BlueCross BlueShield of Tennessee
An Independent Licensee of the BlueCross BlueShield Association

Group Name: Weakley County
Effective Date: Schools 01/01/2026

VisionBlue Insight

Benefit	In-Network Member Cost	Out-of-Network Reimbursement	
VISION EXAMINATION			
Comprehensive Eye Examination	$10 Copayment	Up to $35	One exam within a 12 month period for each member covered under the plan.
Retinal Imaging	Up to $39	N/A	
Contact Lenses Fit and Follow-Up			
Standard	$40 Copayment	N/A	
Premium	10% off retail	N/A	
VISION MATERIALS			
Standard Plastic Lenses			One set of lenses within a 12 month period for each member covered under the plan.
Single Vision	$20 Copayment	Up to $30	
Bifocal	$20 Copayment	Up to $45	
Trifocal	$20 Copayment	Up to $60	
Frames	$0 Copayment up to $180 allowance, 20% off balance over allowance	Up to $90	One pair of frames within a 24 month period for each member covered under the plan.
Contacts			One set of lenses within a 12 month period for each member covered under the plan (In lieu of lenses + frames).
Conventional	$0 copay up to $180 allowance, 15% off balance over allowance	Out-of-network up to $144	
Disposable	$0 copay up to $180 allowance	Out-of-network up to $144	
Medically Necessary	Paid in Full	Up to $200	
Lens Options			One set of lenses within a 12 month period for each member covered under the plan.
Standard Polycarbonate	$40 Copayment	Up to $0	
Standard Polycarbonate *(For covered dependent children under 19 years of age)*	$0 Copayment	Up to $5	
UV Treatment	$15 Copayment	Up to $0	
Tint	$15 Copayment	Up to $0	
Standard Plastic Scratch Coating	$15 Copayment	Up to $0	
Standard Progressive Lenses (add on to Bifocal)	$65 Additional Copayment	$0 Additional *	
Premium Progressive Lenses (add on to Bifocal)	Lens + Additional Copayment See fixed tier price list	$0 Additional *	
Standard Anti-Reflective Coating	$45 Copayment	Up to $0	
Premium Anti-Reflective Coating	See fixed tier price list	Up to $0	
Photochromic Lenses	$75 Copayment	Up to $0	
Other Lens Options	20% off retail	N/A	

* $45 maximum reimbursement

Diabetic Eye Care *(Care and testing for diabetic members)*			Up to 2 services per year for each listed service.**
Exam	$0	Up to $77	
Retinal Imaging	$0	Up to $50	
Extended Ophthalmoscopy	$0	Up to $15	
Gonioscopy	$0	Up to $15	
Scanning Laser	$0	Up to $33	

**Some or all of the diagnostic services described above will be provided as deemed appropriate, subject to provider determination of service necessity and the benefit frequency limitations referenced above.

- This document serves as a summary of the benefits that are detailed in the Evidence of Coverage. These benefits are subject to the Covered Services and Limitations on Covered Services, Exclusions from Covered Services, and Schedule of Benefits sections of the Evidence of Coverage.
- When applicable benefits are paid after the Copayment listed above and to the allowance listed, members are responsible for amounts above the allowance.
- Members may see any vision care provider. However, contracted providers in our network have agreed to limit certain charges and provide additional discounts once the allowance has been reached. Because we have no contract with non-network providers, members are responsible for all charges that exceed the out-of-network reimbursement.

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Premium Tiered Price List

Premium Progressive Tiered Pricing	Additional Member In-Network Cost*
Tier 1	$85 Copay*
Tier 2	$95 Copay*
Tier 3	$110 Copay*
Tier 4	$65 Copay, 80% of charge less $120 Allowance*

Premium Anti-Reflective Coating	Additional Member In-Network Cost
Tier 1	$57
Tier 2	$68
Tier 3	80% of Charge

*** In addition to In-network lens copay**

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Progressive and Anti-Reflective Tier Classifications

Progressive Classification*
Standard Progressives as Follows:
Adaptar / Adaptar Short / Amplitude / Amplitude Mini / AO Compact / Essilor Computer / Essilor Interview / Freedom 5 / Freedom Fit / Freedom ID / GP / Gradal RD / HoyaLux Tact / Instinctive / Kirkland Signature Office Lens / MVC Standard Progressive / Natural / Navigator / Navigator Short / Outlook / Ovation / Seiko AF 2 / Seiko AF 2 Mini / Seiko Diamond Clear Mini / Shoreview / Shoreview Mini / Sola Max / Super No Line / Synchrony Access / Synchrony Easy M / Synchrony Easy View / Unique Softwear / VIP / Zeiss Business / Zeiss Progressive Light D
Premium Progressives as Follows:
TIER 1 - Adage / Adaptar Digital / Adaptar Digital Short / Amplitude BKS / Amplitude Mini BKS / Amplitude IQ / Amplitude IQ Mini / AO Easy / Concise / GP Wide / Gradal Top / Illumina / Image / Image Wrap / Instinctive HD / Kirkland Signature HD Progressive / LC Design 1.0 / MVP / Natural Digital / Navigator FBS / Navigator Short FBS / Novel / Novella / Oakley True Digital / Ovation Digital / Precise / Precise Short / Premium Progressive / Proceed II / Proceed III / RayBan Base / Shamir 1st Pal / Short Fit Progressive / Small Fit / Small Fit Digital / Synchrony / Synchrony Easy S / Tact BKS / Xplorer / Zeiss Progressive Light H
TIER 2 - Compact Ultra / DST Custom Plus / Element / GT2 / GT2 Short / HD Workspace / Ideal / Ideal Short / Instinctive Performance / IOT Everyday / Kodak Precise PB / Kodak Precise PB Short / Nikon Presio I Digital / Oakley OTD Advance / RayBan Tuned / Seiko PC Wide Computer / Signet Armorlite DirecTek / Signet Armorlite DirecTek Short / Sola One / Succeed / Succeed WS / Summit CD / Summit ECP / Synchrony Access HD / Synchrony Easy Adapt / Synchrony Easy Wear / Synchrony Easy View HD / Synchrony Easy View M HD / Synchrony Easy View S HD / TruClear / Varilux Comfort 2 / Varilux Comfort 2 Short / Varilux Comfort DRx / Varilux Comfort DRx Short / Workspace / Zeiss Choice / Zeiss Digital / Zeiss Digital Wrap / Zeiss Progressive Light V
TIER 3 - AO Easy HD / Autograph II Attitude Wrap / Autograph II Office / Compact Ultra HD / Concise Digital / Definity / Definity Short / DST Custom Plus HD / DST Custom Plus HD Sun Wrap / GT2 3D / GT2 3D Short / Hoya

