



Same Value. More Options.

Blue Cross and Blue Shield of Oklahoma (BCBSOK) has more options to meet the needs of busy and growing companies. There are new plans that provide a range of benefits and programs. This year, we've included more opportunities in:

- Pharmacy
- Deductibles/Copays
- Networks
- Wellbeing Management



2020 Small Business Plan Benefits and Programs

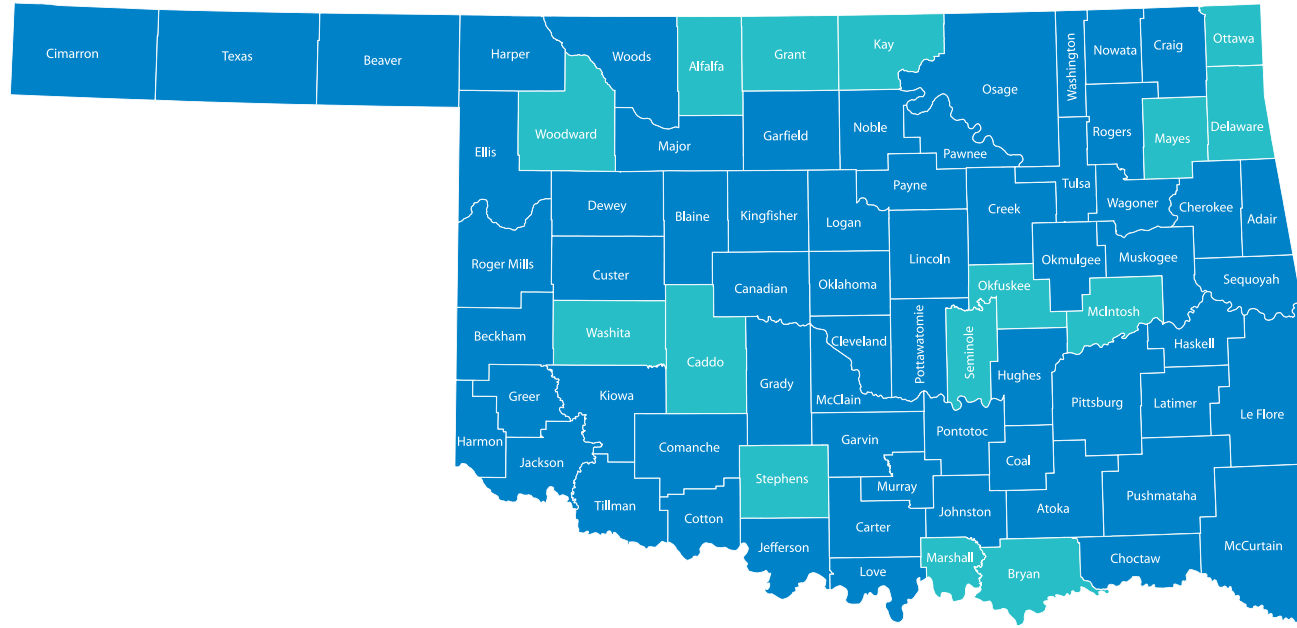
Here are a few of the updates for 2020 that offer additional value.

