



Vision Blue<sup>SM</sup>

2022  
VISION PLANS



*For plan years beginning  
January 1, 2022 or later*

# Vision Blue<sup>SM</sup> PLANS

Powered by VSP<sup>®</sup> Vision Care



At Blue Cross and Blue Shield of Alabama, we strive to offer benefits that promote the best quality of life for our members.

That starts with competitive coverage options for all aspects of your employees' well-being, including vision.

Our Vision Blue plans include enhanced benefits designed to fit the needs of your employees and their families.

## Partnership with VSP

- ▶ We serve as your single point-of-contact for Vision Blue.
- ▶ VSP provides an extensive network and excellent customer service for your employees.

For more information, you may visit [AlabamaBlue.com/VisionBluePlans](https://AlabamaBlue.com/VisionBluePlans) to request a call from a sales representative.



Vision Service Plan (VSP) is an independent company providing Credentialing, Quality Management, Claims Processing, Complaints and Grievance, and Customer Service activities on behalf of Blue Cross and Blue Shield of Alabama.

VSP and WellVision Exam are registered trademarks, and VSP Diabetic EyeCare Plus Program is a service mark of Vision Service Plan. All other brands or marks are the property of their respective owners.



## What's included with Vision Blue?

- ▶ You can choose between **six plans**
  - **Silver or Silver Plus**
  - **Gold or Gold Plus**
  - **Platinum Choice or Platinum Plus**
- ▶ **All plans include** a WellVision Exam<sup>®</sup>, coverage for both glasses and contact lenses and value-added programs, such as the Diabetic EyeCare Plus Program<sup>SM</sup>.
- ▶ **Vision Blue Plus** plans include additional lens enhancements such as premium progressive lenses, anti-reflective and scratch resistant coating.
- ▶ **The Platinum Choice plan** gives members the flexibility to choose 1 of 5 covered upgrades at the time of service, a benefit customization unique in the industry.

*Blue Cross and Blue Shield of Alabama is your one-stop shop for health, dental and vision coverage.*

# Vision Blue<sup>SM</sup> Plans powered by VSP<sup>®</sup>

## Platinum

| In-Network Benefit (Policy Period is 24 Months) |   | Vision Blue <sup>SM</sup> Platinum Plus   | Vision Blue <sup>SM</sup> Platinum Choice                                   |
|---|---|---|---|
| Benefit Frequency:                              | Exam, Lenses, Contacts  | every <b>12 Months</b>  | every <b>12 Months</b>  |
|   | Frame   | every <b>12 Months</b>  | every <b>12 Months</b>  |
| Copayments:                                     | Exam<br><small>WellVision Exam<sup>®</sup> covered in full after copay</small>      | <b>\$10 copay</b>   | <b>\$10 copay</b>   |
|   | Materials   | <b>\$10 copay</b>   | <b>\$10 copay</b>   |
|   | Contact Lens Fitting and Evaluation   | up to <b>\$60</b>   | up to <b>\$60</b>   |
|   | Retinal Screening   | up to <b>\$39</b>   | up to <b>\$39</b>   |
| In Network Allowances:                          | Retail Frame Value  | up to <b>\$180</b>  | up to <b>\$180</b>  |
|   | Elective Contact Lenses<br><small>(instead of glasses) not subject to copay</small> | up to <b>\$180</b>  | up to <b>\$180</b>  |
|   | Covered Lens Enhancements<br><small>(Covered after materials copay)</small>         | Polycarbonate for Children, Standard/Premium/Custom Progressive lenses, Anti-Reflective, Photochromic/Tints and Scratch-Resistant Coating | Polycarbonate for Children Standard Progressive                             |
| EasyOption Benefits:                            |   | <b>N/A</b>  | <b>\$230</b> Frame Allowance <b>OR</b>                                      |
|   |   |   | Premium and Custom Progressive Lenses <b>OR</b>                             |
|   |   |   | Photochromic Lenses <b>OR</b>   |
|   |   |   | Anti-Reflective Lenses <b>OR</b>  |
|   |   |   | <small>(in lieu of glasses)</small><br><b>\$210</b> Elective Contact Lenses |

