

**VISION CARE GROUP BENEFIT CERTIFICATE
SERIES A80**

Dear Subscriber:

We are pleased that you have selected Blue Cross Blue Shield of Michigan for your vision care coverage. Your coverage provides benefits for you and your eligible dependents. Your benefits are described in this book, which is your **Certificate**.

Your Certificate, application and BCBSM identification card are your contract with us.

You may also have **riders**. Riders make changes to your Certificate and are an important part of your coverage. When you receive riders, be sure to keep them with this book.

This Certificate will help you understand your benefits and your financial responsibilities **before** you require vision services. Please read it carefully. If you have any questions about your coverage, call us at the customer service telephone numbers listed in the "How to Reach Us" section of this book.

Every Blue Cross Blue Shield employee is dedicated to giving you the finest service. We look forward to serving you for many years.

Richard E. Whitmer
President and Chief Executive Officer
Blue Cross Blue Shield of Michigan

About Your Vision Certificate

This Certificate is arranged to help you locate information easily. You will find:

- **A Table of Contents** for quick reference
- **Information About Your Contract**
- **What You Must Pay**
- **Coverage for Vision Care Services**
- **Vision Care Services Not Covered**
- **How Vision Benefits Are Paid**
- **General Conditions of Your Contract**
- **The Language of Vision Care**
- **How to Reach Us** – a list of Customer Service Center's telephone numbers and addresses

This Certificate refers to you as the **subscriber** because the contract is in your name.

The term **patient** refers to either you or one of your eligible dependents when you receive vision care coverage. Your eligible dependents are those listed on your application.

This Certificate provides you with the information you need to get the most from your BCBSM vision care coverage. Please call us if you have any questions.

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SECTION 1: Information About Your Contract

This section provides answers to general questions you may have about your contract. Topics include:

ELIGIBILITY

- Who is Eligible to Receive Benefits

CANCELLATION

- How to Cancel Coverage
- Automatic Cancellation

CONTINUATION OF BENEFITS

- Consolidated Omnibus Budget Reconciliation Act

ELIGIBILITY

Who is Eligible to Receive Benefits

You, your spouse and your unmarried children listed on your contract are eligible.

Dependent children are covered through the end of the calendar year in which they turn 19 years of age if, and as long as, the subscriber continues to be covered under this certificate and **all** of the following requirements are met:

- They are related to you by blood, marriage or legal adoption.
- They are unmarried.
- They receive more than half of their support from you.
- They are full time students for at least five months of the year or have a gross income of less than four times the personal exemption amount (personal exemption amounts are found in the current IRS code).

NOTE: The personal exemption amount (\$3,033 for 2000) changes each year. Please call your customer service center for the current amount.

Disabled, unmarried children may remain on your contract beyond the end of the year in which they turn age 19 if:

- they are diagnosed as totally and permanently disabled due to a physical or mental condition, and are incapable of self-sustaining employment, and
- the disability began before their 19th birthday.

NOTE: Documentation of the disability must be submitted to us before their 19th birthday or within 31 days of their 19th birthday.

If there is a change in your family such as birth, divorce, death, etc., you must notify us within 30 days of the change so that any contract changes take effect as of the date of the event. Any change in rates resulting from contract changes will take effect with the billing cycle after you notify us. If notice is not received within 60 days, we determine the effective date of the change.

CANCELLATION

How to Cancel Coverage

Send your written request to cancel coverage to your employer. We must receive it at least 30 days before your renewal date. Your coverage will then be canceled as of your next billing period.

Automatic Cancellation

We will automatically cancel your coverage if:

- your group does not qualify for coverage under this Certificate;
- your group does not pay its bill;
- you no longer qualify to be a member of your group;
- your group changes to a non-BCBSM vision plan;
- we no longer offer this coverage;
- you misuse your coverage;

Misuse includes illegal or improper use of your coverage such as:

- allowing an ineligible person to use your coverage;
 - requesting payment for services you did not receive; or
 - failing to repay BCBSM for payments we made for services that were not a benefit under this Certificate.
- you are serving a criminal sentence for defrauding BCBSM;
 - you are satisfying a civil judgment in a case involving BCBSM;
 - you are repaying BCBSM funds you received illegally; or
 - you no longer qualify as a dependent.

Your coverage will end on the last day covered by your last payment.

