

VISION

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



**BlueCross BlueShield
of Montana**

To learn more, call Blue Cross and BlueShield of Montana at 800.447.7828 or your local agent.

www.bcbmt.com

Outline of Coverage | 2022

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 (Limited to one per benefit period)

Frames \$48 (Limited to one frame 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 (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.)

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: 2017 – 0%, 2018 – 0%, 2019 – 0%, 2020 – 0%, 2021 – 0%. Your estimated premium will be _____.

Member's Rights: When requested by the Member or the Member's agent, Blue Cross and BlueShield 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.



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.

Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
العربية Arabic	إن كان لديك أو لدى شخص تساعد أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم نوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您，或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員，請撥電話 號碼 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujara ti	જો તમને અથવા તમે મદદ કરી રા હોય એવી કોઈ બીજી ચિક્તને એસ.બી.એમ. કાર્યક્રમ બાબતે પ્રો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દલાિષયા સાથે વાત કરવા માટ આ નબર 855-710-6984 પર કોલ કરો.
हिंदी Hindi	यिद आपके, या आप जिसकी सहायता कर रहे ह उसके, प्र न ह , तो आपको अपनी भाषा म िनःशु क सहायता और जानकारी प्रा त करने का अधिकार है। किसी अनुवादक से बात करने के िलए 855-710-6984 पर काल कर ।.
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
Diné Navajo	T'11 ni, 47 doodago [a'da b7k1 an1n7lwo'7g77, na'7d7[kidgo, ts'7d1 bee n1 ah00ti'i' t'11 n77k'e n7k1 a'doolwo[d00 b7na'7d7[kid7g77 bee ni[h odoonih. Ata'dahalne'7g77 bich'8' hod77lnih kwe'4 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سوآلی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شرفاهی، با شماره 855-710-6984 تماس حاصل نمایید.
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiegokolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nếu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.



Health care coverage is important for everyone.

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.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

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.
35th Floor
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960
Email: CivilRightsCoordinator@hcsc.net

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: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>