

Voluntary Blue View Vision PPO Plan

McCracken County Public Schools

Effective Date: January 1, 2015

Finding a Blue View Vision Provider

Blue View Vision has an extensive national network of participating providers contracted under a vendor agreement with EyeMed Vision Care. You can easily find a provider conveniently located near you. Nationally, we contract with independent optometrists and ophthalmologists as well as retail locations such as LensCrafters®, Target® Optical, Sears Optical, JCPenney Optical, and Pearle Vision.

Using a Participating Provider

By using a participating provider, you minimize your out-of-pocket expenses and receive the benefits of not having to hassle with paperwork, since the participating provider verifies your eligibility and obtains all the necessary information.

Using a Non-Participating Provider

If you choose to go to a non-participating (non-network) provider, you must pay the provider directly at the time of service. Out-of-network claims must be submitted by you. Simply submit a claim for reimbursement. When using a non-participating provider, your coverage may be limited and your out-of-pocket expenses may be greater.

Covered Benefits	Member Benefit From Blue View Vision Network Provider	Non-Network Reimbursement
Vision Examination including dilation and refraction as needed. Covered once every 12 months .*	\$10 copayment	Up to \$42
Prescription Lenses (Pair) Standard plastic lenses up to 55 mm; and all ranges of prescriptions Covered once every 12 months .* Basic Lenses (pair) <ul style="list-style-type: none"> ● Single Vision Lenses (pair) ● Bifocal Lenses (pair) ● Trifocal Lenses (pair) 	\$15 copayment	Up to \$40 Up to \$60 Up to \$80
Frames Covered once every 24 months .*	No copayment, up to \$130 retail value	Up to \$45
Prescription Contact Lenses** Covered once every 12 months .* Contact Lenses (Elective) (in lieu of eyeglass lenses allowances) <ul style="list-style-type: none"> ● Conventional Contact Lenses ● Disposable Contact Lenses Contact Lenses (Non-Elective)	No copayment, up to \$130 retail value	Up to \$105
Lens Options UV Coating Tint (<i>Solid & Gradient</i>) Standard Scratch-Resistance Standard Polycarbonate Standard Progressive (<i>Add-on to bifocal copayment</i>)* Standard Anti-Reflective Coating Other Add-ons and Services	Member Cost for Upgrades \$15 \$15 \$15 \$40 \$65 \$45 20% off retail	Discounts on lens option upgrades are not available out-of-network.

* From the Last Date of Service

**Professional fitting fees are not a Covered Service but may be covered or partially covered by applying any remaining contact lens allowance unused for the materials (lens) purchase. Any remaining amount will be applied to the professional fitting fee of the prescribing Provider. Contact lens allowance must be used at one time; no amount will be carried forward.

If the insured person chooses conventional contact lenses greater than the plan allowance, the insured person will receive a 15% discount toward the difference. If the insured person chooses disposable lenses greater than the plan allowance the insured person is responsible for the balance.

Monthly Rates:	
Employee Only:	\$7.38
Employee & One Dependent:	\$11.79
Employee & Family:	\$19.16

Limitations & Exclusions

The following section indicates items that are excluded from benefit consideration, and are not considered Covered Services. This information is provided as an aid to identify certain common items that may be misconstrued as Covered Services, but is in no way a limitation upon, or a complete listing of, such items considered not to be Covered Services. We are the final authority for determining if services or supplies are Covered Services.

We do not provide vision benefits for services, supplies or charges:

1. Received from an individual or entity that is not a Provider, as defined in this Certificate.
2. For any condition, disease, defect, ailment, or injury arising out of and in the course of employment if benefits are available under any Worker's Compensation Act or other similar law. This exclusion applies if you receive the benefits in whole or in part. This exclusion also applies whether or not you claim the benefits or compensation. It also applies whether or not you recover from any third party.
3. To the extent that they are provided as benefits by any governmental unit, unless otherwise required by law or regulation.
4. For illness or injury that occurs as a result of any act of war, declared or undeclared.
5. For a condition resulting from direct participation in a riot, civil disobedience, nuclear explosion, or nuclear accident.
6. For which you have no legal obligation to pay in the absence of this or like coverage.
7. Received from an optical or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust or similar person or group.
8. Prescribed, ordered, referred by, or received from a member of your immediate family, including your spouse, child, brother, sister, parent, in-law, or self.
9. For completion of claim forms or charges for medical records or reports unless otherwise required by law.
10. For missed or canceled appointments.
11. In excess of Maximum Allowable Amount.
12. Incurred prior to your Effective Date.
13. Incurred after the termination date of this coverage except as specified elsewhere in this Certificate.
14. For services or supplies primarily for educational, vocational, or training purposes, except as otherwise specified herein.
15. For sunglasses and accompanying frames.
16. For safety glasses and accompanying frames.
17. For inpatient or outpatient hospital vision care.
18. For Orthoptics or vision training and any associated supplemental testing.
19. For non-prescription lenses.
20. For two pairs of glasses in lieu of bifocals.
21. For Plano lenses (lenses that have no refractive power).
22. For medical or surgical treatment of the eyes.
23. Lost or broken lenses or frames, unless the Member has reached his or her normal interval for service when seeking replacements.
24. For services or supplies not specifically listed in the Certificate.
25. Certain brands on which the manufacturer imposes a no discount policy.
26. For services or supplies combined with any other offer, coupon or in-store advertisement.

BVV VOL ER CEN 0710
Rev. 7-10