

## 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:** 23**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	\$25
Frames Frequency	12/24
Frames Allowance	\$125
Contacts Allowance	\$125

**Vision Rates**

Four-Tier Coverage	Vision Covg.	Cobra Admin *	Total Rate
Individual	\$5.86	\$0.00	\$5.86
Ee/Spouse	\$11.72	\$0.00	\$11.72
Ee/Child(ren)	\$12.30	\$0.00	\$12.30
Family	\$19.33	\$0.00	\$19.33

**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:**

\$0 Copay; \$125 Allowance  
20% Off Balance Over Allowance

\$63

**Standard Plastic Lenses:**

Single Vision:	\$25 Copay	\$25
Bifocal:	\$25 Copay	\$40
Trifocal:	\$25 Copay	\$55
Lenticular:	\$25 Copay	\$55
Standard Progressive:	\$90 Copay	\$40
Premium Progressive:	\$90 Copay, 20% Off Retail Price Less \$120	\$40

**Lens Options:**

UV Coating	\$15 Copay	N/A
Tint (Solid and Gradient)	\$15 Copay	N/A
Standard Scratch Resistance	\$15 Copay	N/A
Standard Polycarbonate (Adult)	\$40 Copay	N/A
Standard Polycarbonate (Under Age 19)	\$0 Copay	\$5
Standard Anti-Reflective Coating	\$45 Copay	N/A
Other Lens Options	20% Off Retail	N/A

**Contact Lenses:**

Conventional	\$0 Copay; \$125 Allowance 15% Off Balance Over Allowance	\$100
Disposable	\$0 Copay; \$125 Allowance	\$100
Medically Necessary	Paid-in-Full	\$200

**Frequency:**

Examination	Once Every 12 Months
Frame	Once Every 24 Months
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 #: 23

Total Group Size: 232

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