

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement*
Exam with Dilation as Necessary	\$15 Copay	\$45
Retinal Imaging	Up to \$39	N/A
Exam Options: Standard Contact Lens Fit and Follow-Up: Premium Contact Lens Fit and Follow-Up:	Up to \$40 10% off Retail Price	N/A N/A
Frames: Any available frame at provider location	\$0 Copay; \$150 Allowance, 20% off balance over \$150	\$82
Standard Plastic Lenses: Single Vision Bifocal Trifocal Lenticular Standard Progressive Lens Premium Progressive Lens	\$15 Copay \$15 Copay \$15 Copay \$15 Copay \$80 Copay See attached Fixed Fee Schedule	\$40 \$65 \$75 \$100 \$65 \$65
Lens Options: UV Treatment Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate - Adults Standard Polycarbonate - Kids under 19 Standard Anti-Reflective Coating Premium Anti-Reflective Polarized Photocromatic / Transitions Plastic Other Add-Ons	\$15 Copay \$15 Copay \$15 Copay \$40 Copay \$40 Copay \$45 Copay See attached Fixed Fee Schedule 20% off Retail Price \$75 Copay 20% off Retail Price	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A
Contact Lenses: (Contact lens allowance includes materials only) Conventional Disposable Medically Necessary	\$0 Copay; \$150 allowance, 15% off balance over \$150 \$0 Copay; \$150 allowance, plus balance over \$150 \$0 Copay, Paid-in-Full	\$120 \$120 \$210
Diabetic Care Rider	\$0 Copay; See attached Diabetic Care Rider	Varies
Laser Vision Correction Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	N/A
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.	N/A
Frequency: Examination Lenses or Contact Lenses Frame	Once every calendar year Once every calendar year Once every other calendar year	

* Member out-of-network reimbursement will be the lesser of the listed amount or the member's actual cost from the out-of-network provider.

Additional Discounts:

Member receives a 20% discount on items not covered by the plan at network Providers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered.

Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

The initial purchase of contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.contactsdirect.com.

The contact lens benefit allowance is applicable to this service.

Benefit Allowances provide no remaining balance for future use within the same Benefit Frequency.

Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice.



City of Memphis
 BlueCross Vision *Insight*
 Fixed Fee Schedule

Progressive Price List*	Member Cost In-Network (Includes Lens Copay)
Standard Progressive	\$80 copay
Premium Progressives as Follows:	
Tier 1	\$100 Copay
Tier 2	\$110 Copay
Tier 3	\$125 Copay
Tier 4	\$80 Copay, 80% of charge less \$120 allowance
Anti-Reflective Coating Price List*	Member Cost In-Network
Standard Anti-Reflective Coating	\$45 copay
Premium Anti-Reflective Coatings as Follows:	
Tier 1	\$57 copay
Tier 2	\$68 copay
Tier 3	80% of charge
Other Add-ons Price List	Member Cost In-Network
Photochromic (Plastic)	\$75
Polarized	80% of charge
EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs.	
*Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.	



City of Memphis
Diabetic Care Rider

Diabetic Care Services	Member Cost	Frequency	Out-of-Network Reimbursement
Office Service Visit (Medical Follow-up Exam) Type 1 and Type 2 diabetics.	Covered 100% \$0 copay	Up to (2) services per benefit year	\$77
Retinal Imaging * Type 1 and Type 2 diabetics.	Covered 100% \$0 copay <i>* Not covered if Extended Ophthalmoscopy is provided within 6 months</i>	Up to (2) services per benefit year	\$50
Extended Ophthalmoscopy * Type 1 and Type 2 diabetics.	Covered 100% \$0 copay <i>*Not covered if Retinal Imaging is provided within 6 months</i>	Up to (2) services per benefit year	\$15
Gonioscopy Type 1 and Type 2 diabetics.	Covered 100% \$0 copay	Up to (2) services per benefit year	\$15
Scanning Laser Type 1 and Type 2 diabetics.	Covered 100% \$0 copay	Up to (2) services per benefit year	\$33

Definitions:

Office Service Visit (Medical Follow-up Exam) Office visit for the evaluation and management of an established patient. The office visit includes patient history, follow-up examination services as deemed appropriate by the provider, and medical decision making.

Some or all of the diagnostic services described below will be provided as deemed appropriate, subject to provider determination of service necessity and the benefit frequency limitations referenced above. More comprehensive descriptions of these services are available in the Certificate of Insurance.

Retinal Imaging with interpretation and report. Retinal Imaging is a process using optical imaging equipment to photograph structures of the eye.

Extended Ophthalmoscopy with retinal drawing and interpretation and report. A serious retinal condition must exist or be suspected (based on results of routine ophthalmoscopy) which requires further detailed study.

Gonioscopy procedure to look at the anterior chamber structures of the eye between the cornea and the iris. Gonioscopy can be used in detection or treatment of conditions that can be more prevalent in diabetics such as glaucoma or neovascularization of the angle.

