

## Arch/Parishes & Agencies

Personal Choice® our popular Preferred Provider Organization (PPO), gives you freedom of choice by allowing you to choose your own doctors and hospitals. You can maximize your coverage by accessing your care through Personal Choice's network of hospitals, doctors, and specialists, or by accessing care through preferred providers who participate in the BlueCard® PPO program. Of course, with Personal Choice, you have the freedom to select providers who do not participate in the Personal Choice network or BlueCard PPO program. However, if you receive services from out-of-network providers, you will have higher out-of-pocket costs and may have to submit your claim for reimbursement.

With Personal Choice...

- You do not need to enroll with a primary care physician
- You never need a referral

Benefit	In-network	Out-of-network <sup>1</sup>
<b>BENEFIT PERIOD</b>	Contract Year <sup>7</sup>	Contract Year <sup>7</sup>
<b>DEDUCTIBLE**</b>		
Single	\$1,500	\$5,000
Family	\$3,000	\$10,000
<b>OUT-OF-POCKET MAXIMUM<sup>2</sup></b>		
Single	\$6,350	\$10,000
Family	\$12,700	\$20,000
<b>LIFETIME MAXIMUM</b>	Unlimited	Unlimited
<b>DOCTOR'S OFFICE VISITS</b>		
Primary care services	100%, after deductible	50%, after deductible
Specialist services	100%, after deductible	50%, after deductible
<b>PREVENTIVE CARE FOR ADULTS AND CHILDREN</b>	100%, no deductible	50%, no deductible
<b>PEDIATRIC IMMUNIZATIONS</b>	100%, no deductible	50%, no deductible
<b>ROUTINE GYNECOLOGICAL EXAM/PAP</b> 1 per year for women of any age <sup>3</sup>	100%, no deductible	50%, no deductible
<b>MAMMOGRAM</b>	100%, no deductible	50%, no deductible
<b>NUTRITION COUNSELING FOR WEIGHT MANAGEMENT</b> 6 visits per year <sup>3</sup>	100%, no deductible	50%, after deductible

- 1 Non-Preferred Providers may bill you for differences between the Plan allowance, which is the amount paid by Independence Blue Cross (IBC), and the actual charge of the provider. This amount may be significant. Claims payments for Non-Preferred Professional Providers (physicians) are based on the lesser of the Medicare Professional Allowable Payment or the actual charge of the provider. For covered services that are not recognized or reimbursed by Medicare, payment is based on the lesser of the Independence Blue Cross (IBC) applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or IBC's fee schedule, the payment is based on 50% of the actual charge of the provider. It is important to note that all percentages for out-of-network services are percentages of the Plan allowance, not the actual charge of the provider.
  - 2 In-network out-of-pocket maximum includes deductible, copays and coinsurance. Out-of-network out-of-pocket maximum includes deductible and coinsurance
  - 3 Combined in/out-of-network
- \* A contract year benefit period is a consecutive 12-month period that begins on your employer's effective date. The deductible and out-of-pocket maximum amount start at \$0 at the beginning of each contract year.
- \*\* Single deductible and out-of-pocket maximum apply when an individual is enrolled without dependents. Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. Prior to benefits being paid, the entire family deductible must be met. In-network deductible and/or out-of-pocket maximum may be adjusted annually for inflation.

The benefits may be changed by IBC to comply with applicable federal/state laws and regulations.



Benefits underwritten or administered by QCC Insurance Company, a subsidiary of Independence Blue Cross-independent licensees of the Blue Cross and Blue Shield Association.

[www.ibx.com](http://www.ibx.com)

