



Virtual Visits

Care When and Where You Need It

Schedule a virtual visit through MDLIVE 24/7.

Powered by
MDLIVE

Virtual Visits Powered by MDLIVE®

Virtual Visits provides a live consultation between a doctor and a member for many non-emergency medical issues and behavioral health needs, 24 hours a day, seven days a week.

Based on your location, consult with a board-certified doctor by phone at **888-680-8646**, online at MDLIVE.com/bcbstx or with the MDLIVE® mobile app. Doctors are available on demand or by appointment.

Members may set up their profiles to include their member ID number, preferred pharmacy for e-prescriptions and credit card number for easy payment.

Clinician Type	Behavioral Health Consult Description	Claim Fee (2020-2021)
MD/Psychiatric Nurse Practitioner (PNP)	Psychiatric diagnostic evaluation with medical services	\$175
	Office/outpatient 15 minutes medication management	\$80
	Office/outpatient 25 minutes medication management	\$80
	Office/outpatient 40 minutes medication management	\$80
PhD/Master Level	Psychiatric diagnostic evaluation	\$80
	Psychotherapy, 30 minutes with patient and/or family member	\$80
	Psychotherapy, 45 minutes with patient and/or family member	\$80
	Family psychotherapy with patient present	\$80

MDLIVE doctors can help treat the following conditions:

General Health

Allergies
Nausea
Sinus infection

Pediatric Care

Cold and flu
Ear problems
Pinkeye

Many more...

Skin rashes
Cough/sore throat
Urinary symptoms

MDLIVE.com/bcbstx 888-680-8646

MDLIVE, a separate company, operates and administers the virtual visits program for Blue Cross and Blue Shield of Texas and is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without written permission.

BCBSTX 2020 HMO AND NON-HMO PEDIATRIC VISION CARE		
INSURED BENEFIT		
FREQUENCY		
Examination		Once every 12 months
Lenses or Contact Lenses		Once every 12 months
Frame		Once every 12 months
VISION CARE SERVICES	MEMBER COST IN-NETWORK	Out-of-Network Reimbursement*
Exam with Dilation as Necessary	\$0 Copay	\$30
FRAMES		
Frames	\$0 Copay on provider-designated frame; \$150 allowance on non-provider designated frame, 20% off balance over \$150	\$75
Any available frame at provider location		
STANDARD PLASTIC LENSES		
Single Vision	\$0 Copay	\$25
Bifocal	\$0 Copay	\$40
Trifocal	\$0 Copay	\$55
Lenticular	\$0 Copay	\$55
LENS OPTIONS		
UV Treatment	\$0 Copay	NA
Tint (Fashion & Gradient & Glass-Grey)	\$0 Copay	\$12
Standard Plastic Scratch Coating	\$0 Copay	\$12
Standard Polycarbonate - Kids under 19	\$0 Copay	\$32
Glass	\$0 Copay	NA
Oversized	\$0	NA
Contact Lenses		
<i>(Contact lens allowance includes materials only)</i>		
Conventional	\$0 Copay; \$150 allowance, 15% off balance over \$150	\$150
Disposable	\$0 Copay; \$150 allowance, plus balance over \$150	\$150
Medically Necessary	\$0 Copay, Paid-in-Full	\$210

DISCOUNTS ON SERVICES AND MATERIALS ON NON-INSURED ITEMS		
VISION CARE SERVICES	MEMBER COST IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT*
Retinal Imaging Benefit	Up to \$39	NA
EXAM OPTIONS		
Standard Contact Lens Fit and Follow-Up	Up to \$40	NA
Premium Contact Lens Fit and Follow-Up	10% off Retail Price	NA
STANDARD PLASTIC LENSES		
Standard Progressive Lens	\$65 Copay	NA
Premium Progressive Lens Tier 1	\$85 Copay	NA
Premium Progressive Lens Tier 2	\$95 Copay	NA
Premium Progressive Lens Tier 3	\$110 Copay	NA
Premium Progressive Lens Tier 4	\$65 copay, 80% of charge less \$120 Allowance	NA
LENS OPTIONS		
Standard Polycarbonate - Adults	\$40	NA
Standard Anti-Reflective Coating	\$45	NA
Premium Anti-Reflective Coating Tier 1	\$57	NA
Premium Anti-Reflective Coating Tier 2	\$68	NA
Premium Anti-Reflective Coating Tier 3	20% off Retail Price	NA
Polarized	20% off Retail Price	NA
Photochromatic/Transitions Plastic	\$75	NA
Other Add-Ons	20% off Retail Price	NA
OTHER		
Laser Vision Correction	15% off Retail Price or 5% off promotional price	NA
Additional Pairs Benefit	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	NA

All plans utilize the EyeMed Select Network. Materials/services for a non-insured benefit are considered discounts and are subject to change at anytime without notice. Non-insured benefits must be paid to the provider in full.
* 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. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. This is a snapshot; the vision benefits and the Certificate of Insurance is the master.

PLAN EXCLUSIONS

1) Orthoptic or vision training; Aniseikonic spectacle lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; 9) Services or materials provided by any other group benefit plan providing vision care; 10) Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.