CONTINUATION OF BENEFITS

Consolidated Omnibus Budget Reconciliation Act

COBRA is a federal law that affects all employers with 20 or more employees. It extends the opportunity for continued group coverage when such coverage is lost due to a qualifying event. This group continuation option must be selected within 60 days of the qualifying event. It provides the following coverage at the covered member's expense:

- 18 months of coverage for an employee who is terminated, other than for gross misconduct, or whose hours are reduced.
- Coverage is extended to 29 months for all qualified beneficiaries if one member is determined by the Social Security Administration to be disabled at the time of the qualifying event or within 60 days thereafter.
- 36 months of coverage for qualified beneficiaries in case of the employee's death, divorce, legal separation, loss of dependency status or employee entitlement to Medicare.

COBRA coverage can be terminated because:

- the 18, 29 or 36 months of COBRA coverage ends;
- the required premium is not paid on time;
- the employer terminates its group health plan;
- the qualified beneficiary is entitled to Medicare coverage; or
- the qualified beneficiary obtains coverage under a group health plan unless the new health plan has pre-existing condition limitations that apply to the qualified beneficiary.

Please contact your employer for more details about COBRA.

SECTION 2: What You Must Pay

This section explains the copayment you pay for covered vision services.

Vision Testing Examination

- Your copayment is \$5.
 - No copayment is required for a second examination by a physician when recommended by an optometrist.

Eyeglasses

- Your copayment is \$7.50
 - One copayment for both lenses and frames
 - No copayment for eyeglasses obtained from a nonparticipating provider, but you are responsible for charges in excess of our payment.

Contacts

- Your copayment is \$7.50 for medically necessary contact lenses
 - No copayment for prescribed but not medically necessary contact lenses is required but you are responsible for charges in excess of our payment (see page 3.4).

SECTION 3: Coverage for Vision Care Services

This section describes covered vision services to detect, improve or correct vision problems.

Frequency

We pay for the following once in any period of 24 consecutive months:

- One vision testing examination
- One pair of eyeglass lenses with or without frames; **or** one pair of contact lenses.

Participating Providers

We pay participating providers the approved amount minus your copayment for covered services. Your copayments are shown in Section 2: What You Must Pay.

Nonparticipating Providers

We pay fixed dollar amounts for contacts, eyeglass lenses and frames obtained from nonparticipating providers. These amounts are listed at the end of this section. The amounts can be less than what we pay for services of participating providers.

The following pages describe your covered services.

Coverage for Vision Care Services (continued)

Vision Examinations

We pay for vision examinations by a physician or optometrist to determine the need for lenses to correct or improve eyesight. The examination must include the following:

- History
- Testing of visual acuity
- External examination of the eye
- Binocular measure
- Ophthalmoscopic examinations
- Tonometry (test for glaucoma) when indicated
- Medication for dilating the pupils and desensitizing the eyes for tonometry, if necessary
- Summary of findings

If an optometrist recommends an examination by a physician, we pay for this examination.

- The examination by the physician must be within 60 days following the optometrist's examination.

Eyeglass Lenses

We pay for eyeglass lenses when prescribed or dispensed by a physician, optometrist or optician.

- Lenses may be molded or ground, glass or plastic.
- Lenses must be equal in quality to the first-quality lens series made by American Optical, Bausch & Lomb or Tillyer and Univis.
- The lens blank must meet Z80.1 or Z80.2 standards of the American National Standards Institute.
- The lenses must be colorless.
 - Tinted lenses equal to Rose tints #1 and #2 are covered if they are necessary for therapeutic purposes.

Coverage for Vision Care Services (continued)

Eyeglass Lenses (continued)

- The provider may bill you for the difference in cost between clear and non-therapeutic tinted lenses.
- The lens blank of a standard lens must not exceed 65 mm in diameter.
- The provider may charge you for the difference in cost between standard and oversize lenses.

Special Lenses

We pay for the following special lenses:

- Myodisc
- Lenticular myodisc
- Lenticular aspheric myodisc
- Aphakic
- Lenticular aphakic
- Lenticular aspheric aphakic

We do not pay for aphakic lenses for aphakia (lack of natural lens). These may be covered by your BCBSM hospital-medical-surgical plan.

We pay for prism, slab-off prism and special base curve lenses when medically necessary.

Lens Insertion Fee

If you do not receive new frames, we pay to have new lenses inserted in your old frames.

Coverage for Vision Care Services (continued)

Eyeglass Frames

We pay the provider's acquisition cost up to \$14.75, plus a dispensing fee, for standard eyeglass frames.

- If you select more expensive frames, the provider may charge you the difference between the usual retail charge for covered frames and the more expensive frames.

