

We cover what matters.

Vision Plan Benefits

**Cullman County Commission
Vision BlueSM Gold Plus**
powered by VSP[®]

Effective January 01, 2025

Visit our website at
AlabamaBlue.com



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

VSP CHOICE NETWORK

The VSP Vision Care Choice Network is a national network comprised of more than 35,000 preferred providers and 100,000 access points including 22,000 retail chain access points.

To find a **VSP Network Doctor**, visit **AlabamaBlue.com/FindaDoctor**. Enter your zip code or city/state and select the VSP Choice Network from the Network/Plan filter. All members have access to the Premier Program, which is part of the incredible network of highly knowledgeable doctors. Network doctors who participate in the Premier Program provide the personalized attention you want and the ease you need. Plus maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.

Prefer to shop online? Use your vision benefits on Eyeconic® the VSP preferred online retailer.

Vision Service Plan (VSP) is an independent company providing Credentialing, Quality Management, Claims Processing, Complaints and Grievance, and Customer Service activities on behalf of Blue Cross and Blue Shield of Alabama. VSP and WellVision Exam are registered trademarks, and VSP Diabetic Eyecare Plus Program is a service mark of Vision Service Plan. All other brands or marks are the property of their respective owners.

Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details. Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

©2021 Vision Service Plan. All rights reserved. VSP, VSP Vision Care for life, Eyeconic, and WellVision Exam are registered trademarks, VSP Diabetic Eyecare Plus Program is a servicemark of Vision Service Plan. All other brands or marks are the property of their respective workers.

**Cullman County Commission
Vision BlueSM Gold Plus
Vision Benefits
Effective January 1, 2025**

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
COVERED SERVICES AND MATERIALS		
Exams:		
WellVision Exam[®] One per member every 12 months	\$10 copay	Covered up to \$45 after \$10 copay
Contact Lens- fitting and evaluation One per member every 12 months	Not to exceed \$60 copay	See out-of-network Materials- Elective Contact Lenses
Retinal Screening	Not to exceed \$39 copay	Not covered
Materials:		
Materials (frames & lenses)	\$20 copay	See below
Retail Frame One per member every 12 months	Covered up to \$150	Reimbursed up to \$70 after materials copay
Elective Contact Lenses One per member every 12 months	Covered up to \$150, not subject to copay	Reimbursed up to \$105 for both materials and fitting/evaluation
Necessary Contact Lenses One per member every 12 months	Covered in full after \$20 copay	Reimbursed up to \$210 after materials copay
Lenses:		
Single Vision Lenses One per member every 12 months	100% after materials copay	Reimbursed up to \$30 after materials copay
Bifocal Lenses One per member every 12 months	100% after materials copay	Reimbursed up to \$50 after materials copay
Trifocal Lenses One per member every 12 months	100% after materials copay	Reimbursed up to \$65 after materials copay
Lenticular Lenses One per member every 12 months	100% after materials copay	Reimbursed up to \$100 after materials copay
Lens Enhancements:		
Polycarbonate for Children One per member every 12 months	100% after materials copay	Not covered
Standard Progressive Plastic One per member every 12 months	100% after materials copay	Reimbursed up to \$50 after materials copay
Premium Progressive Plastic One per member every 12 months	100% after materials copay	Reimbursed up to \$50 after materials copay
Custom Progressive Plastic One per member every 12 months	100% after materials copay	Reimbursed up to \$50 after materials copay
Anti-Reflective Coating One per member every 12 months	100% after materials copay	Not covered
Scratch Resistant Coating One per member every 12 months	100% after materials copay	Not covered
VALUE ADDED PROGRAMS		
VSP Diabetic Eyecare Plus ProgramSM	\$20 copay per visit	
Low Vision Testing every 2 years	75% for low vision aids, up to \$1,000	
EXTRA DISCOUNTS AND SAVINGS		
Lens Enhancements	Average 30% savings	
Featured Frame Brands	Extra \$20 allowance	
Additional Pair of Glasses	20% savings	
Sunglasses	20% savings	
Laser Vision Correction	Average savings of 15%	

This Plan is designed to cover visual needs rather than cosmetic materials. Some vision care services and/or materials are not covered under this Plan and certain other limitations may apply. Check your benefit booklet for more detailed coverage information.