Array Fixed / Hoya Array VL / Hoya ID Screen / Hoya ID Space / Hoya ID Zoom / Hoya Summit CD IQ / Hoya Summit ECP IQ / Ideal Advanced / Ideal Advanced Wrap / IOT Ultimate / IOT Universal / IsSential / Kodak Unique DRO / Nikon Digi Life / Oakley OTD Advance Plus / Precise Digital / Precise Digital Short / RayBan Equalized / Shamir Autograph Attitude Fashion / Shamir Autograph Attitude Fashion Short / Shamir Autograph Attitude Sport / Shamir Computer / Shamir Golf Progressive / Shamir InTouch / Shamir Spectrum + / Shamir Work Space / Sola One HD / Supercede II / Synchrony Easy Wear HD / Synchrony PAL Starter HD / Synchrony Performance HD / Synchrony Ultra HD / Synchrony Work Go HD / Synchrony Work and Office HD / Synchrony Work and Read HD / TruClear SD / Unique / Varilux Comfort W2 + / Varilux Comfort W2 + Fit / Varilux Ellipse / Varilux Panamic / Varilux Physio / Varilux Physio DRx / Varilux Physio DRx Short / Varilux Physio Short / Varilux Stylistic Wrap / Zeiss Choice Plus / Zeiss Energize Me / Zeiss Offilens
TIER 4 - Other Premium Progressives
Anti-Reflective Classification*
Standard Anti-Reflective Coatings as Follows:
Anti-Reflective AR / Backside AR / Blue Shield AR / Clean Shield AR / CleAR / Crizal Kids w/ UV / Custom CleAR / Custom CleAR Sun / HMC Plus / Hoya Premium Coating / ProClean / RayBan AR w/UV / RayBan Sun AR / Reflection Free / RF Endura / Sharp View Plus / Standard AR / Standard Backside AR / Synchrony HMC / SYNGERY Crystal AR / SYNGERY Crystal UV AR / Trion AR / Zeiss Super ET
Premium Anti-Reflective Coatings as Follows:
TIER 1 - BluCrystal / Crizal Easy w/ UV / Crizal Prevencia Kids / HiVision / Hoya Premium w/ ViewProtect / Kirkland Premium AR / Kodak CleAR / RF Endura EZ / VISO / Xperio Sun UV / Xperio Sun UV w/ Mirrors / Zeiss DuraVision Chrome
TIER 2 - Allure AR / Clean Shield Elite AR / Clean Shield Elite Sun AR / Crizal Alize w/ UV / Crizal SunShield w/ UV / Custom CleAR Plus / Custom CleAR Plus Sun / EasyCare Premium AR / ECC AR / EZ Premium CleAR / HiVision w/ ViewProtect / Kodak Clean'N'CleAR / Kodak Clean'N'CleAR UV / Kodak Total Blue AR / Premium AR / RayBan Premium AR / Synchrony HMC+ / VISO XC / Vivid AR / Zeiss DuraVision Silver
TIER 3 - Other Premium Anti-Reflective Coatings

EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket amounts

* Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels

Nondiscrimination Notice

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact a consumer advisor at the number on the back of your Member ID card (for TTY help, call 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-565-9140 (رقم هاتف الصم والبكم: 1-800-848-0298

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-565-9140 (TTY:1-800-848-0298) 。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-565-9140 (TTY:1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-565-9140 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-565-9140 (ATS : 1-800-848-0298).

ໂປດຊາບ: ຖ້າ ທ່ານ ເວົ້າ ພາສາ ລາວ, ການ ບໍ ລິ ການ ຊ່ວຍ ເຫຼືອ ດ້ານ ພາສາ, ໂດຍ ບໍ ເສັ ຽ ຄ່າ, ແມ່ ນ ມີ ພ້ ອມ ໃຫ້ ທ່ ານ. ໂທ 1-800-565-9140 (TTY: 1-800-848-0298).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-565-9140 (መስማት ለተሳናቸው: 1-800-848-0298).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-565-9140 (TTY: 1-800-848-0298).

સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-565-9140 (TTY:1-800-848-0298)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-565-9140 (TTY:1-800-848-0298) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-565-9140 (TTY:1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-565-9140 (TTY:1-800-848-0298) पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-565-9140 (телетайп: 1-800-848-0298).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-565-9140 (TTY:1-800-848-0298) تماس بگیرید .

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti.Chiamare il numero 1-800-565-9140 (TTY: 1-800-848-0298).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih 1-800-565-9140 (TTY: 1-800-848-0298).