

**Capital Blue Cross Vision  
Bloomsburg Area School  
District**



**THIS IS NOT A CONTRACT.** This information highlights *some* of the benefits available through this program and is NOT intended to be a complete list or description of available services. Benefits are subject to the exclusions and limitations contained in your Certificate of Coverage (COC). Refer to your COC for benefit details.

HIGHLIGHTS	PLAN ALLOWANCES
Benefit frequencies are based on date of service	
<b>EXAMINATION</b> Under 19- years-old once every 12 months; 19- years-old and over once every 24 months – Includes contact lens evaluation and fitting	100%
<b>FRAMES*</b> Once every 24 months	\$36
<b>EYEGLASS LENSES*</b> Under 19- years-old once every 12 months; 19- years-old and over once every 24 months	
Single Vision Standard Lenses	\$30
Bifocal Standard Lenses	\$40
Trifocal Standard Lenses	\$50
Aphakic/Lenticular Standard Lenses	\$150
<b>CONTACT LENSES* (in lieu of frames and eyeglass lenses)</b> Under 19- years-old once every 12 months; 19- years-old and over once every 24 months	
Cosmetic	\$66
Medically necessary	\$200
<b>LASIK SURGERY</b>	Not Covered

\*Payment will be made for either lenses or contact lenses within a benefit period. Payment will not be made for both.

Programs are subject to change. **This is not a contract.** This information highlights vision benefits when you visit a participating provider and is not intended to be a complete list or complete description of available services. Contact your employer, marketing representative, or broker for additional benefit details.

**Walmart stores:** In order to maintain comparable value with Walmart’s pricing structure, your frame allowance at Walmart stores will be 50% of the amount shown on this benefit summary, and your contact lens allowance will be 75% of the amount. Walmart stores accept BlueCross Vision for materials. Doctors affiliated with Walmart are not Walmart employees; therefore, participation for exams varies.

*Deductibles, coinsurance and copayments under this program are separate from any deductibles, coinsurance and copayments described in your company’s other health benefits coverage.*

On behalf of Capital BlueCross, National Vision Administrators, LLC (NVA®) provides the network and assists in the administration of network management services for the BlueCross Vision benefits program. NVA is an independent company.

**Paper claims may be submitted to the following address: National Vision Administrators; P.O. Box 2187; Clifton, New Jersey 07015.**

**Benefits are issued by Capital Advantage Assurance Company®, a subsidiary of Capital BlueCross. Independent licensee of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.**