

# Vision Care Rider Preferred Option



Blue Cross and Blue Shield  
of New Mexico

This *Vision Care Rider* is made part of, and is in addition to any information you may have in your Blue Cross and Blue Shield of New Mexico (BCBSNM) member benefit booklet or any previous Vision Care Rider, endorsement, or amendment you may have received. BCBSNM underwrites this *Vision Care Rider* and has partnered with EyeMed Vision Care, LLC (EyeMed), also referred to as the “vision care plan administrator.” EyeMed provides customer service and claims administration services to members enrolled in the Preferred vision care plan. The relationship between BCBSNM and EyeMed is that of independent contractors. Through our arrangement with EyeMed, you will have access to EyeMed’s extensive network of vision care providers.

This *Vision Care Rider* provides information about coverage for the routine vision care services outlined below, which are specifically excluded under your medical/surgical health care plan. **(Services that are covered under your medical/surgical plan are not covered under this *Vision Care Rider*.) All provisions in the medical plan booklet apply to this *Vision Care Rider* unless specifically indicated otherwise below. Benefits are subject to change if mutually agreed.**

BY:

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President, Blue Cross and Blue Shield of New Mexico

## Definitions

**Benefit Period** — For purposes of this *Vision Care Rider*, a period of time that begins on the later of:

1) the member’s effective date of coverage under this *Vision Care Rider*, or 2) the last date a vision examination was performed on the member, whichever is applicable. (A benefit period does not coincide with a calendar year and may differ for each covered member of a group or family.)

**Provider** — For purposes of this *Vision Care Rider*, a licensed ophthalmologist or optometrist operating within the scope of his or her license or a dispensing optician. An “in-network” provider is a provider who has contracted with the vision care plan administrator, EyeMed. An “out-of-network” provider has not contracted with EyeMed (even if such provider is contracted with BCBSNM to render covered services under your medical/surgical health care plan).

**Vision Examination** — A vision testing exam, including a determination as to the need for correction of visual acuity and prescribing lenses, if needed, that is performed by a licensed physician or optometrist who is operating within the scope of his/her license. A vision examination (including dilation, if necessary) includes but is not limited to the following procedures:

- case history, including chief complaint and/or reason for visit, patient medical/eye health history, and record of current medications; record of visual acuities with/without present correction, if applicable
- pupil responses, external exam findings, internal exam findings, screening of visual fields perception
- present prescription
- retinoscopy (when applicable), subjective refraction at far and near point
- binocular and ocular mobility testing
- test of accommodation and/or near point refraction

- tonometry, to include pressures, time of day, and type of instrument used (a reasonable attempt at tonometry or equivalent testing will be made unless, in the physician's professional opinion, tonometry is contraindicated)
- diagnosis/prognosis and/or specific recommendations

**Vision Materials** — Corrective lenses or contact lenses and frames.

## Eligibility

When dependents are added to or terminated from a Subscriber's medical/surgical plan, the same enrollment changes are made to coverage under this *Vision Care Rider*. **Note:** Once coverage is lost under the medical/surgical plan, all benefits cease under this *Vision Care Rider*. Extension of benefits due to disability, state or federal continuation coverage, and conversion option privileges are **not** available under this *Vision Care Rider*. You may verify your eligibility under this plan by visiting the EyeMed Web site and printing an enrollment confirmation notice or you may call EyeMed Member Services at the phone number on the bottom of each page of this rider.

## Limitations and Exclusions

In addition to the general limitations and exclusions listed in your medical/surgical plan benefit booklet, this *Vision Care Rider* does not cover services or materials connected with or charges arising from:

- orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- aniseikonic lenses
- medical and/or surgical treatment of the eye, eyes, or supporting structures
- any eye or vision examination, or any corrective eye wear required by an employer as a condition of employment, and safety eyewear
- services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
- plano nonprescription lenses or nonprescription sunglasses (except for 20 percent discount for materials purchased from an in-network provider)
- 2 pairs of glasses in lieu of bifocals
- services rendered after the date a Member ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Member are within 31 days from the date of such order;
- services or materials provided by any other group benefit plan providing vision care;
- services covered under your medical/surgical plan
- replacement of lost, stolen, damaged, or broken materials, unless otherwise covered through warranty,
- more than one examination in each successive 12-month benefit period
- vision materials purchased from an out-of-network provider or services of unlicensed personnel

## How the Preferred Vision Care Plan Works

Under the Preferred vision care plan option, you may visit any covered provider and receive benefits (as listed on the "Summary of Preferred Benefits") for a vision **examination**. In order to receive the In-Network discounts for non-covered **vision materials**, you must purchase them from **an in-network provider**. (An "in-network" provider is one who contracts with EyeMed to provide services covered under this *Vision Care Rider* to enrolled members. Providers who contract with BCBSNM are not considered "in-network" for purposes of this *Vision Care Rider*, unless he/she also contracts with EyeMed.)

