

# Voluntary Vision Benefits

Customer Service: (800) 565-9140

Website: [www.bcbst.com](http://www.bcbst.com)

Group Number: 104640



Plan Benefits	In-Network Member Cost	Out-of-Network Reimbursement
Copayments Exam (every 12 months) Retinal Imaging	\$10 Up to \$39	Up to \$35 N/A
Lenses (every 12 months) Single Bifocal Trifocal	\$10 \$10 \$10	Up to \$30 Up to \$45 Up to \$60
Contact Lenses (every 12 months) <i>Instead of lenses and frames</i> Conventional Disposable Medically Necessary	\$0 Copay up to \$135 allowance, 15% off balance over allowance \$0 Copay up to \$135 allowance, Paid in Full	Up to \$108 Up to \$108 Up to \$200
Frames (every 24 months)	\$0 Copay up to \$135 allowance, 20% off balance over allowance	Up to \$67.50

Employee Payroll Deductions	
Monthly Payroll Deduction	
Employee Only	\$5.25
Employee + One	\$10.51
Family	\$13.66
Bi-Weekly Payroll Deduction	
Employee Only	\$2.42
Employee + One	\$4.85
Family	\$6.30

Lincoln Memorial University is changing vision carriers from Guardian to BlueCross BlueShield of TN.

The plan covers routine eye care, including eye exams and eyeglasses (lenses and frames) or contacts with certain limits. You can purchase add-on features or the most expensive set of frames but know once you exceed the allowed amount, your cost goes up. In network providers will give a discount on the amount above the allowance and out of network providers will bill you the full amount above the allowance.

You can review the full benefit summary located on Benefitfirst, contact BlueCross BlueShield of TN for additional questions or view on the BlueCross BlueShield of TN website: [www.bcbst.com](http://www.bcbst.com).