



BlueCross  
BlueShield  
of Georgia

# See Better with Blue

**Introducing Individual Blue Vision Plans from Georgia's Largest Health Insurer**

Our vision plans offer you:

- **Broad coverage** for eye examinations, corrective eyewear and visual needs.
- **Access to a national network** of vision providers. Our network contains both independent and chain providers including: Sears Optical, Super Target Optical, Pearle Vision, FOREYES and JCPenney Optical. To locate a Blue Vision provider, please visit our online provider directory at [www.bcbsga.com](http://www.bcbsga.com).
- **Prompt and professional service** when you need it most. As a member in one of our vision plans, you will continue to receive the same superior customer service you've come to expect from BCBSGA. We provide you with a dedicated team of customer care associates who are equipped to answer your questions.

## Blue Vision Plan Designs

With Blue Vision, you decide which plan is best for you and your unique needs. On the other side of this page is a summary of the options available.

*Blue Vision providers offer routine vision care only. For medical eye care please see a BCBSGA network physician. Visit our online provider directory at [www.bcbsga.com](http://www.bcbsga.com) to locate a BCBSGA network physician.*

**Thank you for trusting Blue Cross and Blue Shield of Georgia (BCBSGA) with your health care coverage needs. We are committed to your total health and are pleased to present you with quality vision plans designed for your choice and convenience.**



## Individual Blue Vision Plan Designs

	Blue Vision High Option	Blue Vision Low Option
<b>Covered Services</b>	<b>Amount You Pay for Network Services</b>	<b>Amount You Pay for Network Services</b>
<b>Eye Exam</b>	\$5 copay, Plan pays 100% after copay	\$15 copay, Plan pays 100% after copay
<b>Spectacle Lenses (pair)</b> <ul style="list-style-type: none"> <li>• Standard single, bifocla, trifocal and lenticular vision lenses</li> <li>• Progressive (specialty lenses) and Non-Standard (specialty lenses)</li> </ul>	<ul style="list-style-type: none"> <li>• \$35 copay; Plan pays 100% after copay</li> <li>• Blue Vision Preferred Pricing,* minus \$50 Plan payment and \$35 materials copay</li> </ul>	<ul style="list-style-type: none"> <li>• \$50 copay; Plan pays 100% after copay</li> <li>• Blue Vision Preferred Pricing,* minus \$50 Plan payment and \$50 materials copay</li> </ul>
<b>Frame</b>	(12 month benefit) \$35 copay, Plan pays \$100 - \$150 frame allowance	(24 month benefit) \$50 copay, Plan pays \$75 - \$100 frame allowance
<b>Contact Lenses**</b> <ul style="list-style-type: none"> <li>• Elective</li> <li>• Medically necessary</li> </ul>	<ul style="list-style-type: none"> <li>• Plan pays \$130 allowance toward contact lenses and professional fees</li> <li>• Plan pays 100%</li> </ul>	<ul style="list-style-type: none"> <li>• Plan pays \$110 allowance toward contact lenses and professional fees</li> <li>• Plan pays 100%</li> </ul>

\*Blue Vision Preferred Pricing: Average savings of 20% off the provider's usual and customary fees.

\*\*Contact lenses are in lieu of spectacle lenses and frame. **Not subject to copay.**

This is a summary of the benefits provided in the Blue Vision High and Low Option plans. Please refer to your Contract Booklet for a complete disclosure of benefits and limitations associated with these plans.

## Blue Vision Monthly Rates

	Blue Vision High Option	Blue Vision Low Option
<b>Subscriber</b>	\$ 10.00	\$ 8.00
<b>Family</b>	\$ 24.00	\$ 19.00

\*Rates are effective October 1 through December 31, 2004.

## How to Apply

Simply complete the Individual Enrollment Application and select "Vision" in the Plan Selection/Additional Coverage section. Please contact your Agent for assistance.

## The Power of Blue™ taking care of you!

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