## Gold

| In-Network Benefit (Policy Period is 24 Months) |   | Vision Blue <sup>SM</sup> Gold Plus  | Vision Blue <sup>SM</sup> Gold                  |
|---|---|--|---|
| Benefit Frequency:                              | Exam, Lenses, Contacts  | every <b>12 Months</b>   | every <b>12 Months</b>                          |
|   | Frame   | every <b>12 Months</b>   | every <b>12 Months</b>                          |
| Copayments:                                     | Exam<br><small>WellVision Exam<sup>®</sup> covered in full after copay</small>      | <b>\$10 copay</b>  | <b>\$10 copay</b>                               |
|   | Materials   | <b>\$20 copay</b>  | <b>\$20 copay</b>                               |
|   | Contact Lens Fitting and Evaluation   | up to <b>\$60</b>  | up to <b>\$60</b>                               |
|   | Retinal Screening   | up to <b>\$39</b>  | up to <b>\$39</b>                               |
| In Network Allowances:                          | Retail Frame Value  | up to <b>\$150</b>   | up to <b>\$150</b>                              |
|   | Elective Contact Lenses<br><small>(instead of glasses) not subject to copay</small> | up to <b>\$150</b>   | up to <b>\$150</b>                              |
|   | Covered Lens Enhancements<br><small>(Covered after materials copay)</small>         | Polycarbonate for Children, Standard/Premium/Custom Progressive lenses, Anti-Reflective, and Scratch Resistant Coating | Polycarbonate for Children Standard Progressive |
| EasyOption Benefits:                            | <b>N/A</b>  | <b>N/A</b>   |   |

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## Silver

| In-Network Benefit (Policy Period is 24 Months) |   | Vision Blue <sup>SM</sup> Silver Plus  | Vision Blue <sup>SM</sup> Silver                |
|---|---|--|---|
| Benefit Frequency:                              | Exam, Lenses, Contacts  | every <b>12 Months</b>   | every <b>12 Months</b>                          |
|   | Frame   | every <b>24 Months</b>   | every <b>24 Months</b>                          |
| Copayments:                                     | Exam<br><small>WellVision Exam<sup>®</sup> covered in full after copay</small>      | <b>\$10 copay</b>  | <b>\$10 copay</b>                               |
|   | Materials   | <b>\$25 copay</b>  | <b>\$25 copay</b>                               |
|   | Contact Lens Fitting and Evaluation   | up to <b>\$60</b>  | up to <b>\$60</b>                               |
|   | Retinal Screening   | up to <b>\$39</b>  | up to <b>\$39</b>                               |
| In Network Allowances:                          | Retail Frame Value  | up to <b>\$130</b>   | up to <b>\$130</b>                              |
|   | Elective Contact Lenses<br><small>(instead of glasses) not subject to copay</small> | up to <b>\$130</b>   | up to <b>\$130</b>                              |
|   | Covered Lens Enhancements<br><small>(Covered after materials copay)</small>         | Polycarbonate for Children, Standard/Premium/Custom Progressive lenses, Anti-Reflective, and Scratch Resistant Coating | Polycarbonate for Children Standard Progressive |
| EasyOption Benefits:                            |   | <b>N/A</b>   | <b>N/A</b>                                      |

