EHB Supplemental Vision Renewal Benefit Summary

Group: CareHarmony, Inc. **Group ID:** 136376 - 1

Plan Information

Plan Name: Voluntary Vision Supp 01

This BlueCross BlueShield of Tennessee Supplemental Vision Plan is designed as a supplement to an Essential Health Benefits (EHB) medical plan, which includes pediatric vision benefits.

Members under the age of 19 may not be covered by this supplemental plan unless they are not enrolled in an EHB medical plan.

Member Advantage

- Utilizes the same vision network used for the BlueCross BlueShield EHB medical pediatric benefits; maintains consistency and simplicity.
- Comprehensive benefits that cover all routine vision care needs and promote member eye health and wellness.
- Savings of up to 40% off retail pricing, and unlimited additional discounts after the funded benefits have been used.
- Supplemental Plans offer the opportunity for single ID cards, which means less confusion for members and providers alike.

Benefits and Eligibility

- This plan is different from the standardized pediatric benefits contained in an EHB medical plan, so it is important to review prior to seeking service.
- Limitations such as allowances and copays are specified in the Schedule of Benefits.
- When a member reaches the age of 19 and is no longer covered by their EHB pediatric vision benefits, he/she is eligible to be added to this plan due to the loss in coverage, which is a qualifying event. As with all qualifying events, subscribers have 31 days to add a newly eligible member to the plan. If the member is not added within 31 days, they must wait until the next open enrollment period.
- Individuals that turn 19 and did not have prior EHB pediatric vision benefits because they were not enrolled in an EHB medical plan, containing pediatric vision benefits, are eligible to add the plan at open enrollment.
- Benefits, eligibility, and claims may be viewed 24/7 using BlueAccess at bcbst.com, or verified by calling the member service number on the ID card.

BlueCross BlueShield
of Tennessee

Independent Licensee of
the BlueCross BlueShield Association

BlueCross BlueShield of Tennessee
1 Cameron Hill Circle, Chattanooga, TN 37402

bcbst.com

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Vision Care Services

Covered Services	Member Cost	Out-of-Network Allowance
Exam		
Exam with Dilation as Necessary	$10 Copay	up to $35
Contact Lens Fit and Follow-Up		
Standard	$55 Copay	Not Covered
Premium	10% off retail	Not Covered
Frames		
Any available frame at provider location	$0 Copay; $100 allowance; 20% off remaining balance	up to $50
Standard Plastic Lenses		
Single Vision	$25 Copay	up to $30
Bifocal	$25 Copay	up to $45
Trifocal	$25 Copay	up to $60
Standard Progressive Lens	Additional $65 Copay	up to $45
Premium Progressive Lens	Additional $65 Copay; $120 Allowance; 20% off remaining balance	up to $45
Lens Options		
UV Treatment	$15	Not Covered
Tint (Solid and Gradient)	$15	Not Covered
Standard Plastic Scratch Coating	$15	Not Covered
Standard Polycarbonate	$40	Not Covered
Standard Anti-Reflective Coating	$45	Not Covered
Polarized	20% off retail	Not Covered
Other Add-ons	20% off retail	Not Covered
Contact Lenses *(Contact lens allowance includes materials only)*		
Conventional	$0 Copay; $100 allowance; 15% off remaining balance	up to $80
Disposable	$0 Copay; $100 allowance	up to $80
Medically Necessary	$0 Copay; Paid-in-full	up to $200

Covered Services (cont.)	Member Cost	Out-of-Network Allowance
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off Promotional Price	N/A
Additional Pairs Benefits		
Additional Pairs Benefits	Members also receive a 40% discount on purchases of complete pairs of eyeglasses and a 15% discount on conventional contact lenses once the funded benefit has been used.	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frames	Once every 24 months	
Diabetic Eye Care *(Care and testing for diabetic members)*		
Diabetic Eye Care	Up to 2 services per year for each listed service**	
Exam	$0	Up to $77
Retinal Imaging	$0	Up to $50
Extended Ophthalmoscopy	$0	Up to $15
Gonioscopy	$0	Up to $15
Scanning Laser	$0	Up to $33

**Some or all of the diagnostic services described above will be provided as deemed appropriate, subject to provider determination of service necessity and the benefit frequency limitations referenced above.

- This document serves as a summary of benefits that are contained in the Evidence of Coverage (EOC). Please refer to the EOC for detailed plan information.
- Members receive a 20% discount on items not covered by the plan when a network provider is used. Discounts do not apply to a provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered.
- ***Diabetic Eye Care included in this plan.***

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex[1]. BlueCross does not exclude people or treat them less favorably because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as: (1) qualified sign language interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language assistance services to people whose primary language is not English, such as: (1) qualified interpreters and (2) information written in other languages.

If you need these reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Grievance; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

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, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD).Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

You can contact BlueCross's Nondiscrimination Coordinator at 423-535-1010 (TTY: 1-800-848-0298 or 711); Nondiscrimination_CoordinatorGM@bcbst.com (email); or Corporate Compliance, 1 Cameron Hill Circle, 1.4, Chattanooga, TN 37402.

