Vision Care Diabetic Benefit Summary of Vision Benefits

For Type 1 or Type 2 Diabetes with Diabetic Retinopathy			
Diabetic Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement*	
Medical Follow Up Eye Examination	\$0 copay	Up to \$77	
Fundus Photography Examination	\$0 copay	Up to \$50	
Extended Ophthalmoscopy (initial and subsequent)	\$0 copay	Up to \$15	
Gonioscopy	\$0 copay	Up to \$15	
Scanning Laser	\$0 copay	Up to \$33	

Benefit Frequency: All Diabetic Care Services are covered once every 6 months*.

Definitions

Medical Follow-Up Examination means an office visit for diabetic vision care after the initial Comprehensive eye Examination.

Some or all of the diagnostic services described below will be provided as deemed appropriate, subject to provider determination and the benefit frequency limitations referenced above. More comprehensive descriptions of these services are available in the Certificate of Insurance.

Fundus Photography Examination means photographing portion(s) of or the complete retina surface and structures, with interpretation and report. (*The Fundus Photography Examination is not covered if an Extended Ophthalmoscopy was provided within the previous six-month period.)

Extended Ophthalmoscopy means an examination of the interior of the eye, focusing on the posterior segment of the eye, including the lens, retina, and optic nerve, by direct or indirect ophthalmoscopy, and includes a retinal drawing with interpretation and report. (*The Extended Ophthalmoscopy is not covered if Fundus Photography Examination was provided within the previous six-month period.)

Gonioscopy means an eye examination of the front part of the eye (anterior chamber) to check the angle where the iris meets the cornea with a gonioscope or with a contact prism lens.

Scanning Laser means a computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report.

Exclusions

In addition to the Exclusions in the Policy/Certificate, no benefits are payable for services connected with or charges arising from any Vision Materials; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; medical, pathological and/or surgical treatment of the eye, eyes or supporting structures; any Vision Examination required by a Policyholder as a condition of employment; or services, supplies, prescription medication or treatment for diabetes, except as specifically included.



EARLY
DETECTION AND
TREATMENT
IS KEY TO
PRESERVING
YOUR EYESIGHT.

An annual eye exam is a vital part of your diabetes care.

For a complete list of in-network providers near you, visit eyemedvisioncare.com/bcbstxvis or call 1.855.556.8796.

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Eligibility: All members currently enrolled in Blue Cross and Blue Shield of Texas vision insurance.

For employee use. This piece is for illustrative purposes only and is not a contract. It is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and limitations to coverage.

Vision Insurance offered by Dearborn Life Insurance Company located at 701 E. 22nd Street, Lombard, IL 60148. Blue Cross and Blue Shield of Texas, an Independent Licensee of the Blue Cross and Blue Shield Association. EyeMed Vision Care, LLC and First American Administrators, Inc. are independent companies that offer provider network and administration services on behalf of Dearborn Life Insurance Company. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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^{*}Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider.

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Electronic ID card for office visits		I
Save vision prescriptions		I
Benefit plan details		I
Answers to common questions	V	
Direct line to member support	V	

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