Benefit	In-network	Out-of-network <sup>1</sup>
<b>OUTPATIENT LABORATORY/PATHOLOGY</b>	100%, after deductible	50%, after deductible
<b>MATERNITY</b>		
First OB visit	100%, after deductible	50%, after deductible
Hospital	100%, after deductible	50%, after deductible <sup>4</sup>
<b>INPATIENT HOSPITAL SERVICES</b>		
Facility	100%, after deductible	50%, after deductible <sup>4</sup>
Physician/Surgeon	100%, after deductible	50%, after deductible
<b>INPATIENT HOSPITAL DAYS</b>	Unlimited	70 <sup>4</sup>
<b>OUTPATIENT SURGERY</b>		
Facility	100%, after deductible	50%, after deductible
Physician/Surgeon	100%, after deductible	50%, after deductible
<b>EMERGENCY ROOM</b>	100%, after deductible	100%, after in-network deductible
<b>URGENT CARE CENTER</b>	100%, after deductible	50%, after deductible
<b>AMBULANCE</b>		
Emergency	100%, after deductible	100%, after in-network deductible
Non-emergency	100%, after deductible	50%, after deductible
<b>OUTPATIENT X-RAY/RADIOLOGY</b>		
Routine Radiology/Diagnostic	100%, after deductible	50%, after deductible
MRI/MRA, CT/CTA Scan, PET Scan	100%, after deductible	50%, after deductible
<b>THERAPY SERVICES</b>		
Physical and occupational 30 total visits per year for PT/OT combined <sup>3</sup>	100%, after deductible	50%, after deductible
Cardiac rehabilitation 36 visits per year <sup>3</sup>	100%, after deductible	50%, after deductible
Pulmonary rehabilitation 36 visits per year <sup>3</sup>	100%, after deductible	50%, after deductible
Speech 20 visits per year <sup>3</sup>	100%, after deductible	50%, after deductible
Orthoptic/pleoptic 8 sessions lifetime maximum <sup>3</sup>	100%, after deductible	50%, after deductible
<b>SPINAL MANIPULATIONS</b> 20 visits per year <sup>3</sup>	100%, after deductible	50%, after deductible
<b>ALLERGY INJECTIONS</b>	100%, after deductible	50%, after deductible
<b>INJECTABLE MEDICATIONS</b>		
Standard Injectables	100%, after deductible	50%, after deductible
Biotech/Specialty Injectables	100%, after deductible	50%, after deductible
<b>CHEMO/RADIATION/DIALYSIS</b>	100%, after deductible	50%, after deductible
<b>OUTPATIENT PRIVATE DUTY NURSING</b> 360 hours per year <sup>3</sup>	100%, after deductible	50%, after deductible
<b>SKILLED NURSING FACILITY</b> 120 days per year <sup>3</sup>	100%, after deductible	50%, after deductible
<b>HOSPICE AND HOME HEALTH CARE</b>	100%, after deductible	50%, after deductible
<b>DURABLE MEDICAL EQUIPMENT</b>	100%, after deductible	50%, after deductible
<b>PROSTHETICS</b>	100%, after deductible	50%, after deductible
<b>MENTAL HEALTH CARE</b>		
Outpatient	100%, after deductible	50%, after deductible
Inpatient	100%, after deductible	50%, after deductible <sup>4</sup>
<b>SERIOUS MENTAL ILLNESS CARE</b>		
Outpatient	100%, after deductible	50%, after deductible
Inpatient	100%, after deductible	50%, after deductible <sup>4</sup>

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3 Combined in/out-of-network

4 Inpatient hospital day limit combined for all out-of-network inpatient medical, maternity, mental health, serious mental illness and substance abuse services.

The benefits may be changed by IBC to comply with applicable federal/state laws and regulations.

Benefit	In-network	Out-of-network <sup>1</sup>
<b>SUBSTANCE ABUSE TREATMENT</b>		
Outpatient/Partial facility visits	100%, after deductible	50%, after deductible
Rehabilitation	100%, after deductible	50%, after deductible <sup>4</sup>
Detoxification	100%, after deductible	50%, after deductible <sup>4</sup>
<b>PRESCRIPTION DRUGS - RETAIL PHARMACY***</b>		
Member Cost Sharing		
Generic Formulary	\$15 Copayment, after deductible	50%, after deductible
Brand Formulary	\$35 Copayment, after deductible	50%, after deductible
Non-Formulary Brand	\$60 Copayment, after deductible	50%, after deductible
<b>PRESCRIPTION DRUGS - MAIL ORDER PHARMACY***</b>		
Member Cost Sharing		
Generic Formulary	\$37.50 Copayment, after deductible	Not Covered
Brand Formulary	\$87.50 Copayment, after deductible	Not Covered
Non-Formulary Brand	\$150 Copayment, after deductible	Not Covered

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- 4 Inpatient hospital day limit combined for all out-of-network inpatient medical, maternity, mental health, serious mental illness and substance abuse services.

