

## Out-of-Network Reimbursements

### Reimbursements for Out-of-Network Services

<b>Eye Exam</b>	
Eyeglasses and Contact Lenses <sup>†</sup>	Up to \$35
<b>Lenses (standard uncoated plastic)</b>	
Single Vision	Up to \$25
Bifocal	Up to \$40
Trifocal	Up to \$55
<b>Lens Options</b>	
All Options	Not Covered
<b>Frames</b>	
All Frames	Up to \$55
<b>Contacts (in lieu of lenses and frames)</b>	
Disposable/Non-Disposable	Up to \$88
Therapeutic (medically necessary)	Up to \$200

<sup>†</sup> Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.

If you visit an out-of-network provider, you are responsible for paying the provider in full at the time of service. You will need to submit a claim form for reimbursement. To get a claim form, call Customer Service at 866-723-0513 or visit our website.



Present this card to the EyeMed provider of your choice to easily identify yourself as a plan member. EyeMed Vision Care is an independent company that offers vision benefit programs on behalf of BlueCross.

#### EYE MED MEMBER SERVICES:

Visit [EyeMedVisionCare.com](http://EyeMedVisionCare.com) or call 866-723-0513.

#### EYE MED PROVIDERS ONLY:

Visit [EyeMedVisionCare.com](http://EyeMedVisionCare.com) for plan information and authorization online or call 800-521-3605.

We are excited to have you as part of the BlueCross family. Our goal is to help you get the most out of your benefit plan. Learning more information or answers to your questions is easy. Simply visit us online at

[Member.SouthCarolinaBlues.com](http://Member.SouthCarolinaBlues.com)

or call us today at

**866-723-0513**



## South Carolina

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

<sup>\*</sup> Benefits are valid once per benefit period. Once you have used your in-network benefits, unlimited pairs of eyeglasses and contacts are available at discounted prices through a participating provider. See provider for details. Benefits and/or discounts cannot be used in conjunction with other discounts, coupons or promotions. This information is intended as a summary of benefits only. It does not describe all the terms, provisions and limitations of your plan. Participating providers are independent contractors solely responsible for vision examinations and products. Locations are subject to change. Please call 866-723-0513 to verify participation.

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## Healthy Vision

A VISION PROGRAM FOR MEMBERS



[Member.SouthCarolinaBlues.com](http://Member.SouthCarolinaBlues.com)

Regular vision care is important to your health. Besides helping you maintain the best vision possible, well-performed eye exams also can uncover a variety of health conditions such as high blood pressure, diabetes and glaucoma. Healthy 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, including LensCrafters, Target Optical, most Pearle Vision and Sears Optical locations, and many independent doctors of optometry. 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.

To find locations near you, visit our website or call Customer Service toll free at 866-723-0513. You can also access the EyeMedVisionCare.com mobile site with your smartphone. When visiting the website, you need the ZIP code of the area where you are interested in finding a participating location.

## Wide Selection Available

With your vision benefit, you receive great savings and a wide selection of frames at participating providers. You can even order replacement contact lenses through the Internet for competitive prices and have the contacts mailed directly to your home. To find a participating provider near you, visit SouthCarolinaBlues.com or EyeMedVisionCare.com.

## How To Use Your Benefits

- After your vision coverage is in effect, you can take advantage of the benefits outlined in this flier by simply visiting or calling a participating provider.
- Identify yourself as a member by presenting the attached ID card.
- Receive services or materials and make the applicable copayment to the provider and any other out-of-pocket costs.
- The provider files the claim on your behalf.

Your Healthy Vision benefits include a comprehensive eye exam and eyeglasses or contact lenses once every benefit year, when you visit a participating provider.

You have a \$110 allowance to purchase frames or contacts once every benefit year. If your frames or contacts cost more than the \$110 allowance, you are responsible for paying the remaining balance.

## Savings You Can See

This is an example of how your benefits save you money!

Item	Your Cost	Average Retail	Average Savings
Eyeglasses Exam	\$15	\$53	\$38
Bifocal Lenses	\$0	\$100	\$100
Frames	\$6	\$116	\$110
<b>Your Total Cost</b>	<b>\$21</b>	<b>\$269</b>	<b>\$248</b>

In-Network Benefits*	Your Cost
<b>Eye Exam</b>	
Eyeglasses	\$15
Contact Lenses†	\$15
<b>Lenses (standard uncoated plastic)</b>	
Including single vision, bifocal, trifocal	\$0
<b>Lens Options</b>	
Anti-Reflective Coating	\$45
Standard Progressive	\$65
Polycarbonate	\$40
Scratch-Resistant Coating	\$15
Ultraviolet Coating	\$15
Solid or Gradient Tint	\$15
All other options	20% off
<b>Frames</b>	
All Frames	Amount over \$110 allowance
<b>Contacts (in lieu of lenses and frames)</b>	
Disposable/Non-Disposable	Amount over \$110 allowance
Therapeutic (medically necessary)	Paid in full



Clip and keep this wallet card.

## Healthy Vision

High Option  
 EyeMed Plan number 9672403  
 Member Services: 866-723-0513



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