



**VisionBlue** – A Vision Product from  
BlueCross BlueShield of Tennessee



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A vision option will come into focus for your groups in 2010 as BlueCross BlueShield of Tennessee introduces VisionBlue. VisionBlue is a stand-alone vision product available for any size group; which can be combined with medical, dental and pharmacy coverage to create an excellent comprehensive benefit package for your clients.

### VisionBlue Member Advantages

- Comprehensive benefits that cover all routine vision needs
- Expansive Network including private practitioners and nationally known optical retailers
- Plans that promote member eye health and wellness
- Significant savings off retail price
- Unlimited additional discounts after benefits have been used
- A single member ID card for multiple coverages
- Coverage from one of the most trusted names in health care

### Vision Plans to Help Groups Save Money

VisionBlue offers a large variety of plans to help groups and their members save money. You can choose from a wide range of copay, frame allowance and frequency options. Vision Plans are available on a non-voluntary arrangement with 50 percent employer contribution toward the employee cost or a voluntary basis.



### **Important Part of Overall Health**

Vision benefits can be a valuable addition to a BlueCross BlueShield of Tennessee health care plan. A comprehensive eye exam can lead to the earliest detection of vision problems, as well as serious health conditions including cataracts, glaucoma, diabetes and hypertension. Early detection is key for less invasive treatment; regular eye exams play a vital role in ensuring a healthy life.

### **A Diverse, Quality Network**

The VisionBlue Network is designed to help groups of all sizes access quality, convenient vision care. Powered by EyeMed Vision Care, our plans offer the best of both worlds – thousands of private practice providers along with the nation's most respected optical retail brands.

### **Convenience**

With approximately 25 percent of customers making optical purchases on the weekend, convenience is an important part of a vision network. Members will appreciate the extended night and weekend hours available throughout our network. Members can use their vision benefits at eye care providers who offer the quality and convenience they demand. Eighty percent of our network providers are independent practitioners which include doctors close to home; while an estimated 20 percent are at major retail chains.

### **Providers Include:**





## Why Choose Blue for Vision Care?

### Customizable Plans

Is your group targeting a price point or looking to match a particular benefit? VisionBlue plan designs offer options for copays, allowances and frequencies to best meet your group's needs.

### HDHP Compatible

VisionBlue benefits are HSA-qualified health services and work well with high-deductible health plans.

### Online Member Tools

With VisionBlue members can easily:

- Find an optician
- View plan details and recent claims\*
- Take a personal health analysis
- Create a personal online health center
- Find information on eye health issues and children's eye care


\*scheduled for 2nd quarter 2010

## Combine VisionBlue with a BlueCross BlueShield of Tennessee Health Plan

BlueCross BlueShield of Tennessee encourages the total health of our members. When a group combines vision with medical and dental coverage, they receive more advantages at no additional cost.

### Advantages of Combined Coverage

- One ID card for members
- One bill and one eligibility feed
- Single point of service for members and group administrators at [bcbst.com](http://bcbst.com)
- Coordination of claims between multiple benefit plans

BlueCross BlueShield of Tennessee	
<b>CHRIS B HALL</b> Subscriber ID	MEDICAL/DENTAL/VISION 
Group No. 123456 Subgroup 0001 RXBIN 610415 RXGRP T138359U BLUE NETWORK: P RX04	Copayments: OV 25 SPEC 25 ER 75 IPH 150 RX \$10/\$35/\$50 V 30





## BluePerks

Exclusively for members as part of our Well+Wise member experience, the BluePerks discount program features savings of up to 50 percent on health-related products and elective services typically not covered by health or dental plans when members present their BlueCross BlueShield of Tennessee member ID card. BluePerks is offered at no additional cost to all BlueCross BlueShield of Tennessee members. Visit [bcbst.com](http://bcbst.com) and select the “learn about” tab and choose “BluePerks”.



## BluePerks Discount Drug Card

Members can save up to 20 percent on prescription medications not covered by their dental, health or pharmacy benefit plans with the BluePerks Discount Drug Card.

Any prescription drug not covered by a health or pharmacy benefit plan is eligible for the discount. Even members without a pharmacy benefit can take advantage of this discount. And since these members don't have coverage at all, the list of prescription drugs eligible for a discount would include any drug – antibiotics, high blood pressure and cholesterol medications, and more.