- **Blue Advantage Expanding**
 - Starting January 1, 2020, three new counties will now be available to offer Blue Advantage benefit plans: Cotton, Nowata and Washington.
- **Behavioral Health**
 - A new opioid/substance use effort identifies abuse risks and provides outreach and coordination of care for members facing these issues.
 - We've made it easier for members to identify appropriate specialists – such as Medication Assisted Therapy (MAT) providers – in our online Provider Finder®.
 - Advanced analytics and reporting add value by helping to keep an eye on the cost of care for both members and employers.
- **Wellbeing Management**
 - This is an enhanced approach to improving health outcomes and helping ensure health care dollars are spent wisely. Members are supported across the health continuum – from chronic and complex conditions to lifelong wellness.
 - A health advisor engages with and helps educate members facing high-cost, high-complexity health challenges. This specially trained clinician works with a multi-disciplinary team to address medical, pharmacy and behavioral issues, as well as barriers to health care.
- Personalized reminders of annual visits, preventive screenings and immunizations can also help to improve member health.
- Members can visit Well onTarget® to access tools and wellness resources to help manage their health:
 - Earn points with the Blue PointsSM program by completing specific activities and achieving goals online, then redeem them in the online shopping mall
 - Track healthy behaviors, sync fitness and nutrition devices with the Well onTarget portal or download the app
- The Special Beginnings maternity program enables early identification of high-risk pregnancies and increased opportunities for interventions that can result in better clinical outcomes and cost savings.
- Registered nurses are available 24/7 to guide members to their doctors or emergency care if necessary. In addition, the 24/7 Nurseline can answer general health questions or direct members to an audio library of over 1,000 health topics.

