2020

VISION CARE PLAN FOR HOLSTON

For Retired Health Plan Participants

OFFERED BY BLUE CROSS / BLUE SHIELD OF TENNESSEE

BENEFITS SUMMARY:

ANNUAL EXAM:	$20 COPAY EVERY 12 MONTHS
MATERIALS:	$20 COPAY
FRAMES:	$150 ALLOWANCE EVERY 24 MONTHS
LENSES/CONTACT LENSES:	$150 ALLOWANCE EVERY 12 MONTHS (limited to Eyeglass lenses or contact lenses)

Because each retiree has a unique medicare number under group 139876, each retiree must enroll individually for vision coverage.

COST: Individual Coverage - $11 per month

IF YOU ARE ALREADY ENROLLED IN THE VISION PLAN AND DO NOT WANT TO CHANGE ANYTHING, YOU DO NOT NEED TO FILL OUT THIS FORM. YOUR COVERAGE WILL CONTINUE IN 2020 AS IT IS CURRENTLY.

Not Enrolled But Would Like Vision Coverage? Fill out this section:

Please enroll me in the Vision Plan for 2020: _____

_____ _____ _____

Please Print Your Name ***Participant Signature*** ***Date***

Currently Enrolled But Would Like To Drop Vision Coverage? Fill out this section:

I wish to drop my coverage completely : ____

_____ _____ _____

Please Print Your Name ***Participant Signature*** ***Date***

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Blue Cross ID # from your Card (Group 88662)