\*\*\* Dispensing limits: up to 30 days' supply for retail pharmacies and up to 90 days' supply through mail order for maintenance drugs. If you use a nonparticipating pharmacy, you will pay the store's regular charge, which is usually higher than using a participating pharmacy, and will have to submit your claim for reimbursement.

The benefits may be changed by IBC to comply with applicable federal/state laws and regulations.

## What is not covered?

- services not medically necessary
- services or supplies that are experimental or investigative except routine costs associated with clinical trials
- hearing aids, hearing examinations/tests for the prescription/fitting of hearing aids, and cochlear electromagnetic hearing devices
- assisted fertilization techniques such as in-vitro fertilization, GIFT, and ZIFT
- reversal of voluntary sterilization
- expenses related to organ donation for non-member recipients
- alternative therapies/complementary medicine
- dental care, including dental implants, and nonsurgical treatment of temporomandibular joint syndrome (TMJ)
- music therapy, equestrian therapy, and hippotherapy
- treatment of sexual dysfunction not related to organic disease except for sexual dysfunction resulting from injury
- routine foot care, unless medically necessary or associated with the treatment of diabetes
- foot orthotics, except for orthotics and podiatric appliances required for the prevention of complications associated with diabetes
- cranial prostheses including wigs intended to replace hair
- routine physical exams for nonpreventive purposes such as insurance or employment applications, college, or premarital examinations
- immunizations for travel or employment
- service or supplies payable under Workers' Compensation, Motor Vehicle Insurance, or other legislation of similar purpose
- cosmetic services/supplies
- self-injectable drugs (except as specified under the prescription drug benefits for this program)
- Contraceptives
- Abortions, voluntary sterilizations and reversal of voluntary sterilizations
- vision care (except as specified in a group contract)

This summary represents only a partial listing of the benefits and exclusions of the Personal Choice Program described in this summary. If your employer purchases another program, the benefits and exclusions may differ. Also, benefits and exclusions may be further defined by medical policy. As a result, this managed care plan may not cover all of your health care expenses. Read your contract/member handbook carefully for a complete listing of the terms, limitations and exclusions of the program. If you need more information, please call 1-800-ASK-BLUE (1-800-275-2583).

## Services that require precertification

### INPATIENT SERVICES

Surgical and nonsurgical inpatient admissions  
Acute rehabilitation  
Skilled nursing facility  
Inpatient hospice

### OUTPATIENT FACILITY/OFFICE SERVICES (other than inpatient)

CT/CTA scans  
MRI/MRA  
Nuclear cardiac studies  
PET scans  
Hyperbaric Oxygen  
Hysterectomy  
Cataract surgery  
Cochlear implant surgery  
Nasal surgery for submucous resection and septoplasty  
Transplants (except cornea)  
Pain management procedures (including epidural injections, transforaminal epidural injections, paravertebral facet joint injections)  
Obesity surgery  
Day rehabilitation programs  
Dental services as a result of accidental injury  
Uvulopalatopharyngoplasty (including laser-assisted)

### ALL HOME CARE SERVICES (including infusion therapy in the home)

#### INFUSION THERAPY DRUGS

Administered in an Outpatient Facility or in a Professional Provider's Office (see list included in your open enrollment packet)

### MATERNITY ADMISSION AND BIRTHING CENTER (prenotification requested only)

### ELECTIVE (non-emergency) AMBULANCE TRANSPORT

### OUTPATIENT PRIVATE DUTY NURSING

### PROSTHETICS AND ORTHOTICS

Purchase items (including repairs and replacements) over \$500 (excluding ostomy supplies)

### DURABLE MEDICAL EQUIPMENT

Purchase items (including repairs and replacements) over \$500, and ALL rentals (except oxygen, diabetic supplies, and unit dose medication for nebulizer)