**Questions? Please contact your
BCBSOK Account Representative.**

				Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments		Copayments		Per Occurrence Deductibles			Pharmacy Benefits			Pediatric Dental
Network	Plan Name	Plan ID	Range of HSA Contribution	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	Primary Care and Virtual Visits Office Visit Copay	Specialist Office Visit Copay	Urgent Care	Imaging	ER Visit*	Inpatient*	Outpatient Surgery *	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	RX Subject to Deductible?	Pediatric Dental ⁵ In/Out
Blue Advantage PPO SM	Blue Advantage Platinum PPO SM 101	P710ADT	NA	\$500/\$1,000	\$1,500/\$3,000	\$1,250/Unlimited	\$3,750/Unlimited	80%/60%	\$25	\$45	\$50	DC	\$300 + DC	\$150 + DC	\$100 + DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	No	70%/50%
	Blue Advantage Platinum PPO SM 116	P8E1ADT	NA	\$750/\$1,500	\$2,250/\$4,500	\$2,000/Unlimited	\$6,000/Unlimited	90%/70%	\$25	\$45	\$50	DC	\$300 + DC	\$150 + DC	\$100 + DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	No	70%/50%
	Blue Advantage Gold PPO SM 102	G740ADT	NA	\$1,800/\$3,600	\$5,400/\$10,800	\$3,000/Unlimited	\$9,000/Unlimited	70%/60%	\$40	\$60	\$50	DC	\$500 + DC	\$200 + DC	\$200 + DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Advantage Gold PPO SM 108	G743ADT	NA	\$1,000/\$2,000	\$3,000/\$6,000	\$4,000/Unlimited	\$8,000/Unlimited	70%/50%	\$40	\$60	\$50	DC	\$500 + DC	\$250 + DC	\$200 + DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Advantage Gold PPO SM 109	G744ADT	NA	\$1,250/\$2,500	\$3,750/\$7,500	\$6,000/Unlimited	\$12,000/Unlimited	80%/60%	\$25	\$45	\$50	DC	\$300 + DC	\$200 + DC	\$150 + DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Advantage Gold PPO SM 110	G745ADT	NA	\$2,500/\$5,000	\$7,500/\$15,000	\$3,000/Unlimited	\$9,000/Unlimited	80%/60%	\$30	\$50	\$50	DC	\$400 + DC	\$250 + DC	\$200 + DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Advantage Gold PPO SM 112	G746ADT	NA	\$2,000/\$4,000	\$6,000/\$12,000	\$4,000/Unlimited	\$12,000/Unlimited	80%/60%	\$30	\$50	\$50	DC	\$400 + DC	\$250 + DC	\$200 + DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Advantage Silver PPO SM 104	S730ADT	NA	\$3,500/\$7,000	\$10,500/\$21,000	\$7,900/Unlimited	\$15,800/Unlimited	60%/50%	\$30	\$50	\$50	DC	\$500 + DC	\$250 + DC	\$200 + DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Advantage Silver PPO SM 105	S731ADT	NA	\$6,000/\$12,000	\$12,000/\$24,000	\$7,350/Unlimited	\$14,700/Unlimited	80%/80%	\$20	\$40	\$50	DC	\$500 + DC	\$250 + DC	\$200 + DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	No	70%/50%
	Blue Advantage Silver PPO SM 115	S702ADT	\$0 ⁹	\$3,000/\$6,000	\$9,000/\$18,000	\$6,500/Unlimited	\$13,000/Unlimited	80%/60%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
	Blue Advantage Silver PPO SM 117	S8E1ADT	NA	\$3,500/\$7,000	\$10,500/\$21,000	\$7,900/Unlimited	\$15,800/Unlimited	60%/50%	\$0**	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Advantage Bronze PPO SM 114	B709ADT	NA	\$7,750/\$15,500	\$15,500/\$31,000	\$8,150/Unlimited	\$16,300/Unlimited	60%/50%	\$45	\$85	\$50	DC	\$750 + DC	\$250 + DC	\$500 + DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
Blue Advantage Bronze PPO SM 106	B730ADT	\$0 ⁹	\$6,750/\$13,500	\$13,500/\$27,000	\$6,750/\$13,500	\$13,500/\$27,000	100%/100%	DC	DC	DC	DC	\$100 + DC	DC	\$50 + DC	100%	100%	Yes	100%/100%	
Blue Choice PPO SM	Blue Choice Gold PPO SM 201	G730CHC	NA	\$1,800/\$3,600	\$5,400/\$10,800	\$3,000/Unlimited	\$9,000/Unlimited	70%/60%	\$40	\$60	\$50	DC	\$500 + DC	\$200 + DC	\$200 + DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Choice Gold PPO SM 202	G731CHC	NA	\$2,000/\$4,000	\$6,000/\$12,000	\$3,000/Unlimited	\$9,000/Unlimited	80%/60%	\$35	\$65	\$50	DC	\$500 + DC	\$250 + DC	\$200 + DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Choice Gold PPO SM 203	G732CHC	\$350 - \$550 ⁹	\$2,800/\$5,600	\$8,400/\$15,600	\$3,000/Unlimited	\$9,000/Unlimited	90%/70%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
	Blue Choice Silver PPO SM 204	S730CHC	NA	\$3,500/\$7,000	\$10,500/\$21,000	\$7,900/Unlimited	\$15,800/Unlimited	60%/50%	\$30	\$50	\$50	DC	\$500 + DC	\$250 + DC	\$200 + DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Choice Bronze PPO SM 207	B730CHC	\$0 ⁹	\$6,750/\$13,500	\$13,500/\$27,000	\$6,750/\$13,500	\$13,500/\$27,000	100%/100%	DC	DC	DC	DC	\$100 + DC	DC	\$50 + DC	100%	100%	Yes	100%/100%
Blue Options SM	Blue Options Gold PPO SM 301	G7200PT	NA	\$1,250/\$2,500	\$3,750/\$7,500	\$3500 BP / \$4500 BC/ Unlimited	\$9,000 BP / \$13,500 BC/Unlimited	70% BP / 70% BC/50%	\$35	\$60	\$50	DC	\$400 + DC	\$200 + DC	\$150 + DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	No	70%/50%
