

**BlueVision
Benefit Summary for Group Vision Plan 1**

Provider Network:

You can locate an in-network provider by visiting floridablue.com and clicking on **Find a Doctor**. Choose the BlueVision network and add your zip code to find a vision provider near you. If you do not receive care from an in-network provider for the services listed below, you will have to pay the full cost of the service (except in certain situations such as emergencies) and may be reimbursed up to the amount listed if you file a claim.

Additional Benefits and Features:

- **Additional Allowance:** Receive an additional \$50 allowance towards frames purchased at Visionworks.
- **Additional Discounts:** Receive 50% off of additional pairs of eyeglasses at Visionworks retail locations nationally. At most other participating network offices member will receive a 20% courtesy discount on items not covered by the benefit, e.g., second pairs, sunglasses, etc.¹
- **Scratch Protection Plan:** Standard scratch-resistant coating is available free of charge for plastic lenses.
- **Free One-Year Breakage Warranty:** All eyeglasses come with a breakage warranty for repair/replacement of the frame/lenses for a period of one year from the date of delivery.

In-Network Benefits	
Benefit Frequency	Once Every
Eye Examination inclusive of Dilation (when professionally indicated)	12 Months
Spectacle Lenses	12 Months
Frame	24 Months
Contact Lens Evaluation, Fitting & Follow-Up Care	12 Months
Contact Lenses (in lieu of eyeglasses)	12 Months
Copayments	In-Network Benefit
Eye Examination	\$10 Copayment
Spectacle Lenses	\$25 Copayment
Contact Lens Evaluation, Fitting & Follow-Up Care	Not Covered
Eyeglass Benefit – Frame	In-Network Benefit
Non-Collection Frame Allowance (Retail):	Plan covers up to \$100 plus a 20% discount on any overage ¹
Exclusive Frame Collection ³ (in lieu of Allowance):	
Fashion level	Included
Designer level	\$15
Premier level	\$40

¹Additional discounts not applicable at Walmart or Sam's Club locations.

³Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocal.

Additional Lens Options	In-Network Benefit (Member Cost)
Standard Clear Plastic Lenses (any size or Rx)	Included
Tinting of Plastic Lenses	\$15
Polycarbonate Lenses (Children/ ² / Adults)	\$0 / \$35
Intermediate-Vision Lenses	\$30
High-Index Lenses	\$60
Polarized Lenses	\$75
Plastic Photosensitive Lenses	\$70
Scratch-Resistant Coating	Included
Ultraviolet Coating	\$15
Anti-Reflective (AR) Coating (Standard / Premium / Ultra)	\$40 / \$55 / \$69
Progressives Lenses (Standard / Premium / Ultra)	\$65 / \$105 / \$140
Scratch Protection Plan: Single Vision / Multifocal Lenses	\$20 / \$40
One-Year Breakage Warranty	Included
Contact Lens Benefit (in lieu of eyeglasses)	In-Network Benefit
Non-Collection Contact Lenses: Materials Allowance	Plan covers up to \$100 plus a 15% discount on any overage ¹
Evaluation, Fitting & Follow-Up Care – Standard Lens Types	15% Discount
Evaluation, Fitting & Follow-Up Care – Specialty Lens Types	15% Discount
Collection Contact Lenses (in lieu of Allowance)³: Materials Allowance	Not Covered
Evaluation, Fitting & Follow-Up Care – Standard Lens Types	Not Covered
Evaluation, Fitting & Follow-Up Care – Specialty Lens Types	Not Covered
Medically Necessary Contact Lenses (with prior approval): Materials, Evaluation, Fitting & Follow-Up Care	Included
Out-of-Network Reimbursement Schedule	Amount Member Reimbursed
Eye Examination	Up to \$40
Frame	Up to \$50
Single Vision Lenses	Up to \$40
Bifocal/Progressive Lenses	Up to \$60
Trifocal Lenses	Up to \$80
Lenticular Lenses	Up to \$100
Elective Contact Lenses	Up to \$80
Medically Necessary Contact Lenses	Up to \$225

¹Additional discounts not applicable at Walmart or Sam's Club locations.

²Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

³Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

Section 1557 Notification: Discrimination is Against the Law

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We provide:

- Free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact:

- Health and vision coverage: 1-800-352-2583
- Dental, life, and disability coverage: 1-888-223-4892
- Federal Employee Program: 1-800-333-2227

If you believe that we have failed to provide these services or discriminate on the basis of race, color, national origin, disability, age, sex, gender identity or sexual orientation, you can file a grievance with:

Health and vision coverage (including FEP members):

Section 1557 Coordinator
4800 Deerwood Campus Parkway, DCC 1-7
Jacksonville, FL 32246
1-800-477-3736 x29070
1-800-955-8770 (TTY)
Fax: 1-904-301-1580
section1557coordinator@floridablue.com

Dental, life, and disability coverage:

Civil Rights Coordinator
17500 Chenal Parkway
Little Rock, AR 72223
1-800-260-0331
1-800-955-8770 (TTY)
civilrightscoordinator@fclife.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you. 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>, by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019
1-800-537-7697 (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 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227

ATANSYON: Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

CHÚ Ý: Nếu bạn nói Tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho bạn. Hãy gọi số 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Gọi số 1-800-333-2227

ATENÇÃO: Se você fala português, utilize os serviços linguísticos gratuitos disponíveis. Ligue para 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Ligue para 1-800-333-2227

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1-800-352-2583 (TTY: 1-800-955-8770)。FEP: 請致電1-800-333-2227

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-352-2583 (ATS : 1-800-955-8770). FEP : Appelez le 1-800-333-2227

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Tumawag sa 1-800-333-2227

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-352-2583 (телетайп: 1-800-955-8770). FEP: Звоните 1-800-333-2227

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-253-008 (رقم هاتف الصم والبكم: 1-0778-559-008). اتصل برقم 1-800-333-008-1.

ATTENZIONE: Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-352-2583 (TTY: 1-800-955-8770). FEP: chiamare il numero 1-800-333-2227

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: +1-800-352-2583 (TTY: +1-800-955-8770). FEP: Rufnummer +1-800-333-2227

주의: 한국어 사용을 원하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-352-2583 (TTY: 1-800-955-8770) 로 전화하십시오. FEP: 1-800-333-2227 로 연락하십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Zadzwoń pod numer 1-800-333-2227.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવા તમારા માટે ઉપલબ્ધ છે.

ફોન કરો 1-800-352-2583 (TTY: 1-800-955-8770). FEP: ફોન કરો 1-800-333-2227

ประกาศ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรศัพท์ **1-800-352-2583 (TTY: 1-800-955-8770)** หรือ FEP โทรศัพท์ **1-800-333-2227**

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。1-800-352-2583 (TTY: 1-800-955-8770) まで、お電話にてご連絡ください。FEP: 1-800-333-2227

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی رایگان در دسترس شما خواهد بود. با شماره 1-800-352-2583 (TTY: 1-800-955-8770) تماس بگیرید. FEP: با شماره 1-800-333-2227 تماس بگیرید.

Baa ákonínzin: Diné bizaad bee yáníłti'go, saad bee áká anáwo', t'áá jíík'eh, ná hóló. Kojí' hodíílnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí' éí kojí' hodíílnih 1-800-333-2227.