Contact Lenses

- Suitability Exam

A contact lens suitability examination determines whether you can wear contact lenses. The exam may include:

- Biomicroscopic evaluation
- Lid evaluation
- Ophthalmoscopy
- Tear test
- Pupil evaluation
- Fluorescein evaluation
- Cornea evaluation
- Lens tolerance tests

The fee for the examination is included in our dispensing fee if you get contact lenses.

If it is determined that contact lenses would not be suitable, we pay for the examination.

- Contact Lenses

We pay the approved amount minus your copayment for medically necessary contact lenses. Contact lenses are considered medically necessary if:

- They are the only way to correct vision to 20/70 in the better eye; or

Coverage for Vision Care Services (continued)

Contact Lenses (continued)

- They are the only effective treatment to correct keratoconus, irregular astigmatism or irregular corneal curvature.

If prescription contact lenses are not needed for the above reasons, we pay up to \$35 per pair.

Nonparticipating Providers

If you receive services from a nonparticipating provider, we pay the following:

- Vision testing examination
 - 75 percent of the approved amount, after it has been reduced by your \$5 copayment.
- Eyeglass Lenses

Single Vision	\$13 per pair
Bifocal	\$20 per pair
Trifocal	\$24 per pair
Special Lenses	50 percent of the provider's charge or 75 percent of the average amount paid to participating providers, whichever is less.
- Additional Charges

Plastic Lenses	\$3 per pair
Rose Tints #1 and #2	\$3 per pair
Prism Lenses	\$2 per pair
- Eyeglass Frames

Provider's charge up to \$14

SECTION 3: Coverage for Vision Care Services (continued)

- Contact Lenses

Medically Necessary	\$96 per pair
Prescribed, but not Medically Necessary	\$35 per pair

If only one lens is needed, we pay one half of the amount per pair.

SECTION 4: Vision Services Not Covered

We do not pay for:

- Additional charges for:
 - Lenses tinted darker than Rose Tint #2
 - Anti-reflective and photosensitive lenses
 - Oversize lenses
 - Sunglasses
- Medical-surgical treatment
- Medications administered during any service except a vision exam
- Services or materials ordered before coverage began
- Services not prescribed by the attending physician or optometrist
- Special services, such as orthoptics, vision training, low (subnormal) vision aids, aniseikonic lenses and tonography
- Replacement of broken or lost lenses or frames
- Services covered by workers' compensation laws
- Services received at a medical clinic provided or maintained by an employer
- Services covered by government-approved health care programs such as Medicare or CHAMPUS
- Services received as a result of an eye disease, defect or injury due to an act of war, declared or undeclared
- Services available at no cost to you or for which no charge would be made in the absence of BCBSM coverage

SECTION 4: Vision Services Not Covered (continued)

- Charges for lenses or frames ordered while you were eligible for benefits but delivered more than 60 days after coverage ends
- Charges for completing insurance forms
- Aphakic lenses when the patient lacks a natural lens
- Charges for experimental or poor quality services
- Charges for cosmetic contact lenses (contacts that are nonprescribed and do not correct visual acuity)

SECTION 5: How Vision Benefits are Paid

Paying a Participating Provider

- The participating provider submits a claim to us for the services you receive.
- We pay the provider directly for the covered services.

A participating provider **may bill you** when:

- you receive a service not covered by your contract
- we deny a claim from a participating provider that was submitted more than 180 days after the date of service because you did not furnish needed information.

Paying a Nonparticipating Provider

You should expect to pay charges to a nonparticipating provider at the time you receive the services. You should then submit a claim to us.

- If we approve the claim, we will send payment to you.

You are responsible for nonparticipating provider's charges in excess of the fees listed in Section 3.

SECTION 6: General Conditions of Your Contract

This section lists and explains certain general conditions that apply to your Contract. These conditions may make a difference in how, where, and when benefits are available to you.

Assignment

The services provided under this Certificate are for your personal benefit and cannot be transferred or assigned. Any attempt to assign this contract will automatically terminate all your rights under it. No right to payment from us, claim or cause of action against us may be assigned by you to any provider. We will not pay any provider except under the terms of this contract.

Changes in Your Family

We must be notified within 30 days of any changes in your family. This requires you to complete a membership and record change form. Your coverage changes will then take effect as of the date of the event. Changes include marriage, divorce, death, birth, adoption, address changes, or the start of military service.

Changes to Your Certificate

BCBSM employees, agents or representatives cannot agree to change or add to the benefits described in this Certificate.

- **Any changes must be in writing and approved by BCBSM and the Michigan Insurance Commissioner.**
- We may add, limit, delete or clarify benefits by issuing a rider. Keep any riders you receive with this Certificate.

