



**Vision Blue**<sup>SM</sup>

**PLATINUM PLUS**



*Plan Benefits Summary*

*For plan years beginning January 1, 2025 or later*



**BlueCross BlueShield  
of Alabama**

# VSP CHOICE NETWORK

The VSP® Vision Care Choice Network is a national network comprised of more than 42,000 preferred providers and 121,000 access points including 30,000 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. Look for the orange indicator representing VSP Premier Edge™ locations including private practice doctors and Visionworks® retail locations nationwide. All members have access to Premier Edge at no extra cost. You will get exclusive rebates, advanced exam technology, a worry-free eyewear guarantee, and more.

Like to shop online? Visit [eyeconic.com](http://eyeconic.com)® Eyeconic is the VSP online eyewear store where you can shop a wide selection of contacts, glasses, and sunglasses using your in-network vision benefits.

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.

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](http://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.

2024 Vision Service Plan. All rights reserved. VSP, Eyeconic, [eyeconic.com](http://eyeconic.com) and WellVision Exam are registered trademarks of Vision Service Plan. All other brands or marks are the property of their respective workers. Visionworks and Eyeconic are VSP-affiliated companies.

**Vision Blue<sup>SM</sup> Platinum Plus**  
**Vision Benefits**  
**Effective January 1, 2025**

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>COVERED SERVICES AND MATERIALS</b>		
<b>Exams:</b>		
<b>WellVision Exam<sup>®</sup></b> One per member every 12 months	\$10 copay	Covered up to \$45 after \$10 copay
<b>Contact Lens-</b> fitting and evaluation One per member every 12 months	Not to exceed \$60 copay	See out-of-network Materials- Elective Contact Lenses
<b>Routine Retinal Screening</b>	Not to exceed \$39 copay	Not covered
<b>Materials:</b>		
<b>Materials</b> (frames & lenses)	\$10 copay	See below
<b>Retail Frame</b> One per member every 12 months	\$180 allowance for a wide selection of frames \$200 allowance for featured frame brands 20% savings on the amount over your allowance \$100 Walmart <sup>®</sup> /Costco <sup>®</sup> frame allowance	Reimbursed up to \$70 after materials copay
<b>Elective Contact Lenses</b> (instead of glasses) One per member every 12 months	Covered up to \$180, not subject to copay	Reimbursed up to \$105 for both materials and fitting/evaluation, not subject to copay
<b>Necessary Contact Lenses</b> One per member every 12 months	Covered in full after \$10 copay	Reimbursed up to \$210 after materials copay
<b>Lenses:</b>		
<b>Single Vision Lenses</b> One per member every 12 months	100% after materials copay	Reimbursed up to \$30 after materials copay
<b>Bifocal Lenses</b> One per member every 12 months	100% after materials copay	Reimbursed up to \$50 after materials copay
<b>Trifocal Lenses</b> One per member every 12 months	100% after materials copay	Reimbursed up to \$65 after materials copay
<b>Lenticular Lenses</b> One per member every 12 months	100% after materials copay	Reimbursed up to \$100 after materials copay
<b>Lenses Enhancements:</b>		
<b>Polycarbonate for Children</b> One per member every 12 months	100% after materials copay	Not covered
<b>Standard Progressive Plastic</b> One per member every 12 months	100% after materials copay	Reimbursed up to \$50 after materials copay
<b>Premium Progressive Plastic</b> One per member every 12 months	100% after materials copay	Reimbursed up to \$50 after materials copay
<b>Custom Progressive Plastic</b> One per member every 12 months	100% after materials copay	Reimbursed up to \$50 after materials copay
<b>Anti-Reflective Coating</b> One per member every 12 months	100% after materials copay	Not covered
<b>Scratch-Resistant Coating</b> One per member every 12 months	100% after materials copay	Not covered
<b>Photochromic</b> One per member every 12 months	100% after materials copay	Not covered
<b>Tinted</b> One per member every 12 months	100% after materials copay	Not covered
<b>VALUE ADDED PROGRAMS</b>		
<b>Essential Medical Eye Care</b>	\$20 copay per medical eye examination	Not Covered
<b>Low Vision</b> Testing every 2 years	75% for low vision aids, up to \$1,000	
<b>EXTRA DISCOUNTS AND SAVINGS</b>		
<b>Lens Enhancements</b>	Average 30% savings	
<b>Featured Frame Brands</b>	Extra \$20 allowance	
<b>Additional Pair of Glasses</b>	20% savings	
<b>Sunglasses</b>	20% savings	
<b>Laser Vision Correction</b>	Average savings of 15% off the regular price or 5% off the promotional price of Laser Vision Correction from contracted facilities	

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@bcbosal.org](mailto:1557Grievance@bcbosal.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 والخدمات 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 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 Sprachassistenzen 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 ફોર્મટમાં માહિતી પ્રદાન કરવા માટેની યોગ્ય સહાય અને સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-855-216-3144 (TTY: 711) પર અથવા ગ્રાહક સેવા પર કોલ કરો.

**Hindi:** ध्यान दें: अगर आप हिन्दी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। आसान प्रारूप में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएँ 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:** ຄືນໃຈໃສ່: ຖ້າຈຳເປັນ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີຣ໌ມ່ນມີໃຫ້ທ່ານ. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທິດທາງສົມໃນການສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດຂົາເຖິງໄດ້ແມ່ນຍັງສາມາດໃຊ້ໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-855-216-3144 (TTY: 711) ຫຼື ໂທຫາຝ່າຍບໍລິການລູກຄ້າ.

**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 Konuşmanız 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



450 Riverchase Parkway East  
Birmingham, Alabama 35244

VSP Member Service:  
1-800-877-7195

[AlabamaBlue.com](http://AlabamaBlue.com)

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