



**BlueCross BlueShield
of Tennessee**

An Independent Licensee of the BlueCross BlueShield Association

Group Name:
Group Number:
Effective Date:

Genesco Inc.
130463
01/01/2021

VisionBlue Insight

Benefit	In-Network Member Cost	Out-of-Network Reimbursement
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VISION CARE SERVICES

Comprehensive Eye Examination	\$10 Copayment	Up to \$35
Retinal Imaging	Up to \$39	N/A

Complete Pair Eyeglasses Purchase: Frame, lens, and lens options must be purchased in the same transaction to receive full discount.

Frames:	35% off retail price	N/A
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Standard Plastic Lenses:

Single Vision	\$50	N/A
Bifocal	\$70	N/A
Trifocal	\$105	N/A
Standard Progressive	\$135	N/A
Premium Progressive	20% off retail price	N/A

Lens Options:

Tint (Solid and Gradient)	\$15	N/A
UV Treatment	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Other Add-Ons and Services	20% off retail price	N/A

Contact Lenses (Discount applied to materials only):

Conventional	15% off retail price	N/A
Disposable	0% off retail price	N/A

LASIK and PRK Vision Correction Procedures:	15% off retail price OR 5% off promotional pricing	N/A
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Frequency:

Exam	Once every Calendar Year
Frames	Unlimited
Standard Plastic Lenses or Contact Lenses	Unlimited

Additional Purchases and Out-of-Pocket Discount

- At participating network providers, members receive 15-35% off complete pair eyeglass purchases and 15% off conventional contact lens purchases. Frame, lens and lens options must be purchased in same transaction to receive full discount. If purchased separately, members receive a 20% discount off retail price. The discounts do not apply to professional services and cannot be combined with any other discounts or promotional offers.
- This document serves as a summary of the benefits that are detailed in the Evidence of Coverage. These benefits are subject to the Covered Services and Limitations on Covered Services, Exclusions from Covered Services, and Schedule of Benefits sections of the Evidence of Coverage.
- When applicable benefits are paid after the Copayment listed above and to the allowance listed, members are responsible for amounts above the allowance.
- Members may see any vision care provider. However, contracted providers in our network have agreed to limit certain charges and provide additional discounts once the allowance has been reached. Because we have no contract with non-network providers, members are responsible for all charges that exceed the out-of-network reimbursement.