

The Value of Blue Vision for



Washtenaw County Road Commission



- 1 Your access and benefits for vision care
- 2 Tools and resources for you
- 3 Questions

AGENDA

Your access and benefits for vision care



YOUR ACCESS AND BENEFITS FOR VISION CARE
BROAD ACCESS TO PARTICIPATING PRIVATE AND RETAIL PROVIDERS

Blue Vision network,
powered by VSP®



The largest national
network of independent
doctors

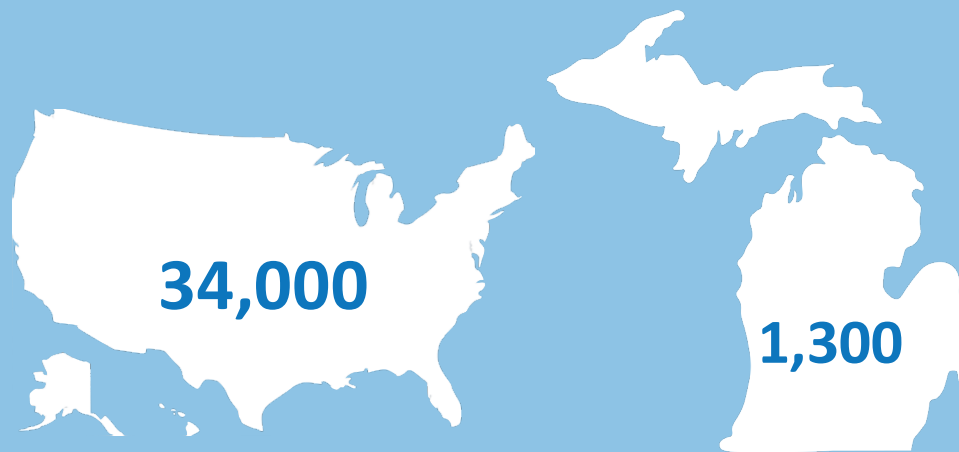


Visionworks

Many participating retail chains

eyeconic

An easy-to-use, convenient
online eyewear option



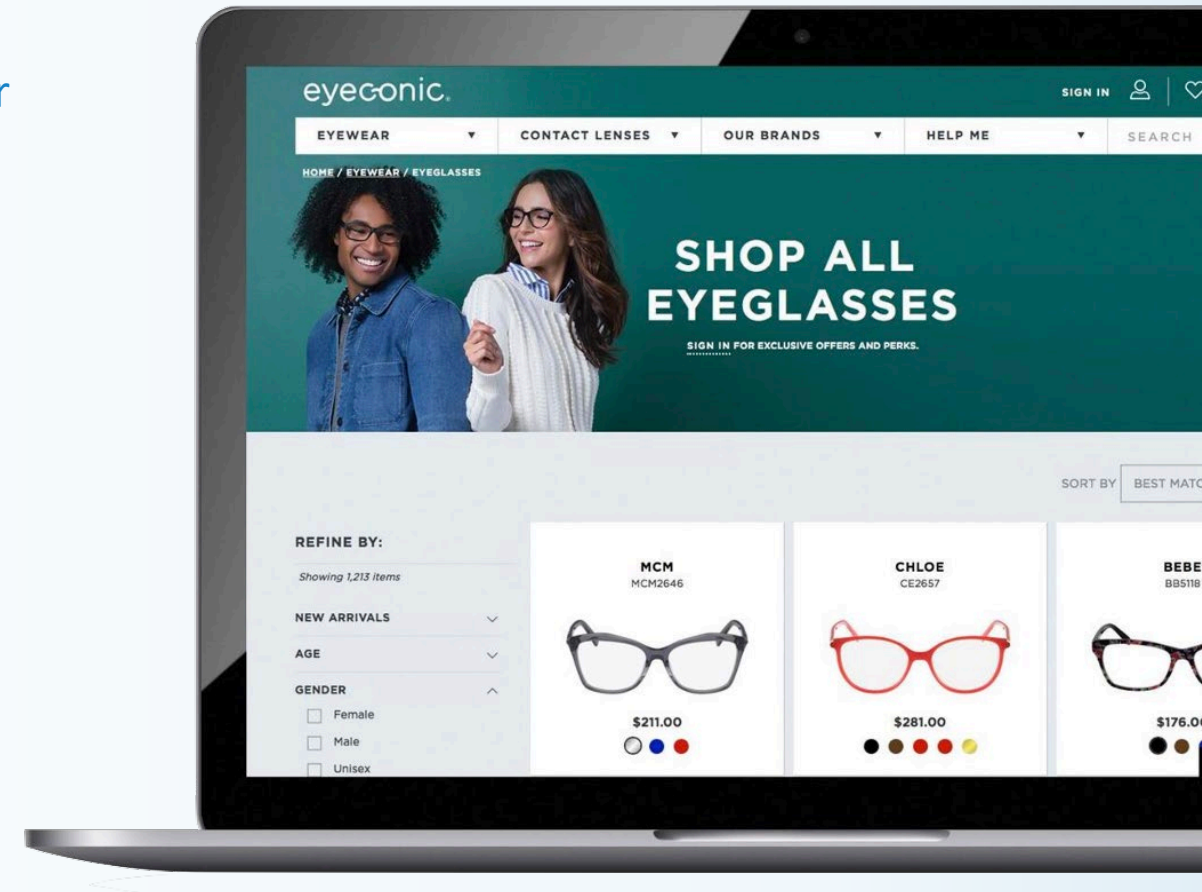
Unique providers nationwide

Unique providers in
Michigan

YOUR ACCESS AND BENEFITS FOR VISION CARE
AN EASY-TO-USE, IN-NETWORK ONLINE EYEWEAR OPTION

Through Blue Vision, your employees can use Eyeconic® to connect your vision benefits and conveniently shop online for eyeglasses, sunglasses, and contacts in-network.

- Buy without risk – free shipping and returns
- Complimentary frame adjustment or contact lens consultation at a VSP practice
- Browse a huge selection of designer glasses 24/7
- Quality control inspection on all prescription glasses
- 20% off any additional pairs of glasses and sunglasses
- Virtual try-on tool
- Discounts on annual supplies of contact lenses
- Use HSA or FSA account to pay



YOUR ACCESS AND BENEFITS FOR VISION CARE
YOUR NEW PLAN OPTIONS

Enhanced Plan VSP Signature		Base Plan VSP Choice	
Blue Vision 12/12/12 \$0/\$0 Buy-up plan, VSP Signature	Frequency Exams: Once every 12 months Lenses: Once every 12 months Frames: Once every 12 months	Blue Vision 12/12/24 \$10/\$20 Base plan, VSP Choice	Frequency Exams: Once every 12 months Lenses: Once every 12 months Frames: Once every 24 months
