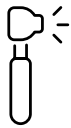


# Included in your plan – A Comprehensive Vision Solution

## SEEING IS BELIEVING!

With a Blue Cross of Idaho vision plan administered by Vision Service Plan (VSP), you get comprehensive coverage that helps keep your eyes healthy. Many health plans, including traditional Medicare, don't offer a vision benefit. A Medicare Advantage policy from Blue Cross of Idaho Care Plus will help keep your vision in check.

## Your Comprehensive Vision Benefit Includes:



### Wellvision Exam

- **You'll get the highest level of care with a \$20 copayment,\*** including a WellVision Exam® – the most comprehensive exam designed to detect eye and health conditions.
- **Plan Information** – VSP Coverage Effective Date: 01/01/2019
- Elements Advantage and VSP provide you with an affordable eyecare plan.



### Prescription Glasses

- **You'll receive prescription glasses with a \$35 copayment\*\***
- Frames (Genesis Collection) included
- Lenses – included
- Fully covered Standard progressive lenses
- Fully covered Scratch-resistant coatings
- Fully covered UV Coating



### Using your benefit is easy as 1-2-3

- **Find an eye care provider who's right for you. To find a VSP provider, call 800-877-7195 (TTY 711) or visit [vsp.com](http://vsp.com) and select the VSP Advantage Network.**
- At your appointment, tell them you have VSP. If you'd like a card as a reference, you can print one at **[vsp.com](http://vsp.com)** after you register on the site.
- That's it! We'll handle the rest – there are no claim forms to complete when you see a VSP provider.

BENEFIT	DESCRIPTION	IN-NETWORK	OUT-OF-NETWORK
Routine Eye Exam	One routine eye exam every calendar year available from a VSP Advantage network provider.	<b>*\$20 copay for one routine eye exam every year</b>	
*The copayment you pay for a routine eye exam does not apply to your yearly maximum out-of-pocket.			
		<b>**\$35 copay for prescription glasses</b>	
<p>Eyewear benefit is available every two years.</p> <p>You may select from one pair of prescription eyeglasses (or replacement lenses in your frames) OR prescription contacts and contact lens fitting and evaluation.</p>	<p><b>Prescription glasses:</b></p> <ul style="list-style-type: none"> <li>- Frame: Covered in full when you select a frame from the <b>Genesis Eyewear Collection</b> (only available through a VSP Advantage network provider), or you will receive an \$50 retail allowance for frames outside the <b>Genesis Eyewear Collection</b></li> <li>- Lenses: Single vision, lined bifocal, lined trifocal, and lenticular lenses are covered in full</li> <li>- Lens enhancements: Standard progressives, scratch resistant coating, and UV coating are covered in full</li> </ul>		<p>You pay 100% of the cost when you receive services from a non-VSP provider.</p> <p>After your service, send claims to VSP for reimbursement up to the following limits:            \$50 frames; \$30 for single vision lenses; \$50 for bifocal lenses; \$60 for trifocal lenses; \$50 for progressive lenses; \$75 for lenticular lenses; \$100 for elective contact lenses/fitting evaluation; \$210 for medically necessary contact lenses and contact lens fitting/evaluation. Doctor must obtain prior authorization.</p>
	<p><b>Elective contact lenses and contact lens fitting exam (instead of glasses):</b></p> <ul style="list-style-type: none"> <li>- Contact Lens Fitting/Evaluation and prescription contacts are covered in full up to the retail allowance of \$100</li> </ul>	<p><b>**\$35 copay for medically necessary contact lenses (instead of glasses) and contact lens exam</b></p>	
	<p><b>Medically necessary contact lenses (instead of glasses) and contact lens exam:</b></p> <ul style="list-style-type: none"> <li>- Covered in full after \$35 copay and requires VSP doctor to obtain prior authorization</li> </ul>		

\*\* The copayment you pay for eyewear (glasses, contact lenses) does not apply to your yearly maximum out-of-pocket.

### OUT OF NETWORK SERVICES

Out-of-network claims must be sent to VSP when requesting reimbursement. Do not send your claim or request for reimbursement to Blue Cross of Idaho Care Plus as the reimbursement will take longer to process.

Please contact VSP at 1-800-877-7195 (TTY 711) if you need assistance submitting your request for reimbursement. Send the required documents and your reimbursement request to:

Vision Service Plan  
 Attention: Claim Services  
 P. O. Box 385018  
 Birmingham, AL 35238-5018

If you are eligible and obtain services from a non-participating provider, you will be responsible for full payment to the provider. You will be reimbursed by VSP in accordance with the out-of-network reimbursement schedule, less the same applicable copays.

### GET UP TO \$110 BACK

Members can save big with VSP exclusive mail-in rebates on eligible popular contact lens brands from Bausch + Lomb and CooperVision.

### \$1,000 SAVINGS ON LASIK

Members can save on LASIK at NVISION Eye Centers and TLC Laser Eye Centers.

### SAVE UP TO \$2,500

Exclusive member extras, members can save with special offers and rebates through VSP and other leading industry partners.

### LEARN MORE

Visit [vsp.com/specialoffers](http://vsp.com/specialoffers) or call 800-877-7195 (TTY 711) to learn more.

Blue Cross of Idaho Care Plus, Inc. is a Medicare Advantage health plan with a Medicare contract. Enrollment in Blue Cross of Idaho Care Plus, Inc. depends on contract renewal. Blue Cross of Idaho Care Plus, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-494-2583 (TTY: 1-800-377-1363). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-494-2583 (TTY: 1-800-377-1363)。