



VISION CARE PLAN FOR HOLSTON

For Active and 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)

Cost:

- INDIVIDUAL COVERAGE \$11.00 per month
- EMPLOYEE + ONE \$18.00 per month
- FAMILY \$27.00 per month

If you have regular health coverage with Family or Employee + One, you can elect a lesser coverage for the vision plan; but the primary member must be covered.

Please ✓ the appropriate Box, Sign, and Print your name and BC #, and Return to:

**Ken Luton
Holston Conference Center
The United Methodist Church
P.O. Box 850
Alcoa, TN 37701-0850**

Signature

Participant Name _____

Participant Number (From Your Blue Cross Card) _____