Annual materials allowance: \$200 Exam copay: \$0 Materials copay: \$0 <ul style="list-style-type: none"> • Anti-reflective coating included with \$0 copay • Photochromic including with \$0 copay • Standard progressives included with \$0 copay 		Annual materials allowance: \$130 Exam copay: \$10 Materials copay: \$20	
Most popular lens options are covered in full with a copay, saving our members an average of 35-40%		Most popular lens options are covered in full with a copay, saving our members an average of 20-25%	
Patient cost: <ul style="list-style-type: none"> • Progressive lenses: \$50 to \$160 copay • Scratch resistant coating: \$15 copay • Polycarbonate lenses: \$23 to \$28 copay • Solid tints and dyes (Pink 1 and II), In-network price: \$0 for both Single vision and Multifocal • Solid plastic dye (except Pink I and II): In-network price: \$13-\$15 for both Single vision and Multifocal • Plastic gradient dye (except Pink I and II): In-network price: \$15-\$17 for both Single vision and Multifocal • UV protection: In-network price: \$14-\$16 for both Single vision and Multifocal 		Patient cost: <ul style="list-style-type: none"> • Progressive lenses: \$55 to \$175 copay • Anti-reflective: \$41 copay • Photochromic lenses: \$70 to \$82 copay • Scratch resistant coating: \$17 copay • Polycarbonate lenses: \$31 to \$35 copay • Solid tints and dyes (Pink 1 and II), In-network price: \$0 for both Single vision and Multifocal • Solid plastic dye (except Pink I and II): In-network price: \$13-\$15 for both Single vision and Multifocal • Plastic gradient dye (except Pink I and II): In-network price: \$15-\$17 for both Single vision and Multifocal • UV protection: In-network price: \$14-\$16 for both Single vision and Multifocal 	

