



VALUE ENHANCED EYEWEAR ONLY – OPTION 1

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Option 1	
In-network benefit	Out-of-network reimbursements
PRESCRIPTION GLASSES – Benefit available for eyeglass lenses or contact lenses once every 12 months	
Lenses* Single vision, lined bifocal, trifocal, lenticular, polycarbonate (dependent children)	100% after \$10 copay
Frames	1 every 12 months
Davis Vision Exclusive Collection** - Fashion level - Designer level - Premier level	100%; no copay 100%; no copay 100%; \$25 copay
Non-Davis Vision Exclusive Collection - Visionworks stores - Frames available from other participating retailers	No copay; plan pays up to \$180 plus 20% of remaining costs** No copay; plan pays up to \$130 plus 20% of remaining costs**
EYE GLASS ENHANCEMENTS	
- 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 - Antireflective coating - Progressive lenses - High-index lenses - Polarized lenses - Plastic photochromic lenses - Scratch protection plan	Member pays \$0 Standard: \$0 / Premium: \$30 Member pays \$0 Member pays \$30 Member pays \$12 Standard: \$35 / Premium: \$48 / Ultra: \$60 / Ultimate: \$85 Standard: \$50 / Premium: \$90 / Ultra: \$140 / Ultimate: \$175 Member pays \$55 / \$120 Member pays \$75 Member pays \$65 Single vision: \$20 / Multifocus vision: \$40
CONTACT LENSES – Benefit available for eyeglass lenses or contact lenses once every 12 months	
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 \$10 copay
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 \$10 copay \$10 copay; after copay, plan pays up to \$60 plus 15% of remaining costs**
Visually required contact lenses††† (preauthorization required)	
- Materials	100%
- Evaluation, fitting and follow-up care	100% after \$10 copay
Frames: \$50 Lenses: - Single vision: \$40 - Bifocal/progressive: \$60 - Trifocal: \$80 - Lenticular: \$100 Contact lenses: - Elective: \$105 - Visually required: \$225 *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. †Available in private practice locations. ††Available in participating retail locations. †††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.	

This plan provides vision coverage only. Your vision plan's benefit booklet will contain more details on standard plan exclusions and frequency limitations.

Davis Vision is an independent company providing vision benefit management services and access to their network.

Each provider in the network is an independent contractor and is not our agent. If you receive services from a nonparticipating provider, you will be responsible for the difference between what Blue Cross will reimburse and what the provider bills.

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.

နမ့်ကတိကညိကျိးဒီး, တၢ်ကဟ့ၣ်နၢကျိၣ်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. ကိး 1-866-251-6744 လၢ TTY
အဂီၢ်, ကိး 711 တက့ၢ်.

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.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមែន 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 hodíílnih 1-855-902-2583. TTY biniy'égo éí 711 jì' béesh bee hodíílnih.