	Blue Options Gold PPO SM 302	G7210PT	NA	\$1,750/\$3,500	\$5,250/\$10,500	\$3000 BP / \$4500 BC/ Unlimited	\$9,000 BP / \$13,500 BC/Unlimited	80% BP / 70% BC/50%	\$25	\$50	\$50	DC	\$400 + DC	\$200 + DC	\$150 + DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Options Gold PPO SM 308	G7230PT	NA	\$1,000/\$2,000	\$3,000/\$6,000	\$3000 BP / \$5000 BC/ Unlimited	\$9,000 BP / \$15,000 BC/Unlimited	70% BP / 60% BC/50%	\$45	\$70	\$50	DC	\$500 + DC	\$250 + DC	\$200 + DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Options Silver PPO SM 304	S7100PT	NA	\$3,900/\$7,800	\$11,700/\$23,400	\$7600 BP / \$8150 BC/ Unlimited	\$15,200 BP / \$16,300 BC/Unlimited	80% BP / 70% BC/50%	\$40	\$70	\$50	DC	\$500 + DC	\$300 + DC	\$200 + DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Options Silver PPO SM 310	S8E10PT	\$0 ⁹	\$4,500/\$9,000	\$9,000/\$18,000	\$4500 BP / \$6000 BC/ Unlimited	\$9,000 BP / \$12,000 BC/Unlimited	100% BP / 80% BC/70%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
	Blue Options Bronze PPO SM 306	B7100PT	\$0 ⁹	\$5,750/\$11,500	\$11,500/\$23,000	\$6750 BP / \$6750 BC/ Unlimited	\$13,400 BP / \$13,500 BC/Unlimited	70% BP / 60% BC/50%	DC	DC	DC	DC	\$250 + DC	DC	\$100 + DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
	Blue Options Bronze PPO SM 307	B7110PT	\$0 ⁹	\$6,200/\$12,400	\$12,400/\$24,800	\$6700 BP / \$6750 BC/ Unlimited	\$13,400 BP / \$13,500 BC/Unlimited	80% BP / 70% BC/60%	DC	DC	DC	DC	\$200 + DC	DC	\$50 + DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
Blue Preferred PPO SM	Blue Preferred Platinum PPO SM 401	P710PFR	NA	\$500/\$1,000	\$1,500/\$3,000	\$1,250/Unlimited	\$3,750/Unlimited	80%/60%	\$25	\$45	\$50	DC	\$300 + DC	\$150 + DC	\$100 + DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	No	70%/50%
	Blue Preferred Platinum PPO SM 416	P8E1PFR	NA	\$750/\$1,500	\$2,250/\$4,500	\$2,000/Unlimited	\$6,000/Unlimited	90%/70%	\$25	\$45	\$50	DC	\$300 + DC	\$150 + DC	\$100 + DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	No	70%/50%
	Blue Preferred Gold PPO SM 402	G730PFR	NA	\$1,800/\$3,600	\$5,400/\$10,800	\$3,000/Unlimited	\$9,000/Unlimited	70%/60%	\$40	\$60	\$50	DC	\$500 + DC	\$200 + DC	\$200 + DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Gold PPO SM 403	G731PFR	NA	\$2,500/\$5,000	\$7,500/\$15,000	\$3,000/Unlimited	\$9,000/Unlimited	60%/60%	\$25	\$45	\$50	DC	\$500 + DC	\$300 + DC	\$250 + DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Gold PPO SM 410	G733PFR	NA	\$1,250/\$2,500	\$3,750/\$7,500	\$6,000/Unlimited	\$12,000/Unlimited	80%/60%	\$25	\$45	\$50	DC	\$300 + DC	\$200 + DC	\$150 + DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Gold PPO SM 412	G735PFR	NA	\$2,000/\$4,000	\$6,000/\$12,000	\$4,000/Unlimited	\$12,000/Unlimited	80%/60%	\$30	\$50	\$50	DC	\$400 + DC	\$250 + DC	\$200 + DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Silver PPO SM 404	S730PFR	NA	\$3,000/\$6,000	\$9,000/\$18,000	\$8,150/Unlimited	\$16,300/Unlimited	60%/50%	\$40	\$65	\$50	\$300	\$500 + DC	\$300 + DC	\$250 + DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Silver PPO SM 405	S731PFR	NA	\$3,500/\$7,000	\$10,500/\$21,000	\$7,900/Unlimited	\$15,800/Unlimited	60%/50%	\$30	\$50	\$50	DC	\$500 + DC	\$250 + DC	\$200 + DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Silver PPO SM 406	S732PFR	NA	\$6,000/\$12,000	\$12,000/\$24,000	\$7,350/Unlimited	\$14,700/Unlimited	80%/80%	\$20	\$40	\$50	DC	\$500 + DC	\$250 + DC	\$200 + DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	No	70%/50%
	Blue Preferred Silver PPO SM 414	S709PFR	\$0 ⁹	\$3,500/\$7,000	\$10,500/\$21,000	\$6,650/Unlimited	\$13,300/Unlimited	80%/60%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
	Blue Preferred Silver PPO SM 415	S701PFR	NA	\$6,000/\$12,000	\$12,000/\$24,000	\$7,350/Unlimited	\$14,700/Unlimited	90%/80%	DC	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Silver PPO SM 417	S8E1PFR	NA	\$3,500/\$7,000	\$10,500/\$21,000	\$7,900/Unlimited	\$15,800/Unlimited	60%/50%	\$0**	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Bronze PPO SM 407	B730PFR	\$0 ⁹	\$6,750/\$13,500	\$13,500/\$27,000	\$6,750/\$13,500	\$13,500/\$27,000	100%/100%	DC	DC	DC	DC	\$100 + DC	DC	\$50 + DC	100%	100%	Yes	100%/100%
	Blue Preferred Bronze PPO SM 413	B703PFR	NA	\$7,750/\$15,500	\$15,500/\$31,000	\$8,150/Unlimited	\$16,300/Unlimited	60%/50%	\$45	\$85	\$50	DC	\$750 + DC	\$250 + DC	\$500 + DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%

