

City of Chattanooga

Vision

Summary of Benefits

Vision Option: 1

Effective Date: January 1, 2026

	Effective Date: January 1, 2020	
Benefit Category	In-Network	Out-of-Network
Exams (Limited to one exam and one contact lens fitting/follow-up within a		
12-month period)		
Comprehensive Eye Exam	\$10 Copay	Up to \$35
Retinal Imaging	Up to \$39	Not Covered
Contact Lens Fitting and Follow-up - Standard	\$55 Copay	Not Covered
Contact Lens Fitting and Follow-up - Premium	10% off retail	Not Covered
Vision Materials		
Standard Plastic Lenses (Limited to one set of standard plastic		
lenses within a 12-month period)		
Single	\$25 Copay	Up to \$30
Bifocal	\$25 Copay	Up to \$45
Trifocal	\$25 Copay	Up to \$60
Frames (Limited to one pair of frames within a 24-month period)	\$0 Copay up to \$150 allowance*	Up to \$75
Contacts (Limited to one set of lenses within a 12-month period		
in lieu of eyeglasses)		
Conventional	\$0 Copay up to \$150 allowance**	Up to \$120
Disposable	\$0 Copay up to \$150 allowance	Up to \$120
Medically Necessary	Covered at 100%	Up to \$200
Lens Options (Limited to one set of lenses within a 12-month		
period)		
Standard Polycarbonate Standared Polycarbonate (For covered dependent children	\$40	Not Covered
under age 19)	No Copay	Up to \$5
UV Treatment	\$15 Copay	Not Covered
Tint	\$15 Copay	Not Covered
Standard Plastic Scratch Coating	\$15 Copay	Not Covered
Standard Progressive Lenses (add on to Bifocal)	\$65 Copay \$65 Copay, 20% Discount Off of	\$0 Additional***
Premium Progressive Lenses (add on to Bifocal)	Retail Price, Less \$120 Allowance	\$0 Additional***
Standard Anti-reflective Coating	\$45 Copay	Not Covered
Diabetic Care Services****		
Office Service Visit (Medical Follow-up Exam)	Covered 100%	\$77
Retinal Imaging	Covered 100%	\$50
Extended Ophthalmoscopy	Covered 100%	\$15
Gonioscopy	Covered 100%	\$15
Scanning Laser	Covered 100%	\$33
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Notes

- 1. 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.
- 2. When applicable, benefits are paid after the copay listed above and to the allowance listed. Members are responsible for amounts exceeding the allowance.
- 3. 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.

^{* 20%} off balance over allowance

^{****}Up to 2 additional per year

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 or call 1-800-565-9140 (TTY: 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: 1-800-648-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator, clo 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://corportal.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, 1–800–388–1019, 800–537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketolace. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Si usted es miembro, lame a Inúmero de Servicio de alención a miembros que figura al reverso de su tarjeta de identificación de Miembro o al 1-800-585-9140 (TTY: 1-800-848-0298).

ملموطة؛ إنا كان الحدث انكر اللغة، فإن هنمات الساعة الغوية الترافر لله بإنجان. إنا كان عضرًا، فلصل برقم هنمة الأعضاء الموجود على ظهر بطاقة هوية العضو أو بالرقم 9140-565-800، (الهلك العمن: 800-848-009).

注意:如果您使用繁體中文,您可以免責獲得語言援助服務。 若您是會遇,隨得打會員 [D 卡肯面的會員服務部徵碼或 1-800-565-9140 (鹽障專線 (TTY):1-800-848-0298)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trơ ngôn ngữ miễn phí dành cho bạn. Nếu quý vị là hội viên, hãy gọi đến số Dịch vụ Hội viên ở mặt sau thẻ ID Hội viên của quý vị hoặc 1-800-565-9140 (TTY: 1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무르로 이용하실 수 있습니다. 가입자의 경우, 가입자 ID 카드 뒷면의 가입자 서비스 전화번호 또는 1-800-565-9140(TTY: 1-800-848-0298) 번으로 전화하시기 바랍니다.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes adhiennt, appétet le numéro du Service adhérents indiqué au dos de votre carte d'assuré adhérent ou appetez le 1-800-565-9140 (TTYATS: 1-800-484-0298).

ໄປດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ,ການບໍລິການຊ່ວຍເຫຼືອດ້ ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີຫ້ອນໃຫ້ທ່ານ. ຖ້າຫານເປັນສະມາຊິກ, ໃຫ້ໃຫຫາເບືອອງບ່າຍບໍລິການສະມາຊິກທີ່ມີຢູ່ດານຫຼັງບັດ ID ສະມາຊິກຂອງທ່ານ ຫຼື 1-800-565-9140 (TTY: 1-800-848-0298)

ማስታወች የሚናንሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርጻታ ድርጅቶች፣ በነጻ ሲያማደኞት ተሆዷተዋል። ለሃሴ ከሆኑ በአባልነት መታወቂያም ጀርባ ላይ በሚያኘው የለባኑት አነልግሎት ቁተር ወይም በ 1-800-585-9140 (መሰማት ልተሳናቸው፣ TTY: 1-800-888-0298) ይያውቀ።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Falls Sie ein Mitglied sind, rufen Sie die Nummer des Mitgliederdienstes auf der Rückseite Ihrer Mitglieds-ID-Karte oder 1-800-585-9140 (TTY: 1-800-848-0298) an.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિલ્યુલ ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. જો તમે સભ્ય છો, તો તમારા સભ્ય આઈટી કાર્ડની પાછળના સભ્ય સર્વીસ નંબર ઉપર અથયા 1-800-565-9140 (TTY: 1-800-848-0298) પર કોંચ કરો.

注意事項:日本語を語される場合、無料の言語支援をご利用いただけます。 会員のお客様は、会員IDカードの裏面に配載の会員サービス番号あるいは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.

Kung ikaw ay isang miyembro, tawagan ang numero ng Serbisyo sa Miyembro na nasa likod ng iyong Kard ng ID ng Miyembro o sa 1-800-565-9140 (TTY: 1-800-848-0298).

ध्यान दें: वदि आप हिंदी बोलते हैं तो आपके लिए सुमत में आषा सहायता सेवाएं उपलब्ध हैं। अगर आप सदस्य हैं तो आपने सदस्य आईटी कार्ड के पीछे दिए गए नंबर या 1-800-585-9140 (TTY: 1-800-848-0298) पर सदस्य सेवा नंबर पर फोन करें।

ВНИМАНИЕ: Если вы говорите на русскои языке, то вам доступны бесплатные услуги перевода. Если Вы являетесь участником, позвоните в отдел обслуживания участников по номеру, указанному на обратной стороне Вашей идентификационной карты участника, или по номеру 1-800-565-9140 (ТТУ: 1-800-848-0298).

توجه: اگر به زبان فارسی گفتگو می کنید تسهیلات زباتی بصورت را پگان برای شما فراهم می باشد. در صورتوکیه حضو هساید، با شماره خدمات اعتما در پشت کارت شداسایی حضو خود با 400-565-568 (TTY: 1-800-848-0298) تشایل بگروید

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Si ou se yon manm, rele nimewo Sèvis Manm ki sou do kat ID Manm ou an oswa 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezplatnej pomocy językowej. Członkowie mogą dzwonić pod numer działu Member Service podany na odwrocie karty identyfikacyjnej członka lub numer 1-800-565-9140 (TTY: 1-800-848-0298)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguisticos, gráfis.

Caso seja membro, ligue para o telefone do serviço de Atendimento ao Membro informado no verso de seu cartão de identificação de membro ou 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. Se è un membro, chiami il numero del Servizio per i membri riporatos sul retro della Sua scheda identificativa del membro oppure il numero 1-800-565-9140 (TTY: 1-800-848-0029).

Díi baa akó nínízin: Díi saad bee yánítt'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éi ná hóló.

Naaltsoos bee ná ha'dít'éego, Naaltsoos Bá Hada'dít'éhígii ninaaltsoos nitřízí bee nééhozinígii bine'déé' Naaltsoos Bá Hada'dít'éhígii Bee Aka'anida'awo'i bibéésh bee hane'i biká'ígii bee hodilníh doodago 1-800 -565-9140 (Doo Adinits'agóógo o TTY: 1-800-848-0298) bee hodilníh.