Before you go to an in-network vision care plan provider for an eye examination, eyeglasses, or contact lenses, please call ahead for an appointment. When you arrive, show the receptionist your BCBSNM health care plan or your vision plan identification card (the ID numbers should be the same). If you forget to take your card, be sure to say that you are a member of the BCBSNM Preferred vision care plan so that your eligibility can be verified.

To locate an in-network vision care provider, visit EyeMed's Web site at [www.eyemed.com](http://www.eyemed.com) and use the Find a Provider link (choose the Select Network for your search) or call 1-844-684-2257 to obtain a list of the in-network vision care plan providers nearest you.

You may receive your eye examination and eyeglasses/contacts on different dates or through different provider locations, if desired.

Fees charged for services other than a covered vision examination or discount for vision materials, and amounts in excess of those payable under this *Vision Care Rider*, must be paid in full by you to the provider, whether or not the provider participates in the vision care plan network. Benefits under this *Vision Care Rider* may not be combined with any discount, promotional offering, or other group benefit plans.

## Using the “Value-Added” Programs

In addition to the benefits for examinations and vision materials listed on the “Summary of Preferred Benefits” on the last page of the *Vision Care Rider*, EyeMed offers these exciting features at no additional cost:

**Contactsdirect.com:** This is an online contact lens provider offered to BCBSNM vision care plan members by EyeMed. Through this value-added program, members enjoy significant savings. Members may go online or call 1-844-5LENSES (1-844-553-6737) to order replacement contact lenses and receive them in the mail with guaranteed low prices. For more information, you may also visit the Contactsdirect.com Web site at [www.contactsdirect.com](http://www.contactsdirect.com).

**Laser Vision:** The EyeMed Lasik/PRK Program is delivered nationally through a network of ophthalmologists, eye surgeons, and Eyecare Centers of Excellence. Members receive fixed discount pricing on Laser Vision Correction procedures, including Traditional Lasik and Custom Lasik. See your “Summary of Preferred Benefits” for details.

## Claims Filing and Appeal Procedures

### In-Network Vision Services

When you receive vision services at an in-network vision plan provider location, you will **not** have to file a claim form. At the time services are rendered, you will pay for the services or eyewear at the fixed discounted fee (or “copayment”) noted herein. You will also owe state tax, if applicable, and the cost of noncovered expenses (for example, vision perception training).

### Claims for Out-of-Network Vision Services

When you receive a covered vision examination outside of the vision plan provider network, you will need to file a claim form. You can obtain a claim form from a EyeMed Member Services Representative or at [www.EyeMed.com](http://www.EyeMed.com). Be sure to fill out the claim form completely. You must submit your claim form no more than **15 months** after the services were provided. If you choose to go to an out-of-network provider, please complete the following steps before submitting your claim form to EyeMed.

1. You are responsible for payment of vision care services at the time of service. BCBSNM (through the vision care plan administrator, EyeMed) will reimburse you for covered services. Please see the “Summary of Preferred Benefits,” on the last page of this Vision Care Rider for the list of qualified services and their reimbursement amounts.
2. Complete the Patient Information portion of your claim form.
3. Complete the Member/Employee Information Portion of your claim form. This information can be found on your ID card or by contacting your human resources or employee benefits department.
4. Complete the Provider Information portion of the form.
5. Sign the claim form. If the patient is a minor, the parent or legal guardian must sign the claim form.
6. Attach itemized receipts from your provider to the claim form. (Facsimiles and photocopies of bills cannot be accepted; please keep copies for your records. Bills will not be returned.) Please include the following breakdown of costs for each itemized bill:
  - Exam

7. Mail the claim form to the following address:

First American Administrators  
Attn: OON Claims  
P.O. Box 8504  
Mason, OH 45040-7111

## Customer Service

Questions about services covered under the vision care plan, in-network vision plan providers, or about benefits provided or denied under the plan can be directed to EyeMed seven days a week, Monday through Saturday 5:30 A.M. to 9:00 P.M. and Sunday 9:00 A.M. to 6:00 P.M. Mountain Time at 1-844-684-2257. An Interactive Voice Response unit is also available outside normal business operating hours. (Please direct member enrollment, termination, and other Subscriber or dependent eligibility questions to BCBSNM – not to EyeMed.)