### RECONSTRUCTIVE PROCEDURES AND POTENTIALLY COSMETIC PROCEDURES

Blepharoplasty/ptosis repair  
Breast: reconstruction, reduction, augmentation, mammoplasty, mastopexy, insertion and removal of breast implants  
Canthopexy/canthoplasty  
Cervicoplasty  
Chemical peels  
Dermabrasion  
Excision of excessive skin and/or subcutaneous tissue  
Genetically and bio-engineered skin substitutes for wound care  
Hair transplant  
Injectable dermal fillers  
Keloid removal  
Labiaplasty  
Lipectomy, Liposuction, or any other excess fat removal procedure  
Orthognathic surgery procedures, including but not limited to, bone graft, genioplasty, osteoplasty, mentoplasty, osteotomies  
Otoplasty  
Rhinoplasty  
Rhytidectomy  
Scar revision  
Skin closures, including skin grafts, skin flaps, tissue grafts  
Sex reassignment surgery  
Surgical treatment of gynecomastia  
Surgery for varicose veins, including perforators and sclerotherapy

### MENTAL HEALTH/SERIOUS MENTAL ILLNESS/SUBSTANCE ABUSE

Mental health and serious mental illness treatment (Inpatient/partial hospitalization programs/intensive outpatient programs)  
Substance Abuse Treatment (Inpatient/Outpatient/Partial Hospitalization)

### BIOTECHNOLOGY/SPECIALTY INJECTABLE DRUGS

(See list included in your open enrollment packet)

Personal Choice<sup>®</sup> network providers will obtain precertification for you if it is required. You are not required to obtain precertification when treated in a Personal Choice network hospital or facility or by a Personal Choice network physician. Members are not responsible for financial penalties because a Personal Choice network provider does not obtain precertification.

If the provider is a BlueCard<sup>®</sup> PPO provider of another Blue Plan you use or an out-of-network provider, you must obtain precertification if required. You may be subject to a 20% reduction in benefits if precertification is not obtained.

In addition to the precertification requirements listed above, you should contact Independence Blue Cross and provide prenotification for certain categories of treatment so you will know prior to receiving treatment whether it is a covered service. This applies to network providers and members who elect to receive treatment provided by BlueCard providers, or out-of-network providers. The categories of treatment (in any setting) include

- Any surgical procedure that may be considered potentially cosmetic; and
- Any procedure, treatment, drug, or device that represents new or emerging technology; and
- Services that might be considered experimental/investigative.

Your provider should be able to assist you in determining whether a proposed treatment falls into one of these three categories. You are encouraged to have your provider place the call for you.

Precertification is not a determination of eligibility or a guarantee of payment. Coverage and payment are contingent upon, among other things, the patient being eligible, i.e., actively enrolled in the health benefits plan when the precertification is issued and when approved services occur. Coverage and payment are also subject to limitations, exclusions, and other specific terms of the health benefits plan that apply to the coverage request.

# \$75 Vision Program

Biennial Benefit



The Independence Blue Cross \$75 Vision program, administered by Davis Vision, offers members comprehensive benefits, including routine eye care, frames and lenses. The vision program is easy to use. Benefits are maximized by using Davis Vision Providers that are conveniently located throughout the area. Paid-in-full benefits for eyeglasses with standard lenses are possible when you choose from a select grouping known as the Davis Collection of Frames.

Benefit	Coverage	
<b>Eye exam, including refraction and glaucoma screening, and dilation, as professionally indicated</b>	Participating providers	\$0 Copay
	Non-participating providers	Up to \$35 reimbursement to member <sup>1</sup>
<b>Eyeglasses, including spectacle lenses and frames, at participating providers</b>	Spectacle lenses	Spectacle lenses covered at no extra cost include: all range of prescriptions, oversize lenses, glass or plastic lenses, single vision, bifocal, trifocal or lenticular lenses
	Additional lens options	Additional spectacle lens options covered at no cost include: glass grey #3 prescription sunglass lenses, tinting and polycarbonate lenses for dependent children, monocular patients, and patients with prescriptions greater than or equal to +/- 6.00 diopters
	Frames <b>Two options</b> are available for selecting frames:	Choose from participating provider's own frame collection and member receives allowance of \$60 <sup>2</sup>  OR Choose from the Davis Collection of Frames that is available at most participating providers and member pays: Fashion selection: \$0 Designer selection: \$0 Premier selection: \$20
<b>Eyeglasses, including spectacle lenses and frames, at non-participating providers</b>	Eyeglasses (spectacle lenses and frames) are available up to a \$75 reimbursement to member <sup>1</sup>	
<b>Contact lenses (in lieu of eyeglasses) including standard, specialty and disposable lenses and evaluation and fitting</b>	Participating providers	Member receives allowance up to \$75 <sup>2</sup>
	Non-participating providers	Up to \$75 reimbursement to member <sup>1</sup>
<b>Benefit frequency</b>	Once every two calendar years	
<b>Network</b>	Davis Vision Network To locate a participating provider, go to <a href="http://www.ibx.com">www.ibx.com</a> and click on the 'Find a Doctor' feature.	