2020 Oklahoma Small Group (1-50) Networks by County



Network Name

- Blue Choice PPO, Blue Preferred PPO, Blue Options and Blue Advantage PPO
- Blue Choice PPO, Blue Preferred PPO and Blue Options

- Notes:**
- *A Per Occurrence Deductible applies unless otherwise indicated. Annual Deductible and Coinsurance will apply after the Per Occurrence Deductible.
 - **Copay applies to first three PCP or SPC office visits, then deductible/coinsurance apply to any additional visits for the remainder of the year.
 - 1. NA = Not Applicable; DC = Deductible and Coinsurance.
 - 2. All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any one individual in a family contract.
 - 3. When members visit a preferred pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug than when visiting an in-network non-preferred pharmacy. Members can find a preferred pharmacy at myprime.com.
 - 4. The Imaging column refers to high-dollar imaging services, such as MRIs, CT scans and PT scans.
 - 5. All plans include prescription drug benefits. The benefit plan is based on the BCBSOK drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.
 - 6. Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPOSM providers.
 - 7. Virtual visits is a feature of all Oklahoma Small Group plans. Members will pay a PCP copayment for this service, so long as the virtual provider is a contracted provider in the network.
 - 8. EyeMed Vision Care is an independent company that administers the vision benefits for BCBSOK.
 - 9. These HSA plans have a mandatory employer contribution requirement.

This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For more information on these products, please contact your BCBSOK Account Representative.

2020 Oklahoma Small Group Network Offerings				
Product Name	Blue Choice PPO	Blue Options PPO	Blue Preferred PPO	Blue Advantage PPO
Network Name	Blue Choice PPO (PPO)	Tier 1 - Blue Preferred PPO (EPP) Tier 2 - Blue Choice PPO (PPO) Tier 3 - OON (OON)	Blue Preferred PPO (EPP)	Blue Advantage PPO (BVP)
Availability	1-50	1-50	1-50	1-50
Coverage	Statewide	Statewide	Statewide	See map: Oklahoma City, Lawton, Tulsa and Rural Areas
Primary Care Physician Required	No	No	No	No
Referral Required	No	No	No	No
OON Coverage	Yes	Yes	Yes	Yes
BlueCard[®]	Yes	Yes	Yes	Yes
Blue Access for Members	Yes	Yes	Yes	Yes
Provider Finder[®]	Yes	Yes	Yes	Yes
Member Liability Estimator	Yes	No	Yes	MLE Lite



Ways to Get More Value from Pharmacy Benefits

Members should follow these tips to get the most from their pharmacy benefits:

- Consider using generic drugs.
- The doctor should check the prescription drug list when recommending prescription drug options. Drugs on the list are chosen based on their safety, cost and how well they work.
- Use a contracting in-network pharmacy.
- Go to [bcbsok.com](https://www.bcbsok.com) to check Blue Access for Members (BAMSM) for online pharmacy resources. Members can get an estimate of out-of-pocket prescription costs, view claims history and more.
- Members should ask doctors or pharmacists about the choices available and which drug is right for them.

