BlueCross BlueShield of Tennessee

Vision Care

With these benefits, you may visit any vision care provider for a routine eye exam once every annual benefit period.

Because some vision providers will not file your claim, be prepared to pay in full, up front. After you file your claim, BlueCross BlueShield of Tennessee will reimburse you for the covered amount, minus your copayment, up to the maximum allowable charge. If the provider charges more than the maximum allowable charge for glasses or contacts, you will pay the excess. You will not pay more than $20 for the vision exam.

Vision Benefits

1 vision exam per annual benefit period	$20 Copay
1 set of lenses (including bifocal, trifocal) per annual benefit period	100% up to $85
Contact lenses in lieu of eyeglasses per annual benefit period	100% up to $150
1 set of frames every 2 annual benefit periods	100% up to $75

Exclusions:

Benefits will not be provided for the following services, supplies or charges:

- Charges for vision testing examinations, lenses and frames ordered while insured but not delivered within 60 days after Coverage is terminated.
- Charges for sunglasses, photosensitive, anti-reflective or other optional charges when the charge exceeds the amount allowable for regular lenses.
- Charges filed for procedures determined by the Plan to be special or unusual, (i.e. orthoptics, vision training, subnormal vision aids, aniseikonic lenses, tonography, corneal refractive therapy, etc.)
- Charges for lenses that do not meet the Z80.1 or Z80.2 standards of the American National Standards Institute.
- Charges in excess of the Maximum Allowable Charge as established by the Plan.
- Charges for non-prescription lenses.

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