VisionBlue
BlueCross BlueShield of Tennessee

State of Tennessee **Governments / Municipalites Plan Options***	***Basic***	***Enhanced Plan***
Exam with Dilation as Necessary	$10 Copay	$10 Copay
Retinal Imaging Benefit	Up to $39 Copay	Up to $39 Copay
Exam Options		
Standard Contact Lens Fit and Follow-Up:	Up to $55	Up to $55
Premium Contact Lens Fit and Follow-Up:	10% off Retail Price	10% off Retail Price
Frames Any available frame at provider location	$0 Copay; $50 Allowance, 20% off balance over $50	$0 Copay; $125 Allowance, 20% off balance over $125
Standard Plastic Lenses		
Single Vision	Included as part of the $50 Frame allowance, 20% off balance over $50	$25 Copay
Bifocal		$25 Copay
Trifocal		$25 Copay
Lenticular		$25 Copay
Standard Progressive Lens**		$90 Copay
Premium Progressive Lens**		$90, 80% of Charge less $120 Allowance
Lens Options:		
UV Treatment	Included as part of the $50 Frame allowance, 20% off balance over $50	15 Copay
Tint (Solid and Gradient)		15 Copay
Standard Plastic Scratch Coating		15 Copay
Standard Polycarbonate - Adults		$40 Copay
Standard Polycarbonate - Kids under 19		$0 Copay
Standard Anti-Reflective Coating		$45 Copay
Polarized		20% off Retail Price
Other Add-Ons		20% off Retail Price
Contact Lenses (in lieu of Frames/Lenses) *(Contact lens allowance includes materials only)*		
Conventional	$0 Copay; $50 allowance, 15% off balance over $50	$0 Copay; $125 allowance, 15% off balance over $125
Disposable	$0 Copay; $50allowance, plus balance over $50	$0 Copay; $125 allowance, plus balance over $125
Medically Necessary	$0 Copay, Paid-in-Full	$0 Copay, Paid-in-Full
Laser Vision Correction Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	15% off Retail Price or 5% off promotional price
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.
Frequency:		
Examination	Once every 12 months	Once every 12 months
Lenses or Contact Lenses	Once every 12 months	Once every 12 months
Frame	Once every 12 months	Once every 24 months
Out-of-Network Benefits (Allowances)		
All Eye Exams	$35	$35
Frames	$25 (combined for Frames, Lenses, & Lens Options)	$63
Single Vision Lenses		$25
Bifocal Lenses		$40
Trifolcal Lenses		$55
Lenticular Lenses		$55
Standard Progressive Lenses		$40
Premium Progressive Lenses		$40
Conventional/Disposable Contacts	$40	$100
Medically Necessary Contacts	$200	$200

Monthly Premium Rates	**Basic**	**Enhanced**
Employee Only	$3.91	$5.86
Employee + Spouse	$7.82	$11.72
Employee + Child(ren)	$8.21	$12.30
Family	$12.90	$19.33

* This is intended as a brief summary of benefits.
** Standard/Premium Progressive lenses not covered - fund as a Bifocal Lens