



Kansas City



# Blue Vue 10/100

Benefit Summary

VISION COVERED SERVICES	IN-NETWORK	OUT-OF-NETWORK*
<p><b>Routine Vision Examination</b> (including dilation as necessary)</p> <p><i>1 per 12 months</i></p>	<p><b>\$10 Copay</b></p>	<p><b>\$30</b></p>
<p><b>Frames</b></p> <p><i>1 per 24 months</i></p>	<p><b>\$100 allowance</b> <b>20% off balance over \$100**</b></p>	<p><b>\$50</b></p>
<p><b>Standard Plastic Lenses</b></p> <p><i>1 per 12 months</i></p>	<p>Single Vision, Bifocal, Trifocal</p> <p><b>\$25 Copay</b></p>	<p>Single Vision: <b>\$25</b> Bifocal: <b>\$40</b> Trifocal: <b>\$55</b></p>
<p><b>Lens Options</b></p> <p><i>1 per 12 months</i></p>	<p>UV Treatment: <b>\$15 Copay</b></p> <p>Tint (solid and gradient): <b>\$15 Copay</b></p> <p>Standard Plastic Scratch Coating: <b>\$0 Copay</b></p> <p>Standard Polycarbonate – Adults: <b>\$40 Copay</b></p> <p>Standard Polycarbonate – Kids under 19: <b>\$0 Copay</b></p> <p>Standard Anti-reflective Coating: <b>\$45 Copay</b></p> <p>Polarized: <b>20% off retail price</b></p> <p>Photochromatic/Transitions Plastic: <b>\$75 Copay</b></p>	<p>UV Treatment: <b>100% member responsibility</b></p> <p>Tint (solid and gradient): <b>100% member responsibility</b></p> <p>Standard Plastic Scratch Coating: <b>\$5 Copay</b></p> <p>Standard Polycarbonate – Adults: <b>100% member responsibility</b></p> <p>Standard Polycarbonate – Kids under 19: <b>\$5 Copay</b></p> <p>Standard Anti-reflective Coating: <b>100% member responsibility</b></p> <p>Polarized: <b>100% member responsibility</b></p> <p>Photochromatic / Transitions Plastic: <b>100% member responsibility</b></p>
<p><b>Contact Lens Examination Options</b></p> <p><i>1 per 12 months</i></p>	<p><b>Fit and Follow up</b></p> <p>Standard lens: <b>up to \$55</b></p> <p>Premium lens: <b>10% off retail price</b></p>	<p><b>100% member responsibility</b></p>



<p><b>Contact Lenses</b> (allowance includes materials only) <i>1 per 12 months</i></p>	<p><b>\$115 allowance</b> Conventional: <b>15% off balance over \$115</b> Disposable: <b>100% member responsibility over the \$115 allowance</b> Medically Necessary: <b>\$0 Copay</b></p>	<p>Conventional and Disposable: <b>\$92</b> Medically Necessary: <b>\$210</b></p>
<p>Additional Pairs Benefit</p>	<p><b>40% discount off complete pair eyeglass purchases and 15% discount off conventional contact lenses once the benefit has been used</b></p>	<p><b>100% member responsibility</b></p>

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

\*\*If you purchase contact lenses, you will still be able to use your frame allowance for a pair of glasses and receive a 20% discount on lenses.

LASER VISION CORRECTION	U.S. LASER NETWORK	NON-PARTICIPATING PROVIDER
<p><b>Lasik or PRK</b></p>	<p><b>15% off retail price or 5% off promotional price, if applicable</b></p>	<p><b>100% member responsibility</b></p>

HEARING EXAM/HEARING AIDS	AMPLIFON HEARING HEALTH CARE NETWORK	NON-PARTICIPATING PROVIDER
<p><b>Hearing Exam</b></p>	<p><b>40% discount</b></p>	<p><b>100% member responsibility</b></p>
<p><b>Hearing Aids</b></p>	<p><b>Discounted (low price guarantee)</b></p>	<p><b>100% member responsibility</b></p>