YOUR ACCESS AND BENEFITS FOR VISION CARE

HOW TO OBTAIN OUT OF NETWORK REIMBURSEMENT

VSP Member Reimbursement Form

To request reimbursement, complete this form (in blue or black ink), enclose a legible copy of your itemized receipt(s), and send them to the following address. Be sure to keep a copy for your records.

VSP
PO Box 385018
Birmingham, AL 35238-0518

Ref # _____

Member Information

Policyholder/Employee ID or Last 4 Digits of SSN: _____ Date of Birth: ____/____/____

First Name: _____ Last Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

(____)____-____ Employer/Group: _____

Daytime Phone #: _____

Patient Information

First Name: _____ Last Name: _____

Member ☐ Spouse ☐ Child ☐ Domestic Partner ☐ Date of Birth: ____/____/____

If the patient is a child over the age of 18:
Is the child a full-time student? Yes ☐ No ☐ Is the child disabled? Yes ☐ No ☐

Claim Information (Dollar amounts must match the attached receipts)

Exam \$ _____ Lens Type: (Choose One)
Single ☐ Progressive ☐
Frame \$ _____ Bi-focal ☐ Lenticular ☐
Lens \$ _____ Tri-focal ☐ Contacts ☐
Lens tints \$ _____ or coatings _____
Contacts \$ _____
Total Paid \$ _____ (Do not add tax or shipping)

Date services were received: ____/____/____

Check here if another insurance company has made payment to you, another insurer or the doctor's office. ☐
If so, attach a copy of the statement showing payment.

Provider Information

Store or Dr Name: _____
(____)____-____
Store or Dr Phone Number: _____

I acknowledge that the above-named provider is not a VSP Preferred Provider and that VSP cannot guarantee eye care and/or eyewear satisfaction. By signing this claim form, I certify that I have read the applicable claim fraud warnings included with this form, and that all the information I have provided above is complete and accurate.

Claimant Signature: _____ Date: ____/____/____

Reimbursement form

Mail the form to VSP
or log in to the VSP portal at
vsp.com and upload the
form for reimbursement.