<sup>1</sup> In lieu of participating provider benefit, member is responsible for balance

<sup>2</sup> Member is responsible for balance

This summary is intended to highlight the benefits available to you. For a complete description, including benefits and exclusions, refer to your benefit booklet.

Administered by:



Benefits are underwritten or administered by QCC Insurance Company, a subsidiary of Independence Blue Cross-independent licensees of the Blue Cross and Blue Shield Association.

[www.ibx.com](http://www.ibx.com)

## Value-added Services\*

Spectacle lens options available at most participating providers, MEMBER PAYS fixed discounted prices:

Spectacle Lens Option	Fixed Discounted Price
Blended invisible bifocals	\$10
Ultraviolet (UV) coating	\$12
Scratch-resistant coating - single vision	\$15
Scratch-resistant coating - multifocal	\$25
Intermediate vision lenses	\$30
Anti-reflective coating - standard	\$33
Anti-reflective coating - premium	\$48
Anti-reflective coating - ultra	\$60
Progressive additional multifocal lenses - standard	\$50
Progressive additional multifocal lenses - premium	\$90
Polarized lenses	\$60
Polycarbonate <sup>3</sup>	\$30
High index	\$55
Photochromic glass - single vision	\$15
Photochromic glass - multifocal	\$25
Photochromic plastic - single vision	\$60
Photochromic plastic - multifocal	\$70

**Warranty** - Unconditional one-year breakage warranty to repair or replace frames or lenses purchased at a participating provider for a period of one year. This warranty applies to all spectacle lenses, Davis Vision Collection of Frames and regional/national retailer frames, when the Collection is not available.

**Replacement Contact Lenses** - Through Lens 123, a free mail order program, member may receive replacement contact lenses offered at guaranteed, discounted prices.

**Laser Vision Correction Services** - Discount on Laser Vision Correction Services at Davis Vision Participating Laser Vision Correction Providers: Up to 25% off the participating provider's usual and customary fees or 5% off any participating provider's advertised specials, whichever is less.

**Additional Eyewear Discount** - Members selecting non-covered materials (i.e., second pair of eyeglasses, sunglasses, etc.) will receive up to a 20% courtesy discount and up to a 10% discount on disposable contacts at most participating providers.

\* Not available at non-participating providers

<sup>3</sup> Polycarbonate lenses for dependent children, monocular patients, and patients with prescriptions greater than or equal to +/- 6.00 diopters are covered at no cost.

## Frequently Asked Questions

Below find answers to some frequently asked questions about how your IBC Vision benefit program works.

### Who are the participating providers in the IBC Vision network?

Our administrator, Davis Vision, contracts with a national network of providers including ophthalmologists, optometrists and opticians. They are primarily licensed providers in private practice and in some retail locations, such as Wal-Mart Vision Center and For Eyes. Please go to [www.ibx.com](http://www.ibx.com) to locate a participating 'Vision Provider' through the 'Find a Doctor' feature, or once enrolled, call the number on your Identification card.

### If a retail location, such as Wal-Mart Vision Center is in the network, does that mean the doctor located in that store is in the network?

No. When going to a retail location such as Wal-Mart Vision Center for eyewear purchases, you should always confirm the participation status of the on-site doctor who provides the eye exam, since each provider contracts separately with Davis Vision.