Scanning Laser Scanning computerized ophthalmic diagnostic imaging, posterior segment with interpretation and report.

Exclusions and Limitations

The Diabetic Benefit covers diabetic eyecare evaluation services only. The following services and benefits are excluded:

- 1] Costs associated with securing frames, lenses, or any other materials
- 2] Orthoptics or vision training and any associated supplemental testing
- 3] Surgical procedures, including laser or any other form of refractive surgery, and any pre or post-operative services
- 4] Pathological treatment of any type for any condition
- 5] Any eye examination required by an employer as a condition of employment
- 6] Insulin or any medications or supplies of any type
- 7] Services and/or materials not included in this Rider

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex¹. BlueCross does not exclude people or treat them less favorably because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as: (1) qualified sign language interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language assistance services to people whose primary language is not English, such as: (1) qualified interpreters and (2) information written in other languages.

If you need these reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross 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 ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Grievance; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

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>.

You can contact BlueCross's Nondiscrimination Coordinator at 423-535-1010 (TTY: 1-800-848-0298 or 711); Nondiscrimination_CoordinatorGM@bcbst.com (email); or Corporate Compliance, 1 Cameron Hill Circle, 1.4, Chattanooga, TN 37402.

This notice is available at BlueCross's website: bcbst.com.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.

¹ Consistent with the scope of sex discrimination described at 45 CFR 92.101(a)(2)

ATTENTION: If you speak English, free language assistance services and appropriate auxiliary aids and services are available to you. Please call the Member Service number on the back of your Member ID card or 1-800-565-9140 (TTY: 1-800-848-0298).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma, así como ayudas y servicios auxiliares adecuados. Llame al número de Servicio de atención a miembros que figura en el reverso de su tarjeta de identificación de miembro o al 1-800-565-9140 (TTY: 1-800-848-0298).

اتباه: إذا كنت تتحدث العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية والخدمات والأدوات المساعدة المناسبة. يرجى الاتصال برقم خدمة الأعضاء الموجود على ظهر بطاقة هوية العضو الخاص بك أو بالرقم (1-800-848-0298) (الهاتف النصي): 1-800-565-9140

注意: 如果您說中文，我們提供免費的語言協助服務，以及適當的輔助協助和服務。請撥打會員ID卡背面的會員服務部號碼或1-800-565-9140 (聽障專線 (TTY): 1-800-848-0298)。

LUU Ý: Nếu quý vị nói tiếng Việt, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các dịch vụ và công cụ hỗ trợ phù hợp. Vui lòng gọi đến số của bộ phận Dịch vụ Hội viên ở mặt sau Thẻ ID Thành viên của quý vị hoặc số 1-800-565-9140 (TTY: 1-800-848-0298).

주의: [한국어]를 사용하시는 경우, 무료 언어 지원 서비스 및 적절한 보조 기구와 서비스가 제공됩니다. 가입자 ID 카드 뒷면의 가입자 서비스 전화번호 또는 1-800-565-9140(TTY: 1-800-848-0298)번으로 전화하시기 바랍니다.

ATTENTION : Si vous parlez français, des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés sont à votre disposition. Veuillez appeler le numéro du Service adhérents indiqué au dos de votre carte d'assuré adhérent ou le 1-800-565-9140 (TTY/ATS : 1-800-848-0298).

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທີ່ ພາກສ່ວນໃຫ້ທ່ານ. ກະລຸນາໃຫ້ພາບເຂົ້າຮ່ວມຂອງທ່ານບໍລິການສະມາຊິກທີ່ມີຢູ່ດ້ານຫຼັງບັດ ID ສະມາຊິກຂອງທ່ານ ຫຼື 1-800-565-9140 (TTY: 1-800-848-0298).

ማለት: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທີ່ ພາກສ່ວນໃຫ້ທ່ານ. ກະລຸນາໃຫ້ພາບເຂົ້າຮ່ວມຂອງທ່ານບໍລິການສະມາຊິກທີ່ມີຢູ່ດ້ານຫຼັງບັດ ID ສະມາຊິກຂອງທ່ານ ຫຼື 1-800-565-9140 (TTY: 1-800-848-0298).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen und geeignete Hilfsmittel und Dienstleistungen zur Verfügung. Bitte rufen Sie die Nummer des Mitgliederdienstes auf der Rückseite Ihrer Mitglieds-ID-Karte oder 1-800-565-9140 (TTY: 1-800-848-0298) an.

ध्यान आपो: ञो नमे गुजरानी भोवो छो, तो नमारा माटे निःशुल्क भाषा सहाय सेवाओ अने योग्य सहायक साधनो अने सेवाओ उपलब्ध छे. कृपया इरीने नमारा सभ्य ID कार्डनी पाछवना सभ्य सर्विस नंबर उपर अथवा 1-800-565-9140 (TTY: 1-800-848-0298) पर कॉल करी.

お知らせ: 日本語をお話しになる場合は、無料の支援サービスと適切な補助器具・サービスがご利用いただけます。会員IDカードの裏面に記載の会員サービス番号あるいは1-800-565-9140 (TTY: 1-800-848-0298)まで、お電話にてご連絡ください。

PANSININ: Kung kayo ay nagsasalita ng Tagalog, magagamit para sa inyo ang libreng mga serbisyon tulong sa wika at kaukulang mga karagdagang tulong at mga serbisyo. Mangyaring tawagan ang numero ng Serbisyo sa Miyembro na nasa likod ng inyong Kard ng ID ng Miyembro o sa 1-800-565-9140 (TTY: 1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ और उपयुक्त सहायक साधन और सेवाएँ उपलब्ध हैं। कृपया अपने सदस्य ID कार्ड के पीछे दिए गए सदस्य सेवा नंबर या 1-800-565-9140 (TTY: 1-800-848-0298) पर कॉल करें।

ВНИМАНИЕ! Если Вы говорите по-русски, Вам будут предоставлены услуги языковой поддержки и соответствующие вспомогательные средства и сервисы на бесплатной основе. Позвоните в отдел обслуживания участников по номеру, указанному на обратной стороне Вашей идентификационной карты участника, или по номеру 1-800-565-9140 (TTY: 1-800-848-0298).

توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک زبانی رایگان و مساعدت ها و خدمات کمکی مناسب در دسترس شما هستند. در صورتیکه عضو هستید، با شماره خدمات اعضا در پشت کارت عضویت خود یا (TTY: 1-800-848-0298) 1-800-565-9140 تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, genyen sèvis asistans gratis pou lang ansanm ak èd pou sèvis oksilyè apwopriye k ap disponib pou ou. Tanpri rele nimewo Sèvis Manm ki sou do kat ID Manm ou an oswa 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej oraz rozwiązań i usług pomocniczych. Prosimy zadzwonić pod numer działu obsługi ubezpieczonych podany na odwrocie karty identyfikacyjnej członka lub numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se você fala Português, serviços gratuitos de assistência linguística e recursos e serviços auxiliares apropriados estão disponíveis para você. Ligue para o número de telefone do serviço de Atendimento ao Membro informado no verso de seu cartão de identificação de membro ou para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: se parla italiano, sono disponibili per Lei servizi gratuiti di assistenza linguistica nonché aiuti e servizi ausiliari adeguati. Chiami il numero del Servizio per i membri riportato sul retro della Sua scheda identificativa del membro oppure il numero 1-800-565-9140 (TTY: 1-800-848-0298).

BAA'áKOHWIINIDZIN: Diné bizaad bee yáníítí'go, t'áá jiik'éh saad bee áka'aná'awo' bee áka'anida'awo'í dóó t'áadoole'é binahjí' bee adahodooníígíí diné bich'í' aní'ahazht'í'í bee bika'aanida'awo'í ná dahóló. T'áá shóodí Bih Ha'dít'éhí Bika'aná'awo' Bih Ha'dít'éhí ID naaltsoos nit'í'zizí bine'déé' binámboo bee hodíílnih doodago 1-800-565-9140 (TTY: 1-800-848-0298).

WICHDIICH: Wann du Deitsch schwetzschst un brauchschst Hilf fer communicat-e kenne mer dich helfe unni as es dich ennich eppes koschede zellt. Mir kenne differnti Sadde Schprooch-Hilf beigrige aa fer nix. Ruf der Member Service Nummer uff die hinnerscht Seit vun dei Member ID Card uff oder 1-800-565-9140 (TTY: 1-800-848-0298).

FAASILASILAGA: Afai e te tautala i le faa-Samoa, o loo avanoa mo oe auanaga fesoasoani mo gagana e aunoa ma se totogi faapea ma fesoasoani fa'aopo'opo ma auanaga talafeagai. Faamolemole vala'au le numera o le Member Service (Auanaga mo Tagata Auai) o lo'o i tua o lau pepa ID o le Member (Tagata Auai) po o le 1-800-565-9140 (TTY: 1-800-848-0298).

GAKIULA: Gare iga go kapetal Faluwasch, ye toore paliuwal yamem bwe tepangug rel gamatefal lane kapetal Faluwasch. Fale peshem kol yegili nampal Member Service ila yelog liugul tagurul Member ID kard la yam gare 1-800-565-9140 (TTY: 1-800-848-0298).

ATENSIÓN: Guaha setbisio siha para hágu yanggen fifino' CHamoru hao, dibátde na setbision inayudon fumino' CHamoru yan propriu na inasisten trástes yan setbisio siha. Put fabot ágang i numiron Setbision Membro gi santatten i kattá-mu Member ID pat 1-800-565-9140 (TTY: 1-800-848-0298).