

Vision Plan



Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueCross BlueShield of Oregon

City of Vancouver & Vancouver
Housing Authority

Effective January 1, 2009

Your Vision Plan provides coverage for services provided by Participating and Non-Participating physicians and providers as listed below. Once enrolled, the **Participating Vision Network** is the panel of providers for which you will receive the greatest benefits. For assistance in locating a Participating Vision provider please visit our Web site at www.myRegence.com.

Benefit Features	Participating Provider Benefit	Non-Participating Provider Benefit
Examinations		
We Pay		
Your plan will pay for one examination every 12 months for you and your eligible dependents.	100% after \$15 copayment	70% after \$15 copayment
Copayment for Lenses & Frames		
There is a \$25 copayment per benefit period for either lenses or frames or lenses and frames purchased together.		
Lenses		
We Pay		
Your plan will pay up to the maximum allowance for one pair of lenses every 12 months for you and your eligible dependents.	100%	70%
Maximum Allowance for Lenses		
➤ Single vision lenses		\$96
➤ Bifocal vision lenses		\$134
➤ Trifocal vision lenses		\$180
Frames		
We Pay		
Your plan will pay up to the maximum allowance for frames every 24 months for you or your eligible dependents.	100%	70%
Maximum Allowance for Frames		
➤ Frames		\$85
Contact Lenses (as an alternative to lenses and frames)		
We Pay		
Your plan will pay up to the maximum allowance for one pair of lenses every 12 months for you and your eligible dependents.	100%	70%
Maximum Allowance for Contacts		
➤ Single vision lenses		\$181
➤ Bifocal vision lenses		\$219
➤ Trifocal vision lenses		\$265
Please Note: Contact lenses are paid for in full if they are necessary after cataract surgery. In addition, this vision plan will pay for contact lenses if they are the only means to correct vision to 20/70 or better.		
Additional Information		
myRegence.com	myRegence.com is designed to advise you on health care and lifestyle options, navigate you through the health care system, and reward you who make healthy choices. Go to www.myRegence.com and view claims; get fitness and nutrition tips; learn about medical conditions, medications and formulary information; search for doctors; and research cost and care options.	

See page 2 for limitations and exclusions >

Limitations and Exclusions

This summary provides a brief description of your vision plan and is not a guarantee of payment. Once enrolled, your benefits booklet can be viewed online at www.myRegence.com. Please refer to your benefits booklet for a complete list of benefits, definitions, and the limitations and exclusions that apply.

Services And Supplies Not Covered

- Treatment of eyes or special procedures such as orthoptics and vision training.
- Charges for fashion eyewear features such as flintglass, blended, coated, tinted (except tints #1 and #2), or oversize lenses.
- Additional charges for partially covered frames.
- Any extra charge for lenses with prisms, prism segs, slab-off, and other special-purpose vision aids.
- Replacement of lenses and frames at a time the covered person is not otherwise eligible for new lenses and frames.
- The maximum allowances are subject to change without notice.



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Toll-free, all areas 1 (800) 228-0978

TDD Line for people with hearing impairments 1 (800) 382-1003

www.myRegence.com