

VISION INSURANCE

Summary of Vision Benefits

City of Leander

PLAN 5: 12/12/24/\$150

MS 600 V

Frequency

Examination	Once every 12 months
Lenses or contact lenses	Once every 12 months
Frame	Once every 24 months
Contact lens eval/fitting	N/A

Vision Care Services

	In-Network Member Cost	Out-of-Network Reimbursement*
Exam with dilation as necessary	\$10 copay	Up to \$30
Contact lens fit and follow-up	Up to \$40 for standard; 10% off retail price for premium	N/A

Frames

Any available frame at provider location	\$0 copay, \$150 allowance, 20% off balance over \$150	Up to \$75
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Standard Lenses

Single vision	\$10 copay	Up to \$25
Bifocal	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$55
Lenticular	\$10 copay	Up to \$55
Standard progressive lens	\$75 copay	Up to \$40
Premium progressive lens	See table on page 2.	Up to \$40

Lens Options

Tint (solid and gradient)	\$15	N/A
Scratch resistant coating	\$0	Up to \$5
Polycarbonate lenses	\$0 kids; \$40 adults	Up to \$5 kids
Ultraviolet coating	\$15	N/A
Anti-reflective coating	See table on page 2.	N/A
High index lenses	20% off retail	N/A
Polarized lenses	20% off retail	N/A
Photocromatic/transitions plastic	\$75	N/A

Contact Lenses (in lieu of spectacle lenses)

Conventional	\$0 copay, \$150 allowance, 15% off balance over \$150	Up to \$120
Disposable	\$0 copay, \$150 allowance, plus balance over \$150	Up to \$120
Medically necessary	\$0 copay, paid-in-full	Up to \$210

Other

Laser vision correction	15% retail price or 5% off promotional price	N/A
Additional pairs benefit	40% off purchase of complete pair of eyeglasses and a 15% off conventional contact lenses once the funded benefit has been used	N/A
Amplifon hearing discount	40% off hearing exams and low price guarantee on discounted hearing aids	N/A
Additional discounts	20% off non-covered items with limitations	N/A

Monthly Premium

Employee	\$8.08
Employee + spouse	\$15.36
Employee + child(ren)	\$16.15
Employee + family	\$23.76

Eligibility: All active full-time employees as defined by your employer. Dependent coverage is available to age 26.



Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only.

Take a sneak peek before enrolling

- For a complete list of in-network providers near you, visit eyemedvisioncare.com/bcbstxvis or call 1.855.556.8796.
- For LASIK providers, call 1.877.5LASER6.



BlueCross BlueShield of Texas

Vision Care

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148.

VISION INSURANCE

Summary of Benefits Continued

Progressive Price List ²	Member Cost In-Network
Standard progressive	\$75 copay

Premium progressives ³ as follows:	
Tier 1	\$95 copay
Tier 2	\$105 copay
Tier 3	\$120 copay
Tier 4	\$75 copay. 80% of charge less \$120 allowance

Anti-Reflective Coating Price List ²	Member Cost In-Network
Standard anti-reflective coating	\$45

Premium anti-reflective ³ coatings as follows:	
Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge

Other Add-ons Price List	Member Cost In-Network
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Plan Exclusions

1. Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; aniseikonic lenses
2. Medical and/or surgical treatment of the eye, eyes or supporting structures
3. Any eye or vision examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear
4. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof
5. Plano (non-prescription) lenses and/or contact lenses
6. Non-prescription sunglasses
7. Two pair of glasses in lieu of bifocals
8. Services rendered after the date an insured person ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order
9. Services or materials provided by any other group benefit plan providing vision care

Here's How to Access the EyeMed Member App



1. DOWNLOAD

Search "EyeMed Members" in your App store, iTunes or Google Play.



2. OPEN

You can use some features right away; others unlock once you register.



3. REGISTER

You'll need your member ID or the last four digits of your Social Security number.



4. LOG IN

It's that easy!

	Ready when you download	Unlocked when you register
Find nearby network providers	<input checked="" type="checkbox"/>	
On-the-fly appointment scheduling	<input checked="" type="checkbox"/>	
Turn-by-turn directions and map	<input checked="" type="checkbox"/>	
Eye exam and contact lens reminders		<input checked="" type="checkbox"/>
Electronic ID card for office visits		<input checked="" type="checkbox"/>
Save vision prescriptions		<input checked="" type="checkbox"/>
Benefit plan details		<input checked="" type="checkbox"/>
Answers to common questions	<input checked="" type="checkbox"/>	
Direct line to member support	<input checked="" type="checkbox"/>	

Get a Clear View

Download the EyeMed member app now and register to access your vision benefit information on the go!



LENSCRAFTERSSM