This notice is available at BlueCross's website: bcbst.com.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.

[1] Consistent with the scope of sex discrimination described at 45 CFR 92.101(a)(2))

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Si usted es miembro, llame al número de Servicio de atención a miembros que figura al reverso de su tarjeta de identificación de Miembro o al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. إذا كنت عضوًا، فاتصل برقم خدمة الأعضاء الموجود على ظهر بطاقة هوية العضو أو بالرقم 1-800-565-9140 (الهاتف النصي: 1-800-848-0298).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。若您是會員，請撥打會員 ID 卡背面的會員服務部號碼或 1-800-565-9140（聽障專線 (TTY)：1-800-848-0298）。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Nếu quý vị là hội viên, hãy gọi đến số Dịch vụ Hội viên ở mặt sau thẻ ID Hội viên của quý vị hoặc 1-800-565-9140 (TTY: 1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 가입자의 경우, 가입자 ID 카드 뒷면의 가입자 서비스 전화번호 또는 1-800-565-9140(TTY: 1-800-848-0298) 번으로 전화하시기 바랍니다.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes adhérent, appelez le numéro du Service adhérents indiqué au dos de votre carte d'assuré adhérent ou appelez le 1-800-565-9140 (TTY/ATS : 1-800-848-0298).

ATTENTION: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Falls Sie ein Mitglied sind, rufen Sie die Nummer des Mitgliederdienstes auf der Rückseite Ihrer Mitglieds-ID-Karte oder 1-800-565-9140 (TTY: 1-800-848-0298) an.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。会員のお客様は、会員IDカードの裏面に記載の会員サービス番号あるいは1-800-565-9140 (TTY: 1-800-848-0298)まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Kung ikaw ay isang miyembro, tawagan ang numero ng Serbisyo sa Miyembro na nasa likod ng iyong Kard ng ID ng Miyembro o sa 1-800-565-9140 (TTY: 1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। अगर आप सदस्य हैं तो अपने सदस्य आईडी कार्ड के पीछे दिए गए नंबर या 1-800-565-9140 (TTY: 1-800-848-0298) पर सदस्य सेवा नंबर पर फ़ोन करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Если Вы являетесь участником, позвоните в отдел обслуживания участников по номеру, указанному на обратной стороне Вашей идентификационной карты участника, или по номеру 1-800-565-9140 (TTY: 1-800-848-0298).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. درصورتیکه عضو هستید، با شماره خدمات اعضا در پشت کارت شناسایی عضو خود یا 1-800-565-9140 (TTY: 1-800-848-0298) تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Si ou se yon manm, rele nimewo Sèvis Manm ki sou do kat ID Manm ou an oswa 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Członkowie mogą dzwonić pod numer działu Member Service podany na odwrocie karty identyfikacyjnej członka lub numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Caso seja membro, ligue para o telefone do serviço de Atendimento ao Membro informado no verso de seu cartão de identificação de membro ou para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Se è un membro, chiami il numero del Servizio per i membri riportato sul retro della Sua scheda identificativa del membro oppure il numero 1-800-565-9140 (TTY: 1-800-848-0298).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló. Naaltsoos bee ná ha'dit'éego, Naaltsoos Bá Hada'dit'éhígíí ninaaltsoos nitł'ízí bee nééhozinígíí bine'dęę' Naaltsoos Bá Hada'dit'éhígíí Bee Aka'anída'awo'í bibéésh bee hane'í bíká'ígíí bee hodíłnih doodago 1-800-565-9140 (Doo Adínits'agóógo ǫ TTY: 1-800-848-0298) bee hodíłnih.

WICHDICH: Wann du Deitsch schwetzscht un witt en Translator, kenne mer eener griege fer dich unni as es dich ennich ebbes koschte zellt. Wann du en Member bischt, ruf der Member Service Number uff as uff die hinnerscht Seit vun dei Member ID Card is odder ruf 1-800-565-9140 (TTY: 1-800-848-0298) uff.

FAAMATALAGA: Afai e te tautala i le Gagana Samoa, o lo'o avanoa mo oe auaunaga fesoasoani i le gagana e leai se totogi. Afai o oe o se sui, fa'amolemole vala'au le numera o le Member Service o lo'o i tua o lau pepa ID po'o le 1-800-565-9140 (TTY: 1-800-848-0298).

ATENSHUN: Gare iga gogal Kapasal Falawasch, ye fri ngalug yamem bwe tepangug rel iye kepat kaale. Nge gare iga gel gosa fasiul log bwe semal member, gosa kol yegili nampal Member Service woal pak rel Member ID kard la yamw gare kol yegili 1-800-565-9140 (TTY: 1-800-848-0298).

ATENSION: Kumu un tungo fuminu' Chamoru, guaha dibatdi na setbision asistimentun lengguahi para hågu. Kumu membro hao, pot fabot agang i Setbision Membro na numeru gi santatin iyomu ID card Membro pat 1-800-565-9140 (TTY: 1-800-848-0298).