Regence Choice Vision - Pediatric

Effective January 1, 2020 through December 31, 2020

Regence

Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

Vision Benefits		VSP Network	Out-of-Network
Children's Eye Exam	Limited to 1 routine exam / year for individuals under age 19.	No Charge	50% coinsurance
Children's Glasses	Limited to 1 pair of lenses (2 lenses) and 1 frame / year for individuals under age 19. Frames from a VSP Doctor are limited to the Otis & Piper Eyewear Collection. In lieu of eyeglasses, you may choose from one of the following elective contact lens types: • Standard (one pair annually) • Monthly (six-month supply) • Bi-weekly (three-month supply) • Dailies (three-month supply)	No Charge	50% coinsurance

Additional Discounts

You are entitled to receive a 20% discount toward the purchase of non-covered materials from any VSP Doctor when a complete pair of glasses is dispensed. You are also entitled to receive a 15% discount off of contact lens examination services from any VSP Doctor beyond the covered examination. Professional judgment will be applied when evaluating prescriptions written by an Out-of-Network provider. VSP Doctors may request an additional examination at a discount.

Discount of 15%-20% or 5% off a promotion offer for laser surgery.

Discounts are applied to the VSP Doctor's usual and customary fees for such services and are unlimited for 12 months on or following the date of the patient's last eye examination. THESE ADDITIONAL VALUABLE SERVICES ARE A COMPLEMENT TO THIS VISION PLAN, BUT ARE NOT INSURANCE. Please refer to your benefits booklet or Summary Plan Description for complete details.

Limitations

- discounts do not apply to vision care benefits obtained from Out-of-Network providers;
- 20% discount applies only when a complete pair of glasses is dispensed; and
- discounts do not apply to sundry items, for example, contact lens solutions, cases, cleaning products or repairs of spectacle lenses or frame.

This benefit summary provides a brief description of your plan benefits, limitations and/or exclusions under your plan and is not a guarantee of payment. Once enrolled, you can view your benefits booklet online at regence.com. PLEASE REFER TO YOUR BENEFITS BOOKLET OR SUMMARY PLAN DESCRIPTION FOR A COMPLETE LIST OF BENEFITS, THE LIMITATIONS AND/OR EXCLUSIONS THAT APPLY, AND A DEFINITION OF MEDICAL NECESSITY. Regence is providing this benefit summary for illustrative purposes only. Regence makes no warranties or representations regarding compliance with applicable federal, state, or local laws, or the accuracy of the benefit summary. This document is not the legally required Summary of Benefits and Coverage that an employer is required to provide to employees and members under Federal law, and the group must provide a legally compliant Summary of Benefits and Coverage to its employees and members.

Provider and Benefit Inquiries: 1 (844) 299-3041 | Membership Inquiries: [1 (877) 508-7357] (HSA) [1 (888) 367-2116] (NonHSA) - TTY: 711 | PO Box 997100, Sacramento, CA 95899-7100 | vsp.com

NONDISCRIMINATION NOTICE

VSP provides administration for your Regence vision plan. Regence complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Regence does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Regence:
Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, and accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services listed above, please contact:

VSP
Medicare 1-844-872-6065
Commercial 1-844-299-3041
(TTY: 1-800-428-4833)

If you believe that VSP or Regence has 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 with our civil rights coordinator below:

Regence

Medicare Customer Service
Civil Rights Coordinator
MS: B32AG, PO Box 1827
Medford, OR 97501
1-866-749-0355, (TTY: 711)
Fax: 1-888-309-8784
medicareappeals@regence.com

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 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, DC 20201

1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Customer Service for all other plans
Civil Rights Coordinator
MS CS B32B, P.O. Box 1271
Portland, OR 97207-1271
1-888-344-6347, (TTY: 711)
CS@regence.com

Language assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al Medicare: 1-844-872-6065; Commercial: 1-844-299-3041 (TTY: 1-800-428-4833).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 Medicare: 1-844-872-6065; Commercial: 1-844-299-3041 (TTY: 1-800-428-4833)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Medicare: 1-844-872-6065; Commercial: 1-844-299-3041 (TTY: 1-800-428-4833).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Medicare: 1-844-872-6065; Commercial: 1-844-299-3041 (TTY: 1-800-428-4833) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Medicare: 1-844-872-6065; Commercial: 1-844-299-3041 (TTY: 1-800-428-4833).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните Medicare: 1-844-872-6065; Commercial: 1-844-299-3041 (телетайп: TTY: 1-800-428-4833).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le Medicare: 1-844-872-6065; Commercial: 1-844-299-3041 (ATS : 1-800-428-4833)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。Medicare: 1-844-872-6065; Commercial: 1-844-299-3041（TTY: 1-800-428-4833）まで、お電話にてご連絡ください。

Díí baa akó nínízin: Díí saad bee yáníłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'dę́ę́', t'áá jiik'eh, éí ná hóló, koji' hódíílnih Medicare: 1-844-872-6065; Commercial: 1-844-299-3041 (TTY: 1-800-428-4833.)

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសម្រាប់បម្រើអ្នក។ ចូរ ទូរស័ព្ទ Medicare: 1-844-872-6065; Commercial: 1-844-299-3041 (TTY: 1-800-428-4833)។

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। Medicare: 1-844-872-6065; Commercial: 1-844-299-3041 (TTY: 1-800-428-4833) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachdienstleistungen zur Verfügung. Rufnummer: Medicare: 1-844-872-6065; Commercial: 1-844-299-3041 (TTY: 1-800-428-4833)

ማስታወሻ:- የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፤ በሚከተለው ቁጥር ይደውሉ Medicare: 1-844-872-6065; Commercial: 1-844-299-3041 (መስማት ለተሳናቸው:- 1-800-428-4833)::

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером Medicare: 1-844-872-6065; Commercial: 1-844-299-3041 (телетайп: 1-800-428-4833)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् Medicare: 1-844-872-6065; Commercial: 1-844-299-3041 (टिटिवाइ: 1-800-428-4833

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la Medicare: 1-844-872-6065; Commercial: 1-844-299-3041 (TTY: 1-800-428-4833)

MAANDO: To a waawi [Adamawa], e woodi balloojima to ekkitaaki wolde caahu. Noddu Medicare: 1-844-872-6065; Commercial: 1-844-299-3041 (TTY: 1-800-428-4833)

โปรดทราบ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร Medicare: 1-844-872-6065; Commercial: 1-844-299-3041 (TTY: 1-800-428-4833)

Language assistance

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea te ke lava 'o ma'u ia. ha'o telefonimai mai ki he fika Medicare: 1-844-872-6065; Commercial: 1-844-299-3041 (TTY: 1-800-428-4833)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ Medicare: 1-844-872-6065; Commercial: 1-844-299-3041 (TTY: 1-800-428-4833)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite Medicare: 1-844-872-6065; Commercial: 1-844-299-3041 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-428-4833)

Afaan dubbattan Oroomiffaa tiif, tajaajila gargaarsa afaanii tola ni jira. Medicare: 1-844-872-6065; Commercial: 1-844-299-3041 (TTY: 1-800-428-4833) tiin bilbilaa.

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با Medicare: 1-844-872-6065; Commercial: 1-844-299-3041 (TTY: 1-800-428-4833) تماس بگیرید.

ملحوظة: إذا كنت تتحدث فاذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم Medicare: 1-844-872-6065; Commercial: 1-844-299-3041 (TTY: 1-800-428-4833 رقم هاتف الصم والبكم)