



BlueCross BlueShield of Montana

To learn more, call Blue Cross and Blue Shield of Montana at 800.447.7828 or your local agent.

www.bcbsmt.com

VISION

Benefits will be provided only for Members 19 years of age or older.

Outline of Coverage | 2019

Benefit Period Calendar Year (January 1 - December 31)

Covered Services

Vision Services

The plan will pay up to the applicable maximum allowance indicated below. This vision plan has no lifetime maximum, annual maximum or out-of-pocket amount provisions.

The Plan will pay for the following Benefits, regardless of the participating status of the provider. Benefits outlined in this section are subject to the exclusions and limitations outlined in the Group Contract and Member Guide.

Vision Services - The Plan will pay the amount outlined in the Schedule of Benefits for:

1. A routine eye examination;
2. Lenses and frames; or
3. Contact lenses.

A routine eye examination includes the following services when necessary and provided by a licensed ophthalmologist, optometrist, or optician acting within the scope of his/her license:

1. a comprehensive medical eye examination including a diagnostic ophthalmic examination;
2. a complete vision survey and analysis.

The Member will be responsible for any balances due to the provider, regardless of the participating status of the provider.

Schedule of Allowances

Examination or Survey and Analysis	\$60 <i>(Limited to one per benefit period)</i>
Frames	\$48 <i>(Limited to one frame per benefit period)</i>
Single Vision Lenses	\$50
Bifocal (Single) Lenses	\$72
Bifocal (Double) Lenses	\$136
Trifocal Lenses	\$92
Lenticular (Including Aspheric)	\$320
Contact Lenses (In Lieu of Glasses)	\$98
Contact Lenses (Sole Treatment Option)	\$320 <i>(If your visual acuity cannot be made 20/70 or better with spectacle lenses, but can be made better than 20/70 with contact lenses.)</i>

Rating Factors and Trend: The following factors are used in setting rates: the income and claims experience for the 12 months prior to rating calculations for the category of product being rated, the benefit difference for the deductible and copayment relationship for the specific products in a product category, the projected claims, income, and enrollment for the next 12-month rating period, projected expenses for the plan of the next rating period, and/or age of the application or subscriber, industry, and risk characteristics. The trend of premium increases during the preceding five years 2014 -0%, 2015 -0%, 2016 - 0%, 2017 - 0%, 2018 - 0%.

Member's Rights: When requested by the Member or the Member's agent, Blue Cross and Blue Shield of Montana is required to provide a summary of a Member's coverage for a specific vision care service when an actual charge or estimate of charges by a vision care provider exceeds \$500.