



Kansas City



Blue Vue 10/130

Benefit Summary

VISION COVERED SERVICES	IN-NETWORK	OUT-OF-NETWORK*
<p>Routine Vision Examination (including dilation as necessary)</p> <p><i>1 per 12 months</i></p>	<p>\$10 Copay</p>	<p>\$30</p>
<p>Frames</p> <p><i>1 per 24 months</i></p>	<p>\$130 allowance 20% off balance over \$130**</p>	<p>\$65</p>
<p>Standard Plastic Lenses</p> <p><i>1 per 12 months</i></p>	<p>Single Vision, Bifocal, Trifocal</p> <p>\$25 Copay</p>	<p>Single Vision: \$25 Bifocal: \$40 Trifocal: \$55</p>
<p>Lens Options</p> <p><i>1 per 12 months</i></p>	<p>UV Treatment: \$15 Copay</p> <p>Tint (solid and gradient): \$15 Copay</p> <p>Standard Plastic Scratch Coating: \$0 Copay</p> <p>Standard Polycarbonate – Adults: \$40 Copay</p> <p>Standard Polycarbonate – Kids under 19: \$0 Copay</p> <p>Standard Anti-reflective Coating: \$45 Copay</p> <p>Polarized: 20% off retail price</p> <p>Photochromatic / Transitions Plastic: \$75 Copay</p>	<p>UV Treatment: 100% member responsibility</p> <p>Tint (solid and gradient): 100% member responsibility</p> <p>Standard Plastic Scratch Coating: \$5 Copay</p> <p>Standard Polycarbonate – Adults: 100% member responsibility</p> <p>Standard Polycarbonate – Kids under 19: \$5 Copay</p> <p>Standard Anti-reflective Coating: 100% member responsibility</p> <p>Polarized: 100% member responsibility</p> <p>Photochromatic / Transitions Plastic: 100% member responsibility</p>
<p>Contact Lens Examination Options</p> <p><i>1 per 12 months</i></p>	<p>Fit and Follow up</p> <p>Standard lens: up to \$55</p> <p>Premium lens: 10% off retail price</p>	<p>100% member responsibility</p>



Contact Lenses
(allowance includes materials only)

1 per 12 months

\$130 allowance

Conventional:

15% off balance over \$130

Disposable:

100% member responsibility over the \$130 allowance

Medically Necessary:

\$0 Copay

Conventional and Disposable:

\$104

Medically Necessary:

\$210

Additional Pairs Benefit

40% discount off complete pair eyeglass purchases and 15% discount off conventional contact lenses once the benefit has been used

100% member responsibility

*Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider.

**If you purchase contact lenses, you will still be able to use your frame allowance for a pair of glasses and receive a 20% discount on lenses.

LASER VISION CORRECTION	U.S. LASER NETWORK	NON-PARTICIPATING PROVIDER
Lasik or PRK	15% off retail price or 5% off promotional price, if applicable	100% member responsibility

HEARING EXAM/HEARING AIDS	AMPLIFON HEARING HEALTH CARE NETWORK	NON-PARTICIPATING PROVIDER
Hearing Exam	40% discount	100% member responsibility
Hearing Aids	Discounted (low price guarantee)	100% member responsibility