



PEDIATRIC VISION

Pediatric Vision for Student Health

Blue Cross and Blue Shield of Oklahoma 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 under the age of 19¹.

**For more information,
call 844-684-2256.**

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, 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 BCBSOK member ID card.

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

Image(s) may have been created or enhanced using artificial intelligence tools.

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

Blue Cross and Blue Shield of Oklahoma 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 Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

2026-2027 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 (in place of spectacle lenses) | | 12 months | |
| Examinations | | Member Cost | |
| Eye Examination | | \$0 copay | |
| Eyeglass Benefit — Frames | | Member Cost | |
| Provider Designated Frames | | \$0 Copay on provider-designated frame; \$150 allowance on non-provider designated frame, 20% off balance over \$150 | |
| 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 | | \$0 copay | |
| Premium Progressive Lens Tier 1 | | \$20 copay | |
| Premium Progressive Lens Tier 2 | | \$30 copay | |
| Premium Progressive Lens Tier 3 | | \$45 copay | |
| Premium Progressive Lens Tier 4 | | \$0 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 | | \$0 copay | |
| Oversized | | 20% off retail price | |
| 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 844-684-2256.

Third party brands are the property of their respective owners.

BCBSOK 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. BCBSOK 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 844-684-2256.

Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language 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, you can file a grievance with:

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

Phone: 855-664-7270 (voicemail)
 TTY/TDD: 855-661-6965
 Fax: 855-661-6960
 Email: civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

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

US Dept of Health & Human Services
 200 Independence Avenue SW
 Room 509F, HHH Building
 Washington, DC 20201

Phone: 800-368-1019
 TTY/TDD: 800-537-7697
 Complaint Portal:
ocrportal.hhs.gov/ocr/smartscreen/main.jsf
 Complaint Forms:
hhs.gov/civil-rights/filing-a-complaint/index.html

This notice is available on our website at bcbsok.com/legal-and-privacy/non-discrimination-notice

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-710-6984 (TTY: 711) or speak to your provider.

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| Español Spanish | ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-710-6984 (TTY: 711) o hable con su proveedor. |
| العربية Arabic | تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 855-710-6984 (TTY: 711) أو تحدث إلى مقدم الخدمة. |



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| 中文 Chinese | 注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 855-710-6984（文本电话：711）或咨询您的服务提供商。 |
| Français French | ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-710-6984 (TTY : 711) ou parlez à votre fournisseur. |
| Deutsch German | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider. |
| ગુજરાતી Gujarati | ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસિલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો. |
| हिंदी Hindi | ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नि:शुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें। |
| Italiano Italian | ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'855-710-6984 (tty: 711) o parla con il tuo fornitore. |
| 한국어 Korean | 주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 855-710-6984(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오. |
| Diné Navajo | SHOOH: Diné bee yánílt'ígogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'í'ígíí éí t'áá jiik'eh hóló. Kohjí' 855-710-6984 (TTY: 711) hodíilnih doodago nika'análwo'í bich'í' hanidziih. |
| فارسی Farsi | توجه: اگر فارسی صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 855-710-6984 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید. |
| Polski Polish | UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-710-6984 (TTY: 711) lub porozmawiaj ze swoim dostawcą. |
| РУССКИЙ Russian | ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг. |
| Tagalog Tagalog | PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga librong serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider. |
| اردو Urdu | توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 855-710-6984 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔ |
| Việt Vietnamese | LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn. |