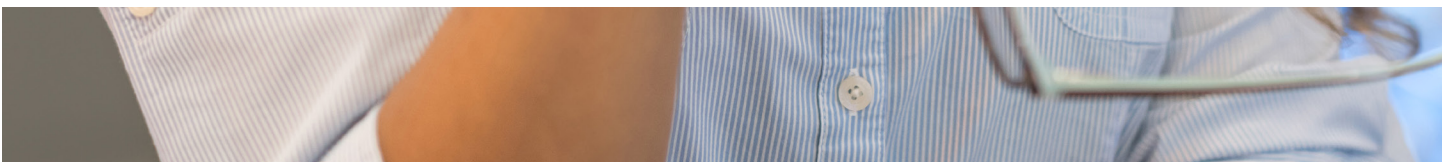




Vision BlueSM

Vision Plans



For plan years beginning January 1, 2026 or later



**BlueCross BlueShield
of Alabama**



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.



VSP is an independent company providing vision network and claims processing services on behalf of Blue Cross and Blue Shield of Alabama. VSP and WellVision Exam are registered trademarks of Vision Service Plan.

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®, coverage for both glasses and contact lenses, and value-added programs, such as Essential Medical Eye Care.
- ▶ **Vision Blue Plus** plans include additional lens enhancements, such as premium progressive lenses, anti-glare 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.



Platinum

In-Network Benefit (Policy Period is 24 Months)

		Vision Blue SM Platinum Plus	Vision Blue SM Platinum Choice	
Benefit Frequency:	Exam, Lenses, Contacts	every 12 Months	every 12 Months	
	Frame	every 12 Months	every 12 Months	
Copayments:	Exam <small>WellVision Exam[®] covered in full after copay</small>	\$10 copay	\$10 copay	
	Materials	\$10 copay	\$10 copay	
	Contact Lens Fitting and Evaluation	up to \$60	up to \$60	
	Routine Retinal Screening	up to \$39	up to \$39	
In-Network Allowances:	Retail Frame Value	up to \$180	up to \$180	
	Elective Contact Lenses <small>(instead of glasses) not subject to copay</small>	up to \$180	up to \$180	
	Covered Lens Enhancements <small>(Covered after materials copay)</small>	Impact-Resistant for Children, Standard/Premium/Custom Progressive lenses, Anti-Glare Coating, Light-Reactive, Tints and Scratch-Resistant Coating	Impact-Resistant for Children Standard Progressive	
EasyOptions Benefits:		N/A	\$230 Frame Allowance	OR
			Premium and Custom Progressive Lenses	OR
			Light-Reactive Lenses	OR
			Anti-Glare Coating Lenses	OR
			<small>(instead of glasses)</small> \$210 Elective Contact Lenses	

Gold

In-Network Benefit (Policy Period is 24 Months)

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



Silver

In-Network Benefit (Policy Period is 24 Months)

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

Additional Programs, Benefits and Savings

APPLICABLE TO ALL PLANS

Extra Discounts & Savings	Lens Enhancements	Average savings of 30%
	Featured Frame Brands	Extra \$20 allowance
	Additional Pairs of Prescription or Non-Prescription Glasses	20% savings
	Prescription or Non-Prescription Sunglasses	20% savings
	Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price of Laser Vision Correction from contracted facilities
Value Added Programs	Essential Medical Eye Care	Included (\$20 copay per exam)
	Low Vision	75% for low vision aids, up to \$1,000 (Testing every 2 years)
Out-of-Network Allowances <small>(Covered after applicable copay)</small>	Examination	up to \$45
	Single Vision Lenses	up to \$30
	Bifocal Lenses	up to \$50
	Trifocal Lenses	up to \$65
	Lenticular Lenses	up to \$100
	Frame	up to \$70
	Elective Contact Lenses	up to \$105 (not subject to copay)
	Necessary Contact Lenses	up to \$210

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 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.

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 of Vision Service Plan. All other brands or marks are the property of their respective owners.

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**, 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.
- ▶ Have a valid tax ID.
- ▶ 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.



AlabamaBlue.com/VisionBluePlans

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