

| BLUE VISIONSM

A vision program for members

Seeing your future

Regular vision care is important to your health. Besides helping you maintain the best vision possible, well-performed eye exams can uncover a variety of health conditions, such as high blood pressure, diabetes, and glaucoma. Blue Vision gives you the opportunity to take advantage of an affordable vision benefit program.



Thousands of locations

You have access to a national network of providers with a wide selection of options, including LensCrafters®, Pearle Vision®, Target Optical® and many other regional retailers. You can also shop online at the following websites:

- www.LensCrafters.com
- www.TargetOptical.com
- www.Ray-Ban.com
- www.Glasses.com
- www.ContactsDirect.com

With thousands of locations to choose from, you are certain to find a provider close to your home or *office* that *offers* appointment times convenient for you. *Pediatric plans do not include the online providers.

To find locations near you, visit www.SouthCarolinaBlues.com and log in to your **My Health Toolkit®** account from your computer or mobile device, or call Customer Service toll free at **866-939-3633**.

Using your benefits

Simply visit a participating provider and show your member ID card. If you don't have your card with you, let them know you have EyeMed vision benefits. EyeMed is an independent company that provides a vision provider network on behalf of your health plan.



Using Your Vision Benefits

- ◆ When you receive services, you'll make the applicable copay and pay any other out-of-pocket costs.
- ◆ The provider files the claim on your behalf. If you need a claim form for an out-of-network provider, call Customer Service at **866-939-3633** or visit **My Health Toolkit**.
- ◆ Your Blue Vision benefits include a comprehensive eye exam once every benefit year when you visit a participating provider.



Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*
Exam Services: Exam Exam at PLUS Providers	\$20 Copay \$0 Copay	\$30 \$30
Retinal Imaging Benefit	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: Frame Any available frame at PLUS providers	\$0 Copay; \$150 Allowance, 20% off balance over \$150 \$0 Copay; \$200 Allowance, 20% off balance over \$200	\$75 \$75
Standard Plastic Lenses: Single Vision Bifocal Trifocal Lenticular Standard Progressive Lens Premium Progressive Lens	\$20 Copay \$20 Copay \$20 Copay \$20 Copay \$85 Copay See attached Fixed Premium Progressive price list	\$25 \$40 \$55 \$55 \$40 \$40
Lens Options: UV Treatment Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate - Adults Standard Polycarbonate - Kids under 19 Standard Anti-Reflective Coating Polarized Photocromatic / Transitions Plastic Premium Anti-Reflective Other Add-Ons	\$15 \$15 \$15 \$40 \$40 \$45 20% off Retail Price \$75 See attached Fixed Premium Anti-Reflective Coating list 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: <i>(Contact lens allowance includes materials only)</i> 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	\$150 \$150 \$210
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 Frame (in lieu of Contact Lenses) Lenses (in lieu of Contact Lenses) Contact Lenses (in lieu of Frames and Lenses)	Once every plan year Once every plan year Once every plan year Once every plan year	

* 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. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed’s online provider locator to determine which participating providers have agreed to the discounted rate.



Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*
Exam with Dilation as Necessary	\$0 Copay	\$30
Fundus Photography Benefit	Up to \$39	N/A
Contact Lens Fit and Follow-Up: (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)		
Standard Contact Lens Fit and Follow-Up:	\$0 Copay, Paid-in-full fit and two follow-up visits	\$35
Premium Contact Lens Fit and Follow-Up:	\$0 Copay, 10% off retail prices, then apply \$55 allowance	\$35
Frames: Any available frame at provider location	 100% coverage for provider designated frames	 \$60
Standard Plastic Lenses Single Vision Bifocal Trifocal Lenticular Standard Progressive Lens Premium Progressive Lens	\$0 Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay See attached Fixed Premium Progressive price list	\$25 \$40 \$55 \$55 \$55 \$55
Lens Options: UV Treatment Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate - Kids under 19 Standard Anti-Reflective Coating Polarized Oversized Photocromatic / Transitions Plastic Other Add-Ons	\$0 Copay \$0 Copay \$0 Copay \$0 Copay \$45 20% off Retail Price 20% off Retail Price \$0 Copay 20% off Retail Price	\$5 \$5 \$5 \$5 N/A N/A N/A \$5 N/A
Contact Lenses (Contact lens allowance includes materials only) Conventional Disposable Medically Necessary	 \$0 Copay; 100% coverage for provider designated contact lenses \$0 Copay; 100% coverage for provider designated contact lenses \$0 Copay, Paid-in-Full	 \$112 \$112 \$210
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 Calendar Year	

* 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. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed’s online provider locator to determine which participating providers have agreed to the discounted rate.