## BluePerks Discounts Include

- Jenny Craig® weight loss programs
- Fitness memberships
- Massage therapy
- Cosmetic services
- Vision care items
- Vitamins
- Diet and supplement advisors
- Spa services
- Personal trainers
- Mind/Body and relaxation therapy
- Yoga and Tai Chi instruction
- Acupuncture
- Holistic physicians/practitioners
- LASIK corrective vision surgery
- Health magazine subscriptions

## Design a Vision Plan:

**Step 1:** Pick an exam copay (\$10 or \$20)  
Stop here if you want an exam only plan

**Step 2:** Pick a materials copay (\$10 or \$25)

**Step 3:** Pick a frame allowance level  
(low, standard, premium)

**Step 4:** Pick a frame frequency  
(new frames every 12 or 24 months)

View plan details below and on following page.

### VisionBlue Exam Only (Groups 2+ Enrolled; Employer Paid & Voluntary)

Benefit	In-Network	Out-of-Network
<b>VISION EXAMINATION</b>		
<b>Comprehensive Eye Examination</b> One exam within a 12-month period For each member covered under the plan	\$10 or \$20 Copayment	up to \$35
<b>Contact Lenses Fit And Follow-Up</b>	Retail Cost	Not covered
<b>Vision Materials*</b>		
<b>Standard Plastic Lenses</b>		
Single Vision	\$50	
Bifocal	\$70	
Trifocal	\$105	
Standard Progressive Lens	\$135	
Premium Progressive Lens	20% off retail price	
<b>Frames</b>	35% off retail price	
<b>Contacts</b>	(Conventional only) 15% off retail price	
<b>Lens Options</b>		
Standard Polycarbonate	\$40	
UV Treatment	\$15	
Tint	\$15	
Standard Plastic Scratch Coating	\$15	
Standard Anti-Reflective Coating	\$45	
Other lens options	20% off retail price	

#### Requirements

- For groups with less than 10 enrolled, 50% participation is required.
  - Must be sold with another BCBST product unless 151 or more employees are enrolled.
- \* Frame, Lens, and Lens Option discounts apply only when purchasing a complete pair of eyeglasses.  
If purchased separately, members receive 20% off the retail price.

## VisionBlue Exam Plus Materials (Groups 2+ Enrolled; Employer Paid & Voluntary)

Benefit	In-Network	Out-of-Network
<b>VISION EXAMINATION</b>		
<b>Comprehensive Eye Examination</b>	\$10 or \$20 Copayment	up to \$35
<b>Contact Lenses Fit And Follow-Up*</b>	Standard \$55 copay Premium 10% off retail	N/A
<b>Vision Materials**</b>		
<b>Standard Plastic Lenses</b>	\$10 or \$25 Copayment	N/A
Single Vision	Materials Copayment	up to \$30
Bifocal	Materials Copayment	up to \$45
Trifocal	Materials Copayment	up to \$60
Standard Progressive	Additional \$65 Copay	up to \$45
Premium Progressive	Additional \$65 Copay, 20% off retail less \$120 allowance	up to \$45
<b>Frames***</b>		
Low	\$100 allowance	up to \$50
Standard	\$120 allowance	up to \$60
Premium	\$150 allowance	up to \$75
<b>Conventional and Disposable Contacts****</b>		
Low	\$0 Copay up to \$100	up to \$80
Standard	\$0 Copay up to \$120	up to \$96
Premium	\$0 Copay up to \$150	up to \$120
Medically Necessary	Paid in Full	up to \$200
<b>Lens Options</b>		
Standard Polycarbonate	\$40 Copayment	N/A
Standard Polycarbonate (For covered Dependent children under 19)	\$0 Copayment	up to \$5
UV Treatment	\$15 Copayment	N/A
Tint	\$15 Copayment	N/A
Standard Plastic Scratch Coating	\$15 Copayment	N/A
Standard Anti-Reflective Coating	\$45 Copayment	N/A
Other lens options	20% off retail price	N/A
<b>Frequency</b>		
Examination	Once every 12 months	
Frame	Once every 12 or 24 months	
Lenses or Contact Lenses	Once every 12 months	

### Requirements

- For groups with less than 10 enrolled, there is a minimum participation of 50%
- Must be sold with another BCBST product unless 151 or more employees are enrolled.

\* Instead of paying retail or a small percentage discount, network providers may only charge a fixed fee for a standard contact fitting and follow-up services.

\*\* Additional complete pair eyeglasses purchases (frame, lens and lens options) receive 40% off retail price at network providers once benefit used.

\*\*\* Additional 20% off retail cost above allowance

\*\*\*\* Additional 15% off balance over allowance on conventional contact lenses.



**of Tennessee**  
plans for better health. plans for a better life.™

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