	
Tint	\$15 Copayment	Up to \$0	·
Standard Plastic Scratch Coating Standard Progressive Lenses (add			
to Bifocal) Premium Progressive Lenses (add to Bifocal)	d on \$65 Additional Copaymen 20% off retail price less \$120 allowance		
Standard Anti-Reflective Coating	\$45 Copayment	Up to \$0	
Other Lens Options	20% off retail	N/A	And the second s

• 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.