

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

To learn more, call Blue Cross and Blue Shield of Montana at 1-800-447-7828 or your local agent.

## Outline of Coverage | 2025

### 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>
Lenses	(one Pair, per Benefit Period)
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: 2020 – 0%, 2021 – 0%, 2022 – 0%, 2023 – 0% 2024 – 0%. Your estimated premium will be \_\_\_\_\_.

**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.

Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

### Health care coverage is important for everyone.

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984. We provide free communication aids and services for anyone with a disability or who needs language assistance.

We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator 300 E. Randolph St., 35 <sup>th</sup> Floor Chicago, IL 60601	Phone: 855-664-7270 (voicemail) TTY/TDD: 855-661-6965 Fax: 855-661-6960
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You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services 200 Independence Avenue SW Room 509F, HHH Building 1019 Washington, DC 20201	Phone: 800-368-1019 TTY/TDD: 800-537-7697 Complaint Portal: <a href="https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf">https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf</a> Complaint Forms: <a href="https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html">https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html</a>
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### To receive language or communication assistance free of charge, please call us at 855-710-6984.

Español	Llámenos al 855-710-6984 para recibir asistencia lingüística o comunicación en otros formatos sin costo.
العربية	تلقني المساعدة اللغوية أو التواصل مجاًناً، يرجى الاتصال بنا على الرقم 855-710-6984.
繁體中文	如欲獲得免費語言或溝通協助，請撥打855-710-6984與我們聯絡。
Français	Pour bénéficier gratuitement d'une assistance linguistique ou d'une aide à la communication, veuillez nous appeler au 855-710-6984.
Deutsch	Um kostenlose Sprach- oder Kommunikationshilfe zu erhalten, rufen Sie uns bitte unter 855-710-6984 an.
ગુજરાતી	ભાષા અથવા સંચાર સહાય મફતમાં મેળવવા માટે, કૃપા કરીને અમને 855-710-6984 પર કોલ કરો.
हिंदी	निःशुल्क भाषा या संचार सहायता प्राप्त करने के लिए, कृपया हमें 855-710-6984 पर कॉल करें।
Italiano	Per assistenza gratuita alla lingua o alla comunicazione, chiami il numero 855-710-6984.
한국어	언어 또는 의사소통 지원을 무료로 받으려면 855-710-6984번으로 전화해 주세요.
Navajo	Niná: Doo bilagáana bizaad dinits'ágóó, shá ata' hodooni nínizingo, t'áájíík'eh bee náhaz'á. 1-866-560-4042 jį' hodíilni.
فارسی	برای دریافت کمک زبانی یا ارتباطی رایگان، لطفاً با شماره 855-710-6984 تماس بگیرید.
Polski	Aby uzyskać bezpłatną pomoc językową lub komunikacyjną, prosimy o kontakt pod numerem 855-710-6984.
Русский	Чтобы бесплатно воспользоваться услугами перевода или получить помощь при общении, звоните нам по телефону 855-710-6984.
Tagalog	Para makatanggap ng tulong sa wika o komunikasyon nang walang bayad, pakitawagan kami sa 855-710-6984.
اردو	مفت میں زبان یا مواصلت کی مدد موصول کرنے کے لیے، براہ کرم ہمیں 855-710-6984 پر کال کریں۔
Tiếng Việt	Để được hỗ trợ ngôn ngữ hoặc giao tiếp miễn phí, vui lòng gọi cho chúng tôi theo số 855-710-6984.