Tools and resources for you



TOOLS AND RESOURCES FOR YOU

AN INTEGRATED VISION AND MEDICAL EXPERIENCE FOR YOU

Plan understanding & engagement

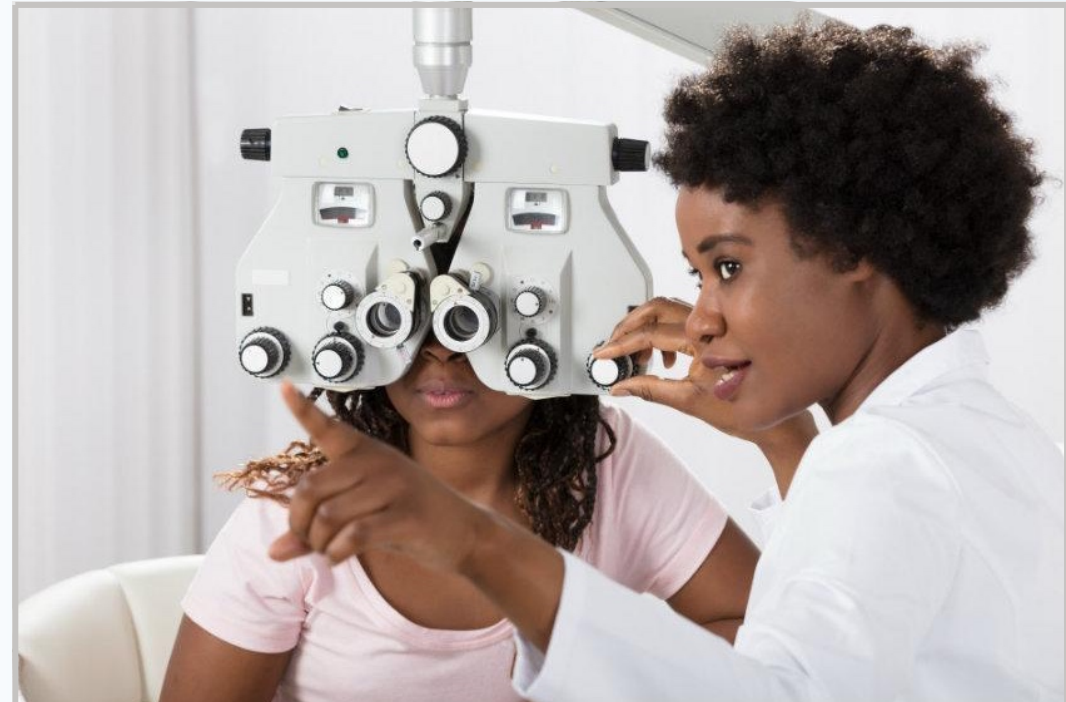
- Resources
- Engagement campaigns

Integrated wellness

- Targeted outreach for diabetes education and vision gaps in care

Service & support

- Customer Service



TOOLS AND RESOURCES FOR YOU

PLAN UNDERSTANDING AND ENGAGEMENT

Assess and select

Enroll and get started

Find and get vision care

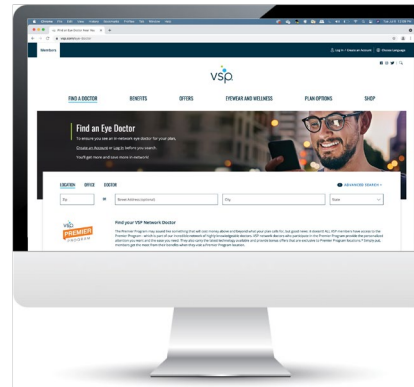
Maintain and manage health

Reconcile and pay

Secured online member account



Provider search

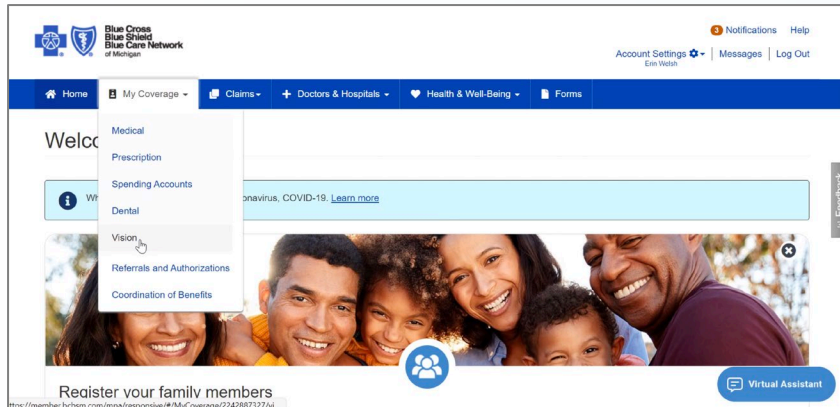


Direct member outreach

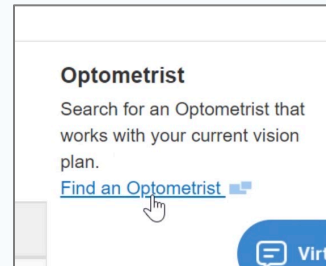


TOOLS AND RESOURCES FOR YOU

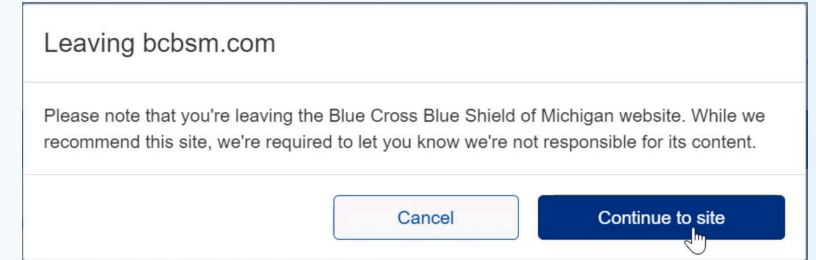
HOW TO FIND A PROVIDER



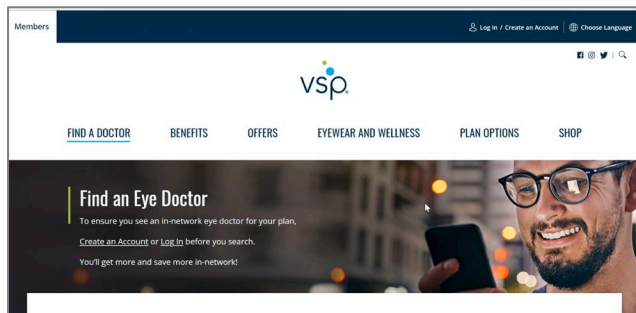
1. After January 1, 2022, log in to your secured account at **bcbsm.com** and go to *My Coverage*, click *Vision*.



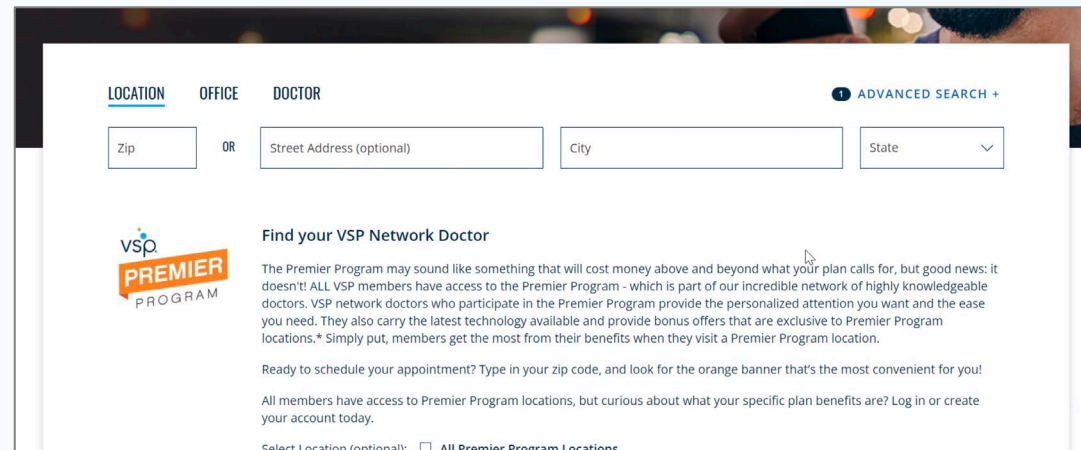
2. Then, scroll to *Find an Optometrist*.



3. Click *Continue to site*



4. You are now on the VSP Find a Doctor page, scroll down



5. Here you will be to search for a doctor by location, office, or by the name of a doctor

TOOLS AND RESOURCES FOR YOU

HOW TO REGISTER FOR YOUR MEMBER ACCOUNT

Check your coverage, out-of-pocket balance, claims and more from your computer, smartphone or tablet with your online Blue Cross member account.

REGISTER IN ONE OF THREE WAYS:

You'll need your Blue Cross or Blue Care Network member ID card to create your account.



Go online.

1. Go to bcbsm.com/register and select Register Now.
2. Enter the required information when prompted.
3. Follow the instructions to verify your eligibility and identity.



Use our app.

1. Download the app on the App Store® or Google Play™ (search BCBSM).
2. Tap the app and then Register.
3. Use the app to snap a photo of your ID card. Your enrollee ID number will be entered for you.
4. Enter your birth date and tap Continue. Verify your eligibility and identity.



