

**WELCOME TO BLUE VIEW VISION!**

Good news—your vision plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what's covered, your discounts, and much more!



**Blue View Vision<sup>SM</sup> A6-10.25**

**Your Blue View Vision network**

Anthem Blue Cross vision members have access to one of the nation's largest vision networks. Blue View Vision is the only vision plan that gives members the ability to use their in-network benefits at 1-800 CONTACTS, or choose a private practice eye doctor, or go in store to LensCrafters®, Sears Optical<sup>SM</sup>, Target Optical® and JCPenney® Optical locations.

**Out-of-network:** If you choose to, you may receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement of your out-of-network allowance. In-network benefits and discounts will not apply.

**YOUR BLUE VIEW VISION PLAN AT-A-GLANCE**

**VISION PLAN BENEFITS**

**Routine eye exam** once every calendar year

**Eyeglass frames**

Once every calendar year you may select an eyeglass frame and receive an allowance toward the purchase price

**Eyeglass lenses (Standard)**

Once every calendar year you may receive any one of the following lens options:

- Standard plastic single vision lenses (1 pair)
- Standard plastic bifocal lenses (1 pair)
- Standard plastic trifocal lenses (1 pair)

**Eyeglass lens enhancements**

When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.

- **Transitions** Lenses (for a child under age 19)
- Standard Polycarbonate (for a child under age 19)
- Factory Scratch Coating

**Contact lenses – once every calendar year**

- Prefer contact lenses over glasses? You may choose contact lenses instead of eyeglass lenses and receive an allowance toward the cost of a supply of contact lenses.
- Elective Conventional Lenses; or
  - Elective Disposable Lenses; or
  - Non-Elective Contact Lenses

*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.*

IN-NETWORK	OUT-OF-NETWORK
\$10 copay	\$42 allowance
\$130 allowance, then 20% off any remaining balance	\$45 allowance
\$25 copay	\$40 allowance
\$25 copay	\$60 allowance
\$25 copay	\$80 allowance
\$0 copay	No allowance on lens enhancements when obtained out-of-network
\$0 copay	
\$0 copay	
\$130 allowance, then 15% off any remaining balance	\$92 allowance
\$130 allowance (no additional discount)	\$92 allowance
Covered in full	\$210 allowance

**You may use your in-network benefit to order your contact lenses from 1-800 CONTACTS**

1-800 CONTACTS offers a huge in-stock inventory, unbeatable prices, outstanding customer service and free shipping. Just call 1-800 CONTACTS or go to [1800contacts.com](http://1800contacts.com) for fast and easy ordering of your contact lenses.

**EXCLUSIONS & LIMITATIONS (not a comprehensive list)**

**Combined Offers.** Not to be combined with any offer, coupon, or in-store advertisement.

**Excess Amounts.** Amounts in excess of covered vision expense.

**Sunglasses.** Non-prescription sunglasses.

**Safety Glasses.** Safety glasses and accompanying frames.

**Not Specifically Listed.** Services not specifically listed in this plan as covered services.

**Lost or Broken Lenses or Frames.** Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

**Non-Prescription Lenses.** Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

**Orthoptics.** Orthoptics or vision training and any associated supplemental testing.

OPTIONAL SAVINGS AVAILABLE FROM IN-NETWORK PROVIDERS ONLY		In-network Member Cost (after any applicable copay)
<b>Retinal Imaging</b> - at member's option can be performed at time of eye exam		Not more than \$39
<b>Eyeglass lens upgrades</b> When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> <li>• <b>Transitions</b> lenses (Adults) \$75</li> <li>• Standard Polycarbonate (Adults) \$40</li> <li>• Tint (Solid and Gradient) \$15</li> <li>• UV Coating \$15</li> <li>• Progressive Lenses<sup>1</sup> <ul style="list-style-type: none"> <li>• Standard \$65</li> <li>• Premium Tier 1 \$85</li> <li>• Premium Tier 2 \$95</li> <li>• Premium Tier 3 \$110</li> </ul> </li> <li>• Anti-Reflective Coating<sup>2</sup> <ul style="list-style-type: none"> <li>• Standard \$45</li> <li>• Premium Tier 1 \$57</li> <li>• Premium Tier 2 \$68</li> </ul> </li> <li>• Other Add-ons and Services 20% off retail price</li> </ul>	
<b>Additional Pairs of Eyeglasses</b> Anytime from any Blue View Vision network provider.	<ul style="list-style-type: none"> <li>• Complete Pair 40% off retail price</li> <li>• Eyeglass materials purchased separately 20% off retail price</li> </ul>	
<b>Eyewear Accessories</b>	<ul style="list-style-type: none"> <li>• Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 20% off retail price</li> </ul>	
<b>Contact lens fit and follow-up</b> A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	<ul style="list-style-type: none"> <li>• Standard contact lens fitting<sup>3</sup></li> <li>• Premium contact lens fitting<sup>4</sup></li> </ul>	Up to \$55 10% off retail price
<b>Conventional Contact Lenses</b>	<ul style="list-style-type: none"> <li>• Discount applies to materials only</li> </ul>	15% off retail price
<b>SOME OF THE ADDITIONAL SAVINGS AVAILABLE THROUGH OUR SPECIAL OFFERS PROGRAM</b>		
<b>1-800 CONTACTS</b> After your benefits for the coverage period have been used, you can save on contact lenses with this offer. <sup>5</sup>	<ul style="list-style-type: none"> <li>• For this and other great offers, <a href="#">login to member services</a>, select discounts, then Vision, Hearing &amp; Dental</li> </ul>	Save \$20 on orders of \$100 or more and get free shipping
<b>Laser vision correction surgery</b> LASIK refractive surgery.	<ul style="list-style-type: none"> <li>• For this offer and more like it, <a href="#">login to member services</a>, select discounts, then Vision, Hearing &amp; Dental</li> </ul>	Discount per eye

<sup>1</sup> Please ask your provider for his/her recommendation as well as the progressive brands by tier.

<sup>2</sup> Please ask your provider for his/her recommendation as well as the coating brands by tier.

<sup>3</sup> A standard contact lens fitting includes spherical clear contact lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

<sup>4</sup> A premium contact lens fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

<sup>5</sup> Discount cannot be used in conjunction with your covered benