

2019 BLUE CROSS VISION VALUE STANDARD PLAN – OPTION 1

SMALL EMPLOYERS (2 – 50)



A Blue Cross Vision plan promotes good health and makes it easier for the whole family to get proper eye care at low or no cost to you.

Your employer is offering a Blue Cross Vision plan to help you care for your eyes and protect your health. The plan offers many ways to save and gives you lots of choice in providers and eyewear. Be sure to sign up for this important health benefit.

SAVE ON EYE CARE AND EYEWEAR

Your Blue Cross Vision plan gives you more ways to save on eye care — from exams to eyewear.

- **Eye exams** The plan pays 100 percent of your routine eye exam after you pay a small copay when you see a vision provider in the Davis Vision network.
- **Eyeglasses and contact lenses** You'll receive discounts on eyeglasses and contact lenses at both private practice providers and top optical retailers who are in the network.

Choices that deliver the greatest savings:

- **Davis Vision Exclusive Collection of Frames**

The plan covers most or all of the cost of eyeglasses when you choose from the Davis Vision Exclusive Collection of Frames available at a private practice provider. Your Exclusive Collection frames come with a full one-year breakage warranty at no additional cost.

- **Visionworks** When you choose Visionworks, you'll have access to one of the nation's largest vision retailers. Plus, you'll save even more on eyeglass frames than with other retailers in the network. See the benefit chart on back for details.

ENJOY MORE CHOICE

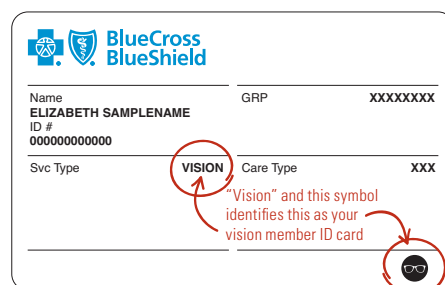
Your Blue Cross Vision plan gives you lots of choice, so you can find the eye care and eyewear that's right for you.

- **Providers** See an eye care professional at top retail locations, including Visionworks, Sam's Club, Costco or Walmart. Or choose an eye care professional in a private practice. Optometrist or ophthalmologist. The choice is yours. See a complete list of providers in our large national network at bluecrossmn.com/findaneyedoctor.

- **Eyewear and features** Select from some of the most fashionable and popular frames available, including designer frames. For a small copay, you can also add features like scratch protection or anti-reflective coating.

YOUR NEW MEMBER ID CARD

When you've enrolled in a Blue Cross Vision plan, you'll be sent your new Blue Cross Vision member ID card. If you also have a Blue Cross medical plan, you will have an ID card for your vision plan and a separate ID card for your medical plan.



SIGN UP TODAY

Talk to your employer to sign up or to get more information.

2019 BLUE CROSS VISION: VALUE STANDARD PLAN – OPTION 1

		VALUE STANDARD	
		Option 1	
		In-network benefit	Out-of-network reimbursements
EYE EXAM – One exam every 12 months			Eye exam: \$40
Eye exam - Includes dilation when recommended by eye care professional		100% after \$10 copay	Frames: \$50
PRESCRIPTION GLASSES – Benefit available for eyeglass lenses OR contact lenses once every 12 months			Lenses:
Lenses* - Single vision, lined bifocal, trifocal, lenticular		100% after \$25 copay	- Single vision: \$40 - Bifocal/progressive: \$60 - Trifocal: \$80 - Lenticular: \$100 - Visually required: \$225
Frames Davis Vision Exclusive Collection** - Fashion level - Designer level - Premier level Non-Davis Vision Exclusive Collection - Visionworks stores - Frames available from other participating retailers		1 every 12 months 100%; no copay 100%; no copay 100%; \$25 copay No copay; plan pays up to \$180 plus 20% of remaining costs*** No copay; plan pays up to \$130 plus 20% of remaining costs***	Contact lenses (Elective): \$105
EYEGLASS ENHANCEMENTS – Member charges			
- Tinting of plastic lenses - Scratch-resistant coating - Polycarbonate lenses - Dependent children, monocular patients and those with a prescription of +/- 6.00 diopters or greater - Adults - Ultraviolet coating - Anti-reflective coating - Progressive lenses - High index lenses - Polarized lenses - Plastic photochromic lenses - Scratch protection plan		Member pays \$0 Member pays \$0 Member pays \$0 Member pays \$30 Member pays \$12 Standard: \$35 / Premium: \$48 / Ultra: \$60 Standard: \$50 / Premium: \$90 / Ultra: \$140 Member pays \$55 Member pays \$75 Member pays \$65 Single vision: \$20 / Multifocus vision: \$40	*Your plan covers a wide variety of lenses. Be sure the lenses you choose are covered by your plan. You'll have to pay the full cost for lenses your plan doesn't cover. Your eyecare/eyewear provider can assist you with this, or you can contact customer service at the number on your vision member ID card. ** Davis Vision Exclusive Collection available at most independent providers and private practice locations. Collection is subject to change. *** Additional discount not available at Costco, Walmart and Sam's Club.
CONTACT LENS – Benefit available for eyeglass lenses OR contact lenses once every 12 months			†Available in private practice locations. ††Available in participating retail locations.
Collection contact lenses† - Disposable - Non-disposable - Evaluation, fitting and follow-up care		up to 4 boxes/multi-packs up to 2 boxes/multi-packs 100% after \$25 copay	†††Visually required (also known as medically necessary) means that optimal visual correction cannot be achieved with prescription eyeglasses but can be achieved with contact lens wear. Conditions that may commonly justify visually required lenses include keratoconus, anisometropia, aniseikonia, high astigmatism, pathological myopia, post-traumatic disorders, aphakia, aniridia, and certain corneal conditions.
Non-collection contact lens allowance†† - Evaluation, fitting and follow-up care for standard lenses - Evaluation, fitting and follow-up care for specialty lenses		Plan pays up to \$130 plus 15% of remaining costs*** 100% after \$25 copay	
Visually required contact lenses††† (preauthorization required) - Materials		\$25 copay; after copay, plan pays up to \$60 plus 15% of remaining costs*** 100%	This plan provides vision coverage only. Your vision plan's benefit booklet will contain more details on standard plan exclusions and frequency limitations. You may enroll in a Blue Cross Vision plan at any time. Coverage is generally effective the first of the month following approval of the application.
- Evaluation, fitting and follow-up care		100% after \$25 copay	

NOTICE OF NONDISCRIMINATION PRACTICES

Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

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>
- by phone at:
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမူကတိကညီကိုးခိုး, တကယ့်နမူကတိတမ္ဘာကလိတဖန်နဲ့လိ. ကိ: 1-866-251-6744 လာ TTY
အဂီ, ကိ: 711 တက့.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي
اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

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한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមិន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojí éí béesh bee hodííłnih 1-855-902-2583. TTY biniiyégo éí 711 jì' béesh bee hodííłnih.