### Additional Programs, Benefits and Savings

APPLICABLE TO ALL PLANS

|  |   |  |
|--|---|--|
| Extra Discounts & Savings  | Lens Enhancements                           | <b>Average savings of 30%</b>  |
|  | Featured Frame Brands                       | <b>Extra \$20 allowance</b>  |
|  | Additional Pairs of Glasses                 | <b>20% savings</b>   |
|  | Sunglasses                                  | <b>20% savings</b>   |
|  | Laser Vision Correction                     | <b>Average savings of 15%</b>  |
| Value Added Programs   | Diabetic EyeCare Plus Program <sup>SM</sup> | <b>Included</b> (\$20 copay per exam)                                    |
|  | Low Vision                                  | <b>75% for low vision aids, up to \$1,000</b><br>(Testing every 2 years) |
| Out-of-Network Allowances<br><small>(Covered after applicable copay)</small> | Examination                                 | up to <b>\$45</b>  |
|  | Single Vision Lenses                        | up to <b>\$30</b>  |
|  | Bifocal Lenses                              | up to <b>\$50</b>  |
|  | Trifocal Lense                              | up to <b>\$65</b>  |
|  | Lenticular Lenses                           | up to <b>\$100</b>   |
|  | Frame                                       | up to <b>\$70</b>  |
|  | Elective Contact Lenses                     | up to <b>\$105</b> (not subject to copay)                                |
|  | Necessary Contact Lenses                    | up to <b>\$210</b>   |

Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

Coverage with a retail chain may be different or not apply. Log in to [vsp.com](http://vsp.com) to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.



# *A partnership for today— and tomorrow*



Our goal is to make your job easier, from helping you select your benefit design to administering your vision plan and leveraging the data that powers it all.

GroupAccess is your secure online self-service resource for account management. By registering at [AlabamaBlue.com/Employers](https://AlabamaBlue.com/Employers), you can:

- ▶ Submit enrollment applications
- ▶ Manage enrollment
- ▶ Access invoices
- ▶ Make payments
- ▶ View and download reports
- ▶ Access your benefit booklet
- ▶ Order forms & materials
- ▶ Edit your group contacts and address information
- ▶ Review the latest group newsletter
- ▶ Find your Blue Cross team contact information

*If you have questions about GroupAccess, please call your Sales Representative at **1-855-525-7288.***

# Vision Eligibility

## AND ENROLLMENT INFORMATION

### **What requirements must be met for you to apply for an Employer-Sponsored Vision Plan?**

To be eligible for coverage, you must:

- ▶ Be licensed to operate and have employees located in the state of Alabama.
- ▶ Have at least one FTE employee other than owners, partners or family members.
- ▶ A valid tax ID is required.
- ▶ Must have Blue Cross and Blue Shield of Alabama health and/or dental coverage.

### **Who is eligible for coverage under your Employer-Sponsored Vision Plan?**

Your employees must meet the following criteria to be eligible for your plan:

- ▶ They must be an employee and are treated as such by you, their employer. Examples of persons who are not employees include independent contractors, board members and consultants.
- ▶ You have determined that they work, on average, 30 or more hours per week.
- ▶ You have offered them coverage under the plan.

### **Who is eligible for coverage as a dependent under your Employer-Sponsored Vision Plan?**

The employee's eligible dependents are:

- ▶ The employee's spouse.
- ▶ A married or unmarried child up to age 26.

The child may be the employee's natural child; stepchild; legally adopted child; child placed for adoption; or, eligible foster child. An eligible foster child is a child that is placed with you by an authorized placement agency or by court order. You may cover your grandchild only if you are eligible to claim your grandchild as a dependent on your federal income tax return.

### **When does coverage begin for employees enrolling in your Employer-Sponsored Vision Plan?**

Employees must apply for coverage within 30 days of meeting the plan's eligibility requirements.

If an employee does not enroll in the vision plan when they are first eligible, they may only enroll during your group's annual open enrollment. The annual open enrollment is generally 30 days before the beginning of your plan year.

In addition, various special open enrollment periods may apply for certain employees. Please review the contract or plan benefit booklet for more detailed information.

### **Are there waiting periods for initial enrollment?**

The waiting period is the amount of time you will require new employees to work before they can enroll in vision coverage. Based on the options we provide, you will determine the length of the applicable waiting period and when coverage will begin for eligible employees.



*We cover what matters.*

[AlabamaBlue.com/VisionBluePlans](http://AlabamaBlue.com/VisionBluePlans)

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