Text us.

Text REGISTER to 222764 to start setting up your Blue Cross member account.*

TOOLS AND RESOURCES FOR YOU

INTEGRATED WELLNESS: A FOCUS ON DIABETES

<p>600 E. Lafayette Blvd. Detroit, MI 48226-2998 bcbnm.com</p> <p>Blue Cross Blue Shield Blue Care Network of Michigan</p>	<p>Make your appointment with a VSP network doctor today. If you have questions or need help finding a VSP network doctor, visit vsp.com or call us at 1-800-877-7195. VSP Member Services is available Monday through Friday from 8 a.m. to 11 p.m.; Saturday 10 a.m. to 11 p.m.; and Sunday, 10 a.m. to 10 p.m. Eastern Time.</p> <p>Sincerely,</p> <p><i>Christina Hix</i> Christina Hix Director of Specialty Benefits Blue Cross Blue Shield of Michigan</p>
<p>Customer Street Address #1 Street Address #2 City, State Zip Code</p> <p><Month XX, XXXX> Protect your eyes and get your yearly vision exam.</p> <p>Dear XXXXX,</p> <p>Blue Cross Blue Shield of Michigan, Blue Care Network and VSP® Vision Care provide vision coverage through your Blue VisionSM plan. Together, we can keep you and your eyes healthy.</p> <p>Get your WellVision Exam®</p> <p>It's important to see a VSP network doctor every year for a WellVision exam. Through a WellVision exam, VSP network doctors get a better view of your eyes. They look for eye health problems, such as glaucoma, macular degeneration, and diabetic eye disease. They also look for signs of health conditions, including high blood pressure, high cholesterol, and diabetes.</p> <p>It's time for your exam</p> <p>Date of your last WellVision exam: Doctor: Address: Phone:</p>	

Get your WellVision Exam®

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It's time for your exam

Date of your last WellVision exam:

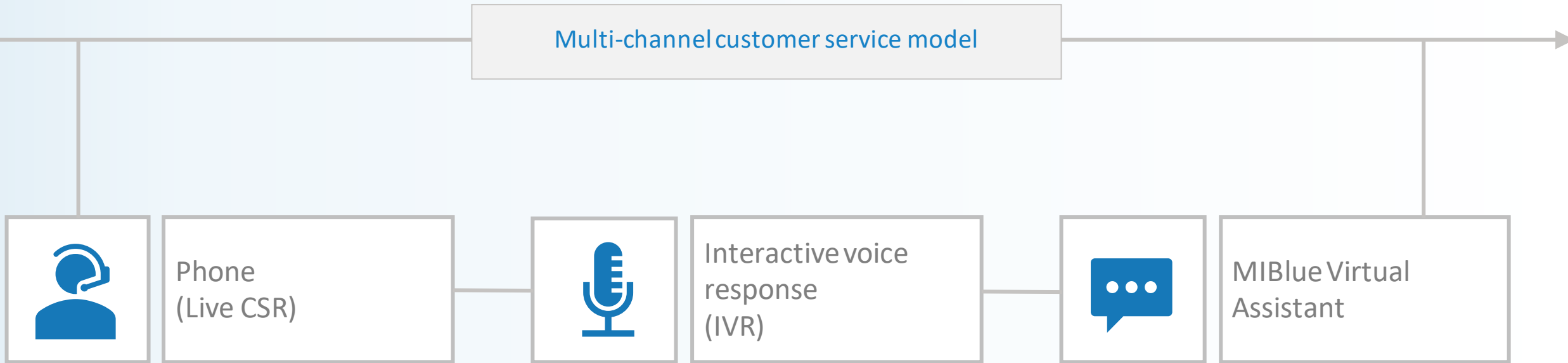
Doctor:

Address:

Phone:

Our wellness program aims to improve the health of our members with diabetes through targeted and timely outreach to address vision gaps in care.

TOOLS AND RESOURCES FOR YOU
EASY NAVIGATION FOR YOU





THANK YOU