### What are the advantages of using a participating provider?

- Quality service standards: all participating providers have been extensively reviewed and credentialed to NCQA standards to ensure that stringent standards for quality service are maintained.
- Paid-in-full benefit available: in addition to their own selection of frames, most participating providers have available the Davis Collection of Frames. This allows you to utilize the paid-in-full benefit available through your IBC Vision Program when frames are selected from the Collection with standard lenses - single, bifocal, trifocal or lenticular.
- Spectacle lens options discount: additional services such as anti-reflective coating and Transitions® lenses (photochromic) are available at a discounted price.
- Eyewear quality and value: most eyewear (lenses, coatings, and frames) is fabricated on site at one of Davis Vision's Regional Fabrication Centers. This allows Davis to monitor quality assurance and costs associated with the fabrication process, thereby creating the most value for you, our member.
- Warranty: Unconditional one-year breakage warranty to repair or replace frames or lenses purchased at a participating provider for a period of one year. This warranty applies to all spectacle lenses, Davis Vision Collection of Frames and regional/national retailer frames, when the Collection is not available.

### Will I need a claim form to receive services from a participating provider?

No, you will not need a claim form for in-network services. The process is simple. Here's what to do:

- Call the participating provider of your choice and schedule an appointment.
- Identify yourself as a member of IBC Vision, administered by Davis Vision.
- Provide the office with your ID number located on your Identification card and the name and date of birth of any covered dependent needing services.

It's that easy! The provider's office will verify your eligibility for services, and no claim forms are required!

### Will I be able to choose any frame available at a participating provider?

Yes, you may apply the amount of your frame benefit toward any available frame that you choose. You can maximize your benefit by selecting frames from the Davis Collection of Frames, which offers you the ability to have a paid in full pair of frames. The Collection is available at most participating providers. The 'Find a Doctor' feature on [www.ibx.com](http://www.ibx.com) also indicates the participating doctors that have the Davis Collection of Frames available.

### What types of frames are included in the Davis Collection of Frames?

The Davis Collection includes frames for men and women, adults and children. The collection includes many notable designer name frames that have passed rigorous inspections, such as Perry Ellis, Steve Madden, Alfred Sung, Converse, Bongo, Club Med, Catherine Deneuve, Scooby-Doo!, Garfield and Harley-Davidson. This frame collection is typically updated twice a year.

### How soon will I receive my glasses after they are ordered?

Your provider will advise you when to return to his/her office to pick up your new prescription eyeglasses. Delivery of your new eyeglasses to your participating provider from the fabrication center is generally within two to five business days of the doctor's submission of your order. More delivery time may be needed when out-of-stock frames, ARC (anti-reflective coatings), specialized prescriptions or a participating provider's frame is selected.

### What if my vision care provider does not participate in the network?

You may receive covered services from a non-participating provider, although you can receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose a non-participating provider, you pay the provider directly for all charges and then submit a Direct Reimbursement Claim Form. Covered services will be paid directly to you based on your out-of-network benefits. You are responsible for any balances.

### Where do I send the Direct Reimbursement Claim Form?

Mail your completed Direct Reimbursement Claim Form with receipts attached to:

Vision Care Processing Unit  
P. O. Box 1525  
Latham, NY 12110

To obtain a claim form, please visit [www.ibx.com](http://www.ibx.com) and click on 'Forms'. The IBC Vision Direct Reimbursement Claim Form is located on this Forms page under the Claims section.

### May I choose different providers for my eye exam and materials?

Yes, you have the freedom to choose any provider for your eye examination and eyeglasses (or contact lenses) and on different dates, if desired. However, complete eyeglasses must be obtained at the same time from one provider. Continuity of care will be best maintained when all available services are obtained at the same time from either a participating provider or non-participating provider, however, it's your choice. To maximize your benefit value, we recommend that all services be obtained from a participating provider.

### How do I purchase replacement contact lenses through the Lens 123 Program?

Enrolled members who have utilized their covered benefit may call 1-800-LENS 123 (1-800-536-7123) to register and set up your Lens 123 account. The Customer Service Representative will explain to you how to order replacement contact lenses and receive them in the mail. Lens 123 is an easy and convenient way to order replacement contact lenses. For additional information, go to [www.lens123.com](http://www.lens123.com).



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