

## BlueVision Benefit Summary for Group Vision Plan 1

### Provider Network:

You can locate an in-network provider by visiting **floridablue.com** and clicking on **Find a Doctor**. Choose the BlueVision network and add your zip code to find a vision provider near you. If you do not receive care from an in-network provider for the services listed below, you will have to pay the full cost of the service (except in certain situations such as emergencies) and may be reimbursed up to the amount listed if you file a claim.

### Additional Benefits and Features:

- **Additional Allowance:** Receive an additional \$50 allowance towards frames purchased at Visionworks.
- **Additional Discounts:** Receive 50% off of additional pairs of eyeglasses at Visionworks retail locations nationally. At most other participating network offices member will receive a 20% courtesy discount on items not covered by the benefit, e.g., second pairs, sunglasses, etc.<sup>1</sup>
- **Scratch Protection Plan:** Standard scratch-resistant coating is available free of charge for plastic lenses.
- **Free One-Year Breakage Warranty:** All eyeglasses come with a breakage warranty for repair/replacement of the frame/lenses for a period of one year from the date of delivery.

In-Network Benefits	
Benefit Frequency	Once Every
Eye Examination inclusive of Dilation (when professionally indicated)	12 Months
Spectacle Lenses	12 Months
Frame	24 Months
Contact Lens Evaluation, Fitting & Follow-Up Care	12 Months
Contact Lenses (in lieu of eyeglasses)	12 Months
Copayments	In-Network Benefit
Eye Examination	\$10 Copayment
Spectacle Lenses	\$25 Copayment
Contact Lens Evaluation, Fitting & Follow-Up Care	Not Covered
Eyeglass Benefit – Frame	In-Network Benefit
Non-Collection Frame Allowance (Retail):	Plan covers up to \$100 plus a 20% discount on any overage <sup>1</sup>
Exclusive Frame Collection <sup>3</sup> (in lieu of Allowance):	
Fashion level	Included
Designer level	\$15
Premier level	\$40

<sup>1</sup>Additional discounts not applicable at Walmart or Sam's Club locations.

<sup>3</sup>Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocal.

<b>Additional Lens Options</b>	<b>In-Network Benefit (Member Cost)</b>
Standard Clear Plastic Lenses (any size or Rx)	Included
Tinting of Plastic Lenses	\$15
Polycarbonate Lenses (Children/ <sup>2</sup> / Adults)	\$0 / \$35
Intermediate-Vision Lenses	\$30
High-Index Lenses	\$60
Polarized Lenses	\$75
Plastic Photosensitive Lenses	\$70
Scratch-Resistant Coating	Included
Ultraviolet Coating	\$15
Anti-Reflective (AR) Coating (Standard / Premium / Ultra)	\$40 / \$55 / \$69
Progressives Lenses (Standard / Premium / Ultra)	\$65 / \$105 / \$140
Scratch Protection Plan: Single Vision / Multifocal Lenses	\$20 / \$40
One-Year Breakage Warranty	Included
<b>Contact Lens Benefit (in lieu of eyeglasses)</b>	<b>In-Network Benefit</b>
<b>Non-Collection Contact Lenses:</b> Materials Allowance	Plan covers up to \$100 plus a 15% discount on any overage <sup>1</sup>
Evaluation, Fitting & Follow-Up Care – Standard Lens Types	15% Discount
Evaluation, Fitting & Follow-Up Care – Specialty Lens Types	15% Discount
<b>Collection Contact Lenses (in lieu of Allowance)<sup>3</sup>:</b> Materials Allowance	Not Covered
Evaluation, Fitting & Follow-Up Care – Standard Lens Types	Not Covered
Evaluation, Fitting & Follow-Up Care – Specialty Lens Types	Not Covered
<b>Medically Necessary Contact Lenses (with prior approval):</b> Materials, Evaluation, Fitting & Follow-Up Care	Included
<b>Out-of-Network Reimbursement Schedule</b>	<b>Amount Member Reimbursed</b>
Eye Examination	Up to \$40
Frame	Up to \$50
Single Vision Lenses	Up to \$40
Bifocal/Progressive Lenses	Up to \$60
Trifocal Lenses	Up to \$80
Lenticular Lenses	Up to \$100
Elective Contact Lenses	Up to \$80
Medically Necessary Contact Lenses	Up to \$225

<sup>1</sup>Additional discounts not applicable at Walmart or Sam's Club locations.

<sup>2</sup>Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

<sup>3</sup>Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

**Nondiscrimination and Accessibility Notice (ACA §1557)**

Florida Blue and Florida Blue HMO comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. Florida Blue and Florida Blue HMO does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Florida Blue and Florida Blue HMO provide free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact 1-800-352-2583.

If you believe that Florida Blue and Florida Blue HMO 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 with:

Senior Manager of Business Ethics  
4800 Deerwood Campus Parkway, DC1-7  
Jacksonville, FL 32246  
Phone 800-477-3736 x29070 (TTY: 800-955-8770)  
Fax 904-301-1580  
Email [section1557coordinator@floridablue.com](mailto:section1557coordinator@floridablue.com)

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our Senior Manager of Business Ethics is available to help you.

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>.

**Florida Blue and Florida Blue HMO:** [1-800-352-2583]  
**TTY:** 800-955-8770

Have a disability? Speak a language other than English? Call to get help for free.

¿Habla español? ¿Tiene alguna discapacidad? Llame para obtener ayuda de forma gratuita.

Èske w pale kreyòl ayisyen? Èske w andikape? Rele nou pou w jwenn èd gratis.

Quý vị nói tiếng Việt? Quý vị bị khuyết tật? Hãy gọi trợ giúp miễn phí.

Você fala português? Tem alguma deficiência? Telefone para obter assistência.

您会讲中文吗? 是否为伤残人士? 如需帮助, 请拨打我们的免费电话:

Vous parlez français ? Vous avez une incapacité ? Appelez pour recevoir une assistance gratuite.

Nagsasalita ng Tagalog o Filipino? May kapansanan? Tumawag para sa libreng tulong.

Вы говорите по-русски? Вы являетесь инвалидом? Свяжитесь с нами для получения бесплатной помощи по телефону

هل تتحدث (العربية)? تعاني من إعاقة؟ اتصل للحصول على مساعدة مجانية.

Parli italiano? Hai una disabilità? Chiama per un'assistenza gratuita.

Sprechen Sie deutsch? Haben Sie eine Behinderung? Rufen Sie an, um kostenlos Hilfe zu erhalten.

한국어 통역이 필요하세요? 장애가 있나요? 전화하시면 무료로 도와드립니다.

Mówisz po polsku? Jesteś osobą niepełnosprawną? Zadzwoń po bezpłatną pomoc.

ગુજરાતી બોલો છો? અક્ષમતા ધરાવો છો? મફત સહાયતા મેળવવા ફોન કરો.

พูดภาษาไทยได้? เป็นผู้พิการหรือไม่? โทรศัพท์ขอรับคำปรึกษาได้ฟรี

日本語をご希望ですか? 障害をお持ちですか? 無料の電話サービスをご利用ください。

به زبان فارسی صحبت می کنید؟ دارای معلولیت هستید؟ برای دریافت کمک رایگان تماس بگیرید