Ask Your BCBSOK Account Representative for More Information.

BCBSOK 2020 PEDIATRIC VISION CARE		
INSURED BENEFIT		
FREQUENCY		
Examination		Once every 12 months
Lenses or Contact Lenses		Once every 12 months
Frame		Once every 12 months
VISION CARE SERVICES	MEMBER COST IN-NETWORK	Out-of-Network Reimbursement*
Exam with Dilation as Necessary	\$0 Copay	\$30
FRAMES		
Frames Any available frame at provider location	\$0 Copay on provider-designated frame; \$150 allowance on non-provider designated frame, 20% off balance over \$150	\$75
STANDARD PLASTIC LENSES		
Single Vision	\$0 Copay	\$25
Bifocal	\$0 Copay	\$40
Trifocal	\$0 Copay	\$55
Lenticular	\$0 Copay	\$55
Standard Progressive	\$0 Copay	\$55
LENS OPTIONS		
UV Treatment	\$0 Copay	\$12
Tint (Fashion & Gradient & Glass-Grey)	\$0 Copay	\$12
Standard Plastic Scratch Coating	\$0 Copay	\$12
Standard Polycarbonate - Kids under 19	\$0 Copay	\$32
Glass	\$0 Copay	NA
Photochromic/Transitions Plastic	\$0 Copay	\$57
Contact Lenses		
<i>(Contact lens allowance includes materials only)</i>		
Conventional	\$0 Copay; \$150 allowance, 15% off balance over \$150	\$150
Disposable	\$0 Copay; \$150 allowance, plus balance over \$150	\$150
Medically Necessary	\$0 Copay, Paid-in-Full	\$210

DISCOUNTS ON SERVICES AND MATERIALS ON NON-INSURED ITEMS		
VISION CARE SERVICES	MEMBER COST IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT*
Retinal Imaging Benefit	Up to \$39	NA
EXAM OPTIONS		
Standard Contact Lens Fit and Follow-Up	Up to \$40	NA
Premium Contact Lens Fit and Follow-Up	10% off Retail Price	NA
STANDARD PLASTIC LENSES		
Premium Progressive Lens Tier 1	\$20 Copay	NA
Premium Progressive Lens Tier 2	\$30 Copay	NA
Premium Progressive Lens Tier 3	\$45 Copay	NA
Premium Progressive Lens Tier 4	\$0 copay, 80% of charge less \$120 Allowance	NA
LENS OPTIONS		
Standard Polycarbonate - Adults	\$40	NA
Standard Anti-Reflective Coating	\$45	NA
Premium Anti-Reflective Coating Tier 1	\$57	NA
Premium Anti-Reflective Coating Tier 2	\$68	NA
Premium Anti-Reflective Coating Tier 3	20% off Retail Price	NA
Polarized	20% off Retail Price	NA
Oversized	20% off Retail Price	NA
Other Add-Ons	20% off Retail Price	NA
OTHER		
Laser Vision Correction	15% off Retail Price or 5% off promotional price	NA
Additional Pairs Benefit	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	NA

All plans utilize the EyeMed Select Network. Materials/services for a non-insured benefit are considered discounts and are subject to change at anytime without notice. Non-insured benefits must be paid to the provider in full.
 * 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. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. This is a snapshot; the vision benefits and the Certificate of Insurance is the master.

PLAN EXCLUSIONS
 1) Orthoptic or vision training; Aniseikonic spectacle lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; 9) Services or materials provided by any other group benefit plan providing vision care; 10) Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