Notice of Nondiscrimination

Discrimination is Against the Law

Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described in 45 CFR § 92.101(a)(2)). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- Provides reasonable modifications and free appropriate auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our 1557 Compliance Coordinator. If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email at: Blue Cross and Blue Shield of Alabama, Compliance Office, 450 Riverchase Parkway East, Birmingham, Alabama 35244, Attn: 1557 Compliance Coordinator, 1-855-216-3144, 711 (TTY), 1-205-220-2984 (fax), 1557Grievance@bcbsal.org (email). If you need help filing a grievance, our 1557 Compliance 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, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-216-3144 (TTY: 711) or call Customer Service.

Arabic: انتباه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا المساعدات الإضافية المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل بالرقم 1-855-216-3144 (الهاتف النصي: 711) أو الاتصال بخدمة العملاء.

Chinese: 请注意: 如果您说普通话, 我们可免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以易读格式向您提供信息。请拨打 1-855-216-3144 (TTY 用户请拨打 711) 或致电客户服务部。

French: À NOTER : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1 855 216 3144 (TTY : 711) ou contactez le service client.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in zugänglichen Formaten sind ebenfalls kostenlos erhältlich. Rufen Sie +1 855 216 3144 (Durchwahl: 711) oder den Kundendienst an.

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે નિ:શુલ્ક ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટેની યોગ્ય સહાય અને સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-855-216-3144 (TTY: 711) પર અથવા ગ્રાહક સેવા પર કૉલ કરો.

Hindi: ध्यान दें: अगर आप हिन्दी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध हैं। आसान प्रारूप में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएं भी नि:शुल्क उपलब्ध हैं। 1-855-216-3144 (TTY: 711) पर कॉल करें या ग्राहक सेवा को कॉल करें।

Japanese: ご案内: 日本語を話される方には、無料の言語アシスタントサービスをご用意しております。アクセシブルな形式で情報を提供するため、補助器具や支援サービスも無料で提供しております。1-855-216-3144 (TTY: 711) もしくは、カスタマーサービスにお電話でお問合せください。

Korean: 주의: 한국어(를) 하시면 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구와 서비스도 무료로 제공됩니다. 1-855-216-3144(TTY: 711)로 전화하거나 고객 서비스에 문의하세요.

Lao: ຄຳໃຈໃສ່: ຖ້າເຈົ້າເວົ້າ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີດມ່ນມີໃຫ້ທ່ານ. ການຊ່ວຍເຫຼືອ ແລະ

ການບໍລິການທີ່ເໝາະສົມໃນການສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ແມ່ນຍັງສາມາດໃຊ້ໄດ້ໃນປັດຈຸບັນ. ໃຫ້ 1-855-216-3144 (TTY: 711) ຫຼື ໃຫ້ທ່ານຮູ້ການບໍລິການລູກຄ້າ.

Portuguese: ATENÇÃO: Se você falar português, serviços gratuitos de assistência linguística estão disponíveis para você. Também estão disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-855-216-3144 (TTY: 711) ou ligue para o Atendimento ao Cliente.

Russian: ВНИМАНИЕ. Если ваш язык русский язык, к вашим услугам бесплатная языковая помощь. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-216-3144 (TTY: 711) или обратитесь в службу поддержки клиентов.

Spanish: ATENCIÓN: Si usted habla español, hay disponibles servicios gratuitos de asistencia lingüística. También hay disponibles, de forma gratuita, ayudas y servicios auxiliares adecuados para dar información en formatos accesibles. Llame al 1-855-216-3144 (TTY: 711) o llame a Servicio al cliente.

Tagalog: ATTENTION: Kung nagsasalita ka ng Tagalog, available sa iyo ang mga libreng serbisyo sa tulong sa wika. Available rin ang naaangkop na mga pantulong na tulong at serbisyo nang walang bayad para magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-216-3144 (TTY: 711) o tumawag sa Serbisyo sa Customer.

Turkish: DİKKAT Konuşmanızı durumunda Türkçe, ücretsiz dil yardımı hizmetlerinden yararlanabilirsiniz. Erişilebilir formatlarda bilgi sağlamak için uygun yardımcı araçlar ve hizmetler de ücretsiz olarak sunulmaktadır. 1-855-216-3144 (TTY: 711) nolu telefonu veya Müşteri Hizmetlerini arayın.

Vietnamese: CHÚ Ý: Nếu quý vị nói tiếng việt thì dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Chúng tôi cũng có các hỗ trợ và dịch vụ phụ trợ miễn phí phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận. Vui lòng gọi số 1-855-216-3144 (TTY: 711) hoặc gọi Dịch Vụ Khách Hàng.