Coordination of Benefits

We will coordinate the benefits payable under this Certificate pursuant to the Coordination of Benefits Act No. 64 (starting at MCLA 550.251). To the extent that the services covered under this Certificate are also covered and payable under another group health care plan, we will combine our payment with that of the other plan to pay the maximum amount we would routinely pay for the covered services.

General Conditions of Your Contract (continued)

Experimental Services

Services that we determine to be experimental or investigational are not covered by this Certificate. Please see the definition in “The Language of Vision Care” in this book.

Improper Use of Contract

If you allow any ineligible person to receive benefits (or try to receive benefits) under your contract, we may:

- refuse to pay benefits
- cancel your contract
- begin legal action against you and
- refuse to cover your health care services at a later date

Notification

When we need to notify you, we mail the notice to your employer or remitting agent at the last address on record at BCBSM. This fulfills our obligation to notify you.

Other Coverage

In certain cases, we may have paid for health care services under your Certificate that another person, insurance company or organization should have paid. In these cases:

- You grant us your right to recover our payments from them
- You grant us a lien on all money, specifically identified as medical costs, that you or your beneficiaries recover through settlement, verdict or judgment. Any part of the recovery that is used to pay attorney’s fees will not be subject to our lien or recovery
- You agree to inform us when you hire an attorney to represent you, and to inform your attorney of our rights under this Certificate
- You are required to do whatever is necessary to help us enforce our right of recovery.

General Conditions of Your Contract (continued)

Release of Information

You agree to permit providers to release information to us. This can include medical records and emergency room reports related to services you may receive.

We agree to keep this information confidential. The information may only be used to determine eligibility and rights under this Certificate and will be disclosed only as authorized by law.

Time Limit for Legal Action

Legal action against us may not begin later than two years after we have received a complete claim for services . No action or lawsuit may be started until 30 days after you notify us that our decision under the claim review procedure is unacceptable.

Unlicensed Provider

Benefits are not payable for health care services provided by persons who are not legally qualified or licensed to provide such services.

SECTION 7: The Language of Vision Care

This section explains the terms used in your Certificate.

Acquisition Cost

The actual cost of lenses and frames to the provider.

Approved Amount

For **vision examinations** by a **participating** provider, the lower of the billed charge or our maximum payment level for the examination. For eyeglass **lenses**, the **participating** provider's net acquisition cost plus a dispensing fee. Copayments are subtracted from the approved amount before we make our payment. Amounts we pay for a nonparticipating provider's services are shown on page 3.5.

BCBSM

Blue Cross Blue Shield of Michigan.

Certificate

This book, which describes your benefit plan, and any riders that amend this Certificate.

Contact Lenses

Glass or plastic lenses prescribed by a physician or optometrist to correct or improve vision. They are fitted directly to the patient's eye.

Contract

This Certificate and any related riders, your signed application for coverage and your BCBSM ID card.

Copayment

The portion of the approved amount that you must pay for a covered service.

Dispensing Fee

The amount we pay a participating provider for dispensing eyeglass lenses and frames.

Effective Date

The date your coverage begins under this contract. This date is established by BCBSM.

The Language of Vision Care (continued)

Exclusions

Situations, conditions, or services that are not covered by your contract.

Experimental or Investigational Services

A service that has not been scientifically demonstrated to be as safe and effective for treatment of the patient's condition as conventional or standard treatment.

Frame

Standard eyeglass frames into which two covered lenses may be fitted.

Group

A collection of subscribers under one contract. Generally, all members of a group are employed by the same employer. One employer, however, may have several groups (different benefits for different groups of employees working for the same employer). A group can also include members who are associated with the same organization.

Lenses

Glass or plastic lenses prescribed by a physician or optometrist to correct or improve vision. They are fitted into frames.

Lien

A first priority security interest in any money, or in any action to recover money for the treatment of injuries for which we paid benefits.

Medically Necessary

Medical necessity is the determination by physicians or optometrists acting for BCBSM, based on criteria and guidelines developed by physicians and optometrists for BCBSM, that the service is appropriate and necessary for the condition.

NOTE: In the absence of established criteria, medical necessity will be determined by physicians or optometrists according to accepted standards and practices.

The Language of Vision Care (continued)

Member

Any person eligible for health care services under this Certificate. This means the subscriber and any eligible dependent listed on the application. The member is the “patient” when receiving covered services.

Nonparticipating Provider

A physician, optometrist or optician who has not signed an agreement with BCBSM to participate in our vision care plan.

Optician

A person or organization that makes corrective lenses prescribed by a physician or optometrist. The optician must be licensed in the state where the service is performed.

