



PEDIATRIC VISION

Pediatric Vision for Student Health

Blue Cross and Blue Shield of Texas (BCBSTX), a Division of Health Care Service Corporation, is pleased to provide student members with pediatric vision benefits administered by EyeMed Vision Care, a leading national provider of routine vision care programs. This benefit is included with the student member's medical plan for covered members and dependents up to age 19¹.

**For more information,
call 844-684-2255.**

Benefits Include:

- Exams
- Standard lenses
- Choice of pediatric frames

How It Works:

The EyeMed Vision Care network consists of major national and regional retail locations such as LensCrafters®, Pearle Vision and Target Optical®, as well as independent optometrists and ophthalmologists.

Members who use a provider contracted with EyeMed Vision Care for products and services can receive an eye exam at no additional charge, and discounted prices on select frames, lenses and contacts by presenting their BCBSTX member ID card.

For a list of providers contracted with EyeMed Vision Care, visit eyemedvisioncare.com/bcbstx and use their "Find an eye doctor" search tool.

EyeMed Vision Care, LLC, an independent company, provides customer service and network administration services for BCBSTX. BCBSTX has contracted with First American Administrators (FAA), an independent company, to provide claims administration. The relationship between BCBSTX, FAA, and EyeMed is that of independent contractors.

Blue Cross and Blue Shield of Texas complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. To get help and information in your language at no cost, please call us at 855-710-6984.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-710-6984 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 855-710-6984 (TTY: 711).

AcademicBlue is offered by Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

728143.1222

2023-2024 Student Health Pediatric Vision Plan¹

In-Network Benefits²

What's Covered?	Once Every
Eye Examination (inclusive of dilation when professionally indicated)	12 months
Spectacle Lenses	12 months
Frames	12 months
Contact Lens (CL) Evaluation, Fitting and Follow-Up Care	12 months
Contact Lenses (instead of eyeglasses)	12 months
Examinations	Member Cost
Eye Examination	\$0 copay
Eyeglass Benefit — Frames	Member Cost
Provider Designated Frames	\$0 copay
Eyeglass Benefit — Spectacle Lenses	Member Cost
Standard Plastic Lenses	
Single Vision	\$0 copay
Bifocal	\$0 copay
Trifocal	\$0 copay
Lenticular	\$0 copay
Standard Progressive Lens	\$65 copay
Premium Progressive Lens Tier 1	\$85 copay
Premium Progressive Lens Tier 2	\$95 copay
Premium Progressive Lens Tier 3	\$110 copay
Premium Progressive Lens Tier 4	\$65 copay (80% of charge less \$120 allowance)
Lens Options	
UV Treatment	\$0 copay
Tint (fashion, gradient and glass-grey)	\$0 copay
Standard Plastic Scratch Coating	\$0 copay
Standard Polycarbonate — children under 19	\$0 copay
Standard Anti-Reflective Coating	\$45
Premium Anti-Reflective Coating Tier 1	\$57
Premium Anti-Reflective Coating Tier 2	\$68
Premium Anti-Reflective Coating Tier 3	20% off retail price
Polarized	20% off retail price
Glass	\$0 copay
Photochromic / Transitions Plastic	\$75 copay
Oversized	\$0 copay
Contact Lens Benefit (in place of spectacle lenses)	
Provider Conventional Contact Lenses (\$150 allowance, 15% off balance over \$150)	\$0 copay (1 pair per benefit year)
Medically Necessary Contact Lenses	\$0 copay (paid in full)

Out-of-Network Reimbursement Schedule (Maximum Reimbursement)			
Eye Examination: \$30	Frames: \$75	Single Vision Lenses: \$25	Bifocal Lenses: \$40
Trifocal Lenses: \$55	Lenticular Lenses: \$55	Elective Contact Lenses: \$150	Medically Necessary CL: \$210

¹ The benefit ends the last day of the month in which the member turns 19.

² This document does not contain a complete listing of the benefits, exclusions, limitations and conditions that apply to the benefits shown. For more information, please contact the EyeMed Customer Care Center at 844-684-2255.

Third party brands are the property of their respective owners.

BCBSTX does not guarantee or make any claims or recommendations regarding these services or products. Members may want to consult with their physicians or an eye care professional prior to use of these services and products.

Services and products are subject to availability by location. BCBSTX reserves the right to discontinue or change this program at any time without notice.

For out-of-network coverage, please contact the EyeMed Customer Care Center at 844-684-2255.

Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St.
35th Floor
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>



If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
العربية Arabic	إن كان لديك أو لدى شخص تساعد أسئلة، ف لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您，或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員，請撥電話 號碼 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવા કોઈ બીજા વ્યક્તિને એસ.બી.એમ. કાયદમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसको सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में नि:शुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें।
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
Diné Navajo	T'áá ni, éí doodago ła'da bika anánlwo'ígíí, na'idíłkidgo, ts'idá bee ná ahóótí'i' t'áá níłk'e níka a'doolwoł dóo bina'idíłkidígíí bee níł h odoonih. Ata'dahalne'ígíí bich'í' hodíłłnih kwe'é 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سوالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با شماره 855-710-6984 تماس حاصل نمایید.
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiegokolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nêu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.