



ND

vsp vision care

BlueVision Essential

### Your coverage with a VSP® Network Doctor

Benefits	Copay, Allowance and Frequency	Description
<b>Exams</b>		
WellVision Exam®	One per calendar year	
Retinal Screening	No more than \$39 Copay	Routine screening (WellVision Exam enhancement)
<b>Prescription Glasses</b>		
Lenses	One per calendar year	Single vision, lined bifocal, and lined trifocal lenses Progressive lenses, Polycarbonate lenses for dependent children under age 19
Frames	\$175 Allowance One per every other calendar year	Wide selection of frames
Additional Glasses and Sunglasses	n/a	30% Savings - Additional glasses/sunglasses - including lens enhancements <sup>2</sup> or 20% Savings - Any VSP network doctor within 12 months of last WellVision Exam
<b>Contacts</b>		
Fitting and Exam	up to \$60 Copay One per calendar year	15% Discount applies when seeing a member doctor
Lenses	up to \$150 maximum allowance Current calendar year <sup>1</sup>	Necessary contact lenses are covered
<b>Vision Correction</b>		
Laser	n/a	Average 15% discount off regular price or 5% discount off promotional price <sup>3</sup>

### Your coverage with Out-of-Network Doctors

Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network doctors will be less or you'll receive a lower level of benefits. Visit BCBSND.com for plan details.

Exam .....	up to \$60	Lined Trifocal Lenses .....	up to \$100
Frame .....	up to \$98	Progressive Lenses .....	up to \$75
Single Vision Lenses .....	up to \$50	Contacts .....	up to \$135
Lined Bifocal Lenses .....	up to \$75		

Plan allowances at some retail chains may differ, but are of equivalent value. Once your benefit is effective, visit BCBSND.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with BCBSND, the terms of the contract will prevail.

<sup>1</sup>Contact lenses are available under this vision plan in place of all other lens and frame benefits

<sup>2</sup>From the same VSP network doctor on the same day as your WellVision Exam. <sup>3</sup>Discounts only available from contracted facilities

For further details of the coverage, including exclusions, any reductions or limitations and the terms under which the benefit plan may be continued, see your Sales and Account Executive. This is a brief explanation of covered services and payment levels of this product. It should not be used to determine whether vision expenses will be paid. The written certificate of insurance governs the benefits available.

VSP® is an independent company providing vision benefit management services and access to the VSP vision network for Blue Cross Blue Shield of North Dakota vision products.

VSP and WellVision Exam are registered trademarks of Vision Service Plan.

Information applies to Fully Insured & Self-Funded groups

Self-Funded groups: This vision plan is that of your employer. Blue Cross Blue Shield of North Dakota is serving only as the Claims Administrator.

Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross Blue Shield Association.

## BlueVision - Popular lens enhancements<sup>1</sup>

Enhancements	Single Vision <sup>2</sup>   Multifocal <sup>2</sup>	Description
<b>Tints, Dyes and Polish</b>		
Solid Tints and Dyes	Covered – Except Pink I & II	Fashionable and reduce the amount of light coming through the lenses
Plastic Gradient Dye	\$15	Usually dark at the top and gradually lighten toward the bottom of the lenses
High Luster Edge Polish	\$14	Edges can be polished to a high luster, resulting in clearer and shinier edges; plus, it makes lenses look thinner
<b>Coatings</b>		
Scratch-Resistant	\$15	Applied to plastic lenses to increase their resistance to normal scratching and pitting
Anti-Reflective	Standard - \$37 Premium - \$61 Custom - \$75	Can reduce eyestrain caused by glare, reflections, blue light exposure from digital devices, and the “halos” you see around lights at night; plus, it helps protect lenses from scratches, smudges, dust, and water.
UV Protection	\$10	Can be added to the front or back side of a lens and can block 98–100% of transmitted and reflected UVA and UVB rays
<b>Lenses</b>		
Polycarbonate	Adult - \$33 Children - Covered	One of the thinnest, lightest, and most impact-resistant materials available; plus, they provide UV protection and scratch resistance
Photochromic	\$70	Automatically darken when exposed to sunlight and lighten when out of sunlight
High-Index	\$51   \$55	Thinner and lighter than standard lenses, these lenses help people with severe vision correction needs
Progressive	Standard - Covered Premium - Covered Custom - Covered	Line-free lenses that gradually change power with distance

## Using your BlueVision benefit is easy

Log in to your account at BCBSND.com. Your member portal is your one stop shop for managing your vision coverage with BCBSND. Within the portal, you can access additional information from our vision partner, VSP.

### Member Portal

Log into your account at BCBSND.com

- View individuals covered by your BCBSND vision plan
- View your vision benefits information

### VSP Portal

Log into account at BCBSND.com

Select - claims tab on the top  
Click - link on the left-hand side.

- View claims history
- Download VSP savings statements (outline coverage discounts)
- Find an in-network doctor through the online directory
- View and download forms

## Best Eye Care

You'll get the highest level of care, including a WellVision Exam – the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP network doctor, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

## Plan Information

**VSP Network Doctor:** VSP Signature

**Visit BCBSND.com or call 800.877.7195 for more details on your vision coverage and exclusive savings and promotions for VSP members.**

<sup>1</sup>All lens enhancements are covered after a copay

<sup>2</sup>Prices shown reflect the standard plastic price for each respective category. Premium lens enhancement prices may vary. Prices are valid only through VSP network doctors and are subject to change without notice.



In accordance with federal regulations, Blue Cross Blue Shield of North Dakota is required to provide you the following disclosure:

Blue Cross Blue Shield of North Dakota complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity, sexual orientation or sex. Blue Cross Blue Shield of North Dakota does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity, sexual orientation or sex.

Blue Cross Blue Shield of North Dakota:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please call Member Services at 1-844-363-8457 (toll-free) or through the North Dakota Relay at 1-800-366-6888 or 711.

If you believe that Blue Cross Blue Shield of North Dakota has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity, sexual orientation or sex, you can file a grievance with:

Civil Rights Coordinator

4510 13th Ave S

Fargo, ND 58121

701-297-1638 or North Dakota Relay at 800-366-6888 or 711

701-282-1804 (fax)

[CivilRightsCoordinator@bcbsnd.com](mailto:CivilRightsCoordinator@bcbsnd.com) (email) (Communication by unencrypted email presents a risk.)

You can file a grievance in person or by mail, fax, or email within 180 days of the date of the alleged discrimination. Grievance forms are available at <http://www.bcbsnd.com/report> or by calling 1-844-363-8457. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW.

Room 509F, HHH Building

Washington, DC 20201

800-368-1019 or 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

### **Español (Spanish)**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-363-8457 (TTY: 1-800-366-6888 o 711).

### **Deutsch (German)**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-363-8457 (TTY: 1-800-366-6888 oder 711).

## 中文 (Chinese)

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 1-844-363-8457 (TTY: 1-800-366-6888 或 711)。

## Oroomiffa (Oromo)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-844-363-8457 (TTY: 1-800-366-6888 ykn 711).

## Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-363-8457 (TTY: 1-800-366-6888 hoặc 711).

## Ikirundi (Bantu – Kirundi)

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-844-363-8457 (TTY: 1-800-366-6888 canke 711).

## العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-363-8457 (رقم هاتف الصم والبكم: 1-800-366-6888 أو 711).

## Kiswahili (Swahili)

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-844-363-8457 (TTY: 1-800-366-6888 au 711).

## Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-363-8457 (телетайп: 1-800-366-6888 или 711).

## 日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-844-363-8457 (TTY: 1-800-366-6888 または 711) まで、お電話にてご連絡ください。

## नेपाली (Nepali)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-844-363-8457 (टिटिवाइ: 1-800-366-6888 वा 711)।

## Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-363-8457 (ATS : 1-800-366-6888 ou 711).

## 한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-363-8457 (TTY: 1-800-366-6888 또는 711)번으로 전화해 주십시오.

## Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-363-8457 (TTY: 1-800-366-6888 o 711).

## Norsk (Norwegian)

MERK: Hvis du snakker norsk, er gratis språkassistanstjenester tilgjengelige for deg. Ring 1-844-363-8457 (TTY: 1-800-366-6888 eller 711).

## Diné Bizaad (Navajo)

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jii'eh, éí ná hóló, kójj' hódííłnih 1-844-363-8457 (TTY: 1-800-366-6888 éí doodagó 711.)