



Featured plans and rates

Clarksville Community School Corporation
Effective January 01, 2024 through December 31, 2026 (Rates are guaranteed for 36 months)
Total Eligible Employees: 192

Select Plan Here	Select SOLD PLAN
	FS B.10.25.130.130 4MTR
	Standard INN

In-network benefit category	Plan Type	Participation Type
Exam Reimbursement	Exam Copy and Frequency	Full Service
Exam (PLUS) Reimbursement	Exam (PLUS) Copy and Frequency	Voluntary
Eyeglass Lens Single Reimbursement	Prescription Lens Copy and Frequency	\$10 Once every calendar year
Eyeglass Lens Bifocal Reimbursement	Frame Benefit and Frequency	Not Applicable
Eyeglass Lens Trifocal Reimbursement	Frame (PLUS) Benefit and Frequency	\$25 Once every calendar year
Frame Reimbursement	Elective Contact Lens Benefit and Frequency	\$130 Once every other calendar year
Frame (PLUS) Reimbursement	Non Elective Contact Lens Benefit and Frequency	Not Applicable
Elective Contact Lens Reimbursement		\$130 Once every calendar year
Non Elective Contact Lens Reimbursement		Covered in Full Once every calendar year

Out-of-network benefit category	Commission (Percent) Funding	Standard ONN
Exam Reimbursement	10.00%	Up to \$42
Exam (PLUS) Reimbursement	Fully Insured	Not Applicable
Eyeglass Lens Single Reimbursement		Up to \$40
Eyeglass Lens Bifocal Reimbursement		Up to \$60
Eyeglass Lens Trifocal Reimbursement		Up to \$80
Frame Reimbursement		Up to \$45
Frame (PLUS) Reimbursement		Not Applicable
Elective Contact Lens Reimbursement		Up to \$105
Non Elective Contact Lens Reimbursement		Up to \$210

Total	Employees	Monthly Rates
Employee	71	\$66.38
Employee+Spouse	17	\$12.75
Employee+Child(ren)	8	\$13.66
Employee+Family	11	\$21.82
Total Employees	107	
Total monthly premium		\$1,019.03
Total annual premium		\$12,228.36

Authorized Signature: _____
 By typing my name I intend for it to serve as my signature, and that I am authorized to sign on behalf of this group.
 Title: _____
 Date: _____

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Standard Discounts for Full Service

Additional savings available from in-network providers

When obtaining covered eyewear from a Blue View Vision provider, members may choose to upgrade their new eyeglass lenses at a discounted cost. Costs shown are after any applicable eyeglass lens copayment.

Description	Member cost	Description	Member cost
Progressive Lenses			
Standard	\$55	Transitions lenses (Adults)	\$75
Premium Tier 1	\$85	Transitions and Polycarbonate Lenses (Pediatric)	\$0
Premium Tier 2	\$95	Standard Polycarbonate lenses (Adults)	\$40
Premium Tier 3	\$110	UV Coating	\$15
Premium Tier 4	\$175	Tint (Solid and Gradient)	\$15
Anti-Reflective Coating		Other lens upgrades and add-ons	20% off retail price
Standard	\$45	Retinal Imaging (obtained at same time as covered eye exam)	Up to \$39
Premium Tier 1	\$57	Standard contact lens fitting and follow-up after comprehensive eye exam	Up to \$55
Premium Tier 2	\$68	Premium contact lens fitting and follow-up after comprehensive eye exam	10% off retail price
Premium Tier 3	\$85	Additional supplies of conventional contact lenses after benefits have been used	15% off retail price
Frame	20% off remaining balance	Additional complete pairs of eyeglasses	40% off retail price
Other items including most non-prescription sunglasses, eyewear accessories such as lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail price	Eyeglass materials purchased separately	20% off retail price
		Elective Contact Lenses (Non-Disposable) Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.	15% off remaining balance

Other discounts offers on LASIK surgery and much more are available through our SpecialOffers program

- This information is intended to be a brief outline of plan benefits. The most detailed description of benefits, exclusions, and restrictions can be found in the Certificate of Coverage. Discounts are subject to change without notice. Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the plan. Discounts will not apply when a manufacturer has imposed a no discount policy on the item.
- Transitions and the swirl are registered trademarks of Transitions Optical, Inc
- Eyeglass Lenses are In Lieu of Contact Lenses. If you receive elective or non-elective contact lenses then no benefits will be available for eyeglass lenses until you satisfy the benefit frequency listed in this Schedule of Benefits.
- In order to receive the enhanced benefits on PLUS plans you must go to a PLUS provider