

BlueCross BlueShield of TN

VisionBlue Renewal Rate Sheet

An Independent Licensee of the BlueCross BlueShield Association

Effective January 1, 2019

Name: Hardeman County Board of Education**Quote:** 22**VisionBlue****Note:** Rates are based on a Renewal Effective date of 1/1/2019**Base Vision**

Employer Contribution	No - Voluntary
Exam Copay	\$10
Materials Copay	\$0
Frames Frequency	12/12
Frames, Lenses, and Lens	\$50
Options	
Contact Lenses	\$50

Vision Rates

Four-Tier Coverage	Vision Covg.	Cobra Admin *	Total Rate
Individual	\$3.91	\$0.00	\$3.91
Ee/Spouse	\$7.82	\$0.00	\$7.82
Ee/Child(ren)	\$8.21	\$0.00	\$8.21
Family	\$12.90	\$0.00	\$12.90

Services:**Exam with Dilation as Necessary:****In-Network**

\$10 Copay

Out-Of-Network Allowance

\$35

Exam Options:

Standard Contact Lens Fit and Follow-Up:	\$55 Copay	N/A
Premium Contact Lens Fit and Follow-Up:	10% Off Retail	N/A

Frames, Lenses and Lens Options Package:

(Any frame, lens, and lens options available at provider location)

\$0 Copay; \$50 Allowance
20% Off Balance Over Allowance \$25**Contact Lenses:**

Conventional	\$0 Copay; \$50 Allowance 15% Off Balance Over Allowance	\$40
Disposable	\$0 Copay; \$50 Allowance	\$40
Medically Necessary	Paid-in-Full	\$200

Frequency:

Examination	Once Every 12 Months
Frames & Lenses OR Contact Lenses	Once Every 12 Months

Notes: Rates are guaranteed 1/1/19 - 12/31/19 and include 10% commission.

*COBRA Admin: None

Quote #: 22

Total Group Size: 74

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Rep: Michele Myers

Completed