Optometrist

A person licensed to practice optometry in the state where the service is provided.

Participating Provider

A physician, optometrist or optician who has signed an agreement with BCBSM to participate in our vision care plan. The provider accepts direct payment from BCBSM and accepts our payment plus your copayment as payment in full for covered services.

Physician

A licensed doctor of medicine (M.D.) or osteopathy (D.O.) who, within the scope of his or her license, performs vision testing examinations and prescribes corrective lenses. An ophthalmologist is a physician.

Provider

A physician, optometrist or optician that provides services related to vision care.

Remitting Agent

Any individual or organization that has agreed, on behalf of the subscriber to:

- Collect or deduct from wages or other sums owed by the subscriber; and
- Pay the subscriber’s BCBSM bill.

The Language of Vision Care (continued)

Rider

A document that amends this Certificate by adding, limiting, deleting or clarifying benefits.

Subrogation

The assumption by BCBSM of your right, or the right of your beneficiaries, to receive money from another person, insurance company or organization. Subrogation does not apply to money received from insurance issued in your name or the names of your beneficiaries.

Subscriber

The person who signed and submitted the application for coverage.

We, Us, Our

Used when referring to Blue Cross Blue Shield of Michigan.

You and Your

Used when referring to any person covered by the subscriber's contract.

SECTION 8: How to Reach Us

This section lists phone numbers and addresses to help you get information quickly. You may call us or visit our centers.

To Call

Most of our customer service lines are open for calls between 8:30 a.m. and noon and from 1 p.m. to 5 p.m., Monday through Friday. Please have your ID card with your group and contract numbers ready when you call. (The contract number is usually the subscriber's nine-digit social security number.)

Area Code 248, 313, 586, 734 or 810

Detroit. (313) 225-8100
Southeast Michigan Toll-free (800) 637-2227

Area Code 231 or 616

West Michigan Toll-free. (800) 972-9797

Area Code 517 or 989

Central Michigan Toll-free. (800) 258-8000

Area Code 906

Upper Peninsula Toll-free. (800) 562-7884

NOTE: You may have been given a special number to call instead of the above numbers. Please use the special number when you need assistance.

To Visit

BCBSM customer service centers are located throughout Michigan. Check the following list to find the center nearest you. Unless stated otherwise, the centers are open from 8:30 a.m. until 5 p.m., Monday through Friday.

Alpena

135 W. Chisholm Street, Alpena 49707
On the main street in downtown Alpena

Detroit

500 Lafayette East, Detroit 48226
Downtown, two blocks north of Jefferson at I-375
Open from 8:30 a.m. to 4:30 p.m.

Flint

G-3245 Beecher Road (second floor) Flint 48532
In the Blue Care Network building, behind the White House

Grand Rapids

122 Lyon NW, Grand Rapids, 49503
Downtown in the Waters building
Open from 8:30 a.m. to 5 p.m.

and

5540 Glenwood Hills Parkway SE, Grand Rapids 49512
Off Kraft Road, ¼ mile south of 28th Street
Open from 8:30 a.m. to noon and from 1 p.m. to 5 p.m.

Holland

259 Hoover Boulevard, Holland 49423
Near U.S. 31 and 8th Street

Jackson

2282 Springport, Suite H, Jackson 49212
In Springport Center, ½ mile west of U. S. 27
Open from 8:30 a.m. to noon and from 1 p.m. to 5 p.m.

Lansing

1405 Creyts Road, Lansing 48917
¼ mile south of I-496 Creyts Road exit
Open from 8:30 a.m. to 4:30 p.m.

Marquette

415 S. McClellan Avenue, Marquette 49855
Up on the hill

Mt. Pleasant

1620 South Mission, Mt. Pleasant 48858
In the Campus Court shopping mall
Open from 8:30 a.m. to 12:30 p.m. and from 1:30 p.m. to 5 p.m.

Muskegon

3375 Merriam Road, Muskegon Heights 49444
In the Randers Professional Building behind the Days Inn

Portage

2255 W. Centre Avenue, Portage 49024
1 mile east of Centre Avenue exit off Rt. 131 at Oakland Drive (next to Bank One)

Port Huron

1924 Pine Grove Avenue, Port Huron 48060
Behind Global Insurance

Saginaw

4300 Fashion Square Boulevard, Saginaw 48603

¼ mile south of the mall

Traverse City

1769 S. Garfield, Traverse City 49686

Across from Cherryland Center

Utica

6100 Auburn Road, Utica 48317

Diagonally across from the AAA building

Form No. 4770



Bureau Approved 7/01