Members who use a TTY (Teletypewriter) because of a hearing or speech disability may access TTY services through calling or using a TTY machine to engage an operator at 711 and asking the operator to call EyeMed at 1-844-230-6498.

## Member Complaint Procedure

If you are dissatisfied with an EyeMed Provider's quality of care, services, materials or facility or with EyeMed's Plan administration, you should first call EyeMed Customer Care Center at 1-844-684-2257 to request resolution. The EyeMed Customer Care Center will make every effort to resolve your matter informally.

If you are not satisfied with the resolution from the Customer Care Center service representative, you may file a formal complaint with EyeMed's Quality Assurance Department at the address noted below. You may also include written comments or supporting documentation.

The EyeMed Quality Assurance Department will resolve your complaint within thirty (30) days after receipt, unless special circumstances require an extension of time. In that case, resolution shall be achieved as soon as possible, but no later than one hundred twenty (120) days after EyeMed's receipt of your complaint. Upon final resolution, EyeMed will notify you in writing of its decision.

## Appealing Denied Claims

If your claim is denied, in whole or in part, you may file an appeal. The appeal must be in writing and received by First American Administrators (FAA), a wholly-owned subsidiary of EyeMed, which provides appeals review services of vision claims on behalf of BCBSNM, within 180 days of your notice of the denial. If you do not receive an EOB within 30 days of submission of your claim, you may submit an appeal within 180 days after this 30-day period has expired. Your written letter of appeal should include the following:

- The applicable claim number or a copy of the written denial or a copy of the EOB, if applicable.
- The item of your vision coverage that the member feels was misinterpreted or inaccurately applied.
- Additional information from the member's eye care provider that will assist FAA in completing its review of the member's appeal, such as documents, records, questions or comments.

The appeal should be mailed or faxed to the following address:

FAA/EyeMed Vision Care, LLC Attn:  
Quality Assurance Dept.  
4000 Luxottica Place  
Mason, OH 45040  
Fax: 1-513-492-3259

## Summary of Preferred Benefits

<u>Vision Care Services</u>	<u>In-Network Benefits</u>	<u>Out-of-Network Benefits</u>
<b>Examination*</b>		
<b>Exam</b> (with dilation as necessary):	\$10 Copay	(plan pays up to \$35; member pays balance)
<b>Retinal Imaging Benefit**</b>	Up to \$39	N/A
<b>Standard Contact Lens Fit and Follow-Up:**</b> <b>Premium Contact Lens Fit and Follow-Up:**</b>	N/A	N/A
<b>Frames:**</b>	35% off Retail Price	N/A
<b>Standard Plastic Spectacle Lenses: (***)</b> (**) Single Vision Bifocal Trifocal Lenticular Standard Progressive	\$50 \$70 \$105 \$105 \$135	N/A
<b>Lens Options (add to lens prices above):**</b> UV Treatment Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate-Adults Polycarbonate-Kids under 19 Standard Anti-Reflective Coating (ARC) Other Add-Ons	\$15 \$15 \$15 \$40 \$40 \$45 20% off Retail Price	N/A
<b>Contact Lenses (Contact lens discount includes materials only):</b> Conventional ** Disposable  Medically Necessary	15% off Retail 0% off Retail  N/A	N/A
<b>Value-added features: **</b> <b>Laser vision correction:</b> You will receive a discount for traditional LASIK and custom LASIK. <i>Prices/discounts may vary by state and are subject to change without notice.</i>  <b>Online contact lens provider:</b> Contactsdirect.com Program (visit the website: www.contactsdirect.com).	15% off the Retail price or 5% off the Promotional Price	N/A

\* Frequency – Once every 12 months

\*\*Frequency is unlimited; discounts are subject to change without notice.