

We cover what matters.

Vision Plan Benefits

**Calhoun County Commission
Vision BlueSM Platinum Plus**
powered by VSP[®] Vision Care

Effective January 01, 2023

Visit our website at
AlabamaBlue.com



An Independent Licensee of the Blue Cross and Blue Shield Association

VSP CHOICE NETWORK

The VSP Vision Care Choice Network is a national network comprised of more than 35,000 preferred providers and 100,000 access points including 22,000 retail chain access points.

To find a **VSP** Network Doctor, visit **AlabamaBlue.com/FindaDoctor**. Enter your zip code or city/state and select the VSP Choice Network from the Network/Plan filter. All members have access to the Premier Program, which is part of the incredible network of highly knowledgeable doctors. Network doctors who participate in the Premier Program provide the personalized attention you want and the ease you need. Plus maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.

Prefer to shop online? Use your vision benefits on Eyeconic® the VSP preferred online retailer.

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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.

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Vision BlueSM Platinum Plus Vision Benefits

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
COVERED SERVICES AND MATERIALS		
Exams:		
WellVision Exam[®] One per member every 12 months	\$10 copay	Covered up to \$45 after \$10 copay
Contact Lens- fitting and evaluation One per member every 12 months	Not to exceed \$60 copay	See out-of-network Materials- Elective Contact Lenses
Routine Retinal Screening	Not to exceed \$39 copay	Not covered
Materials:		
Materials (frames & lenses)	\$10 copay	See below
Retail Frame One per member every 12 months	\$180 allowance for a wide selection of frames \$200 allowance for featured frame brands 20% savings on the amount over your allowance \$100 Walmart [®] /Costco [®] frame allowance	Reimbursed up to \$70 after materials copay
Elective Contact Lenses (instead of glasses) One per member every 12 months	Covered up to \$180, not subject to copay	Reimbursed up to \$105 for both materials and fitting/evaluation, not subject to copay
Necessary Contact Lenses One per member every 12 months	Covered in full after \$10 copay	Reimbursed up to \$210 after materials copay
Lenses:		
Single Vision Lenses One per member every 12 months	100% after materials copay	Reimbursed up to \$30 after materials copay
Bifocal Lenses One per member every 12 months	100% after materials copay	Reimbursed up to \$50 after materials copay
Trifocal Lenses One per member every 12 months	100% after materials copay	Reimbursed up to \$65 after materials copay
Lenticular Lenses One per member every 12 months	100% after materials copay	Reimbursed up to \$100 after materials copay
Lenses Enhancements:		
Polycarbonate for Children One per member every 12 months	100% after materials copay	Not covered
Standard Progressive Plastic One per member every 12 months	100% after materials copay	Reimbursed up to \$50 after materials copay
Premium Progressive Plastic One per member every 12 months	100% after materials copay	Reimbursed up to \$50 after materials copay
Custom Progressive Plastic One per member every 12 months	100% after materials copay	Reimbursed up to \$50 after materials copay
Anti-Reflective Coating One per member every 12 months	100% after materials copay	Not covered
Scratch-Resistant Coating One per member every 12 months	100% after materials copay	Not covered
Photochromic One per member every 12 months	100% after materials copay	Not covered
Tinted One per member every 12 months	100% after materials copay	Not covered
VALUE ADDED PROGRAMS		
Essential Medical Eye Care	\$20 copay per visit	Not Covered
Low Vision Testing every 2 years	75% for low vision aids, up to \$1,000	
EXTRA DISCOUNTS AND SAVINGS		
Lens Enhancements	Average 30% savings	
Featured Frame Brands	Extra \$20 allowance	
Additional Pair of Glasses	20% savings	
Sunglasses	20% savings	
Laser Vision Correction	Average savings of 15%	

This Plan is designed to cover visual needs rather than cosmetic materials. Some vision care services and/or materials are not covered under this Plan and certain other limitations may apply. Check your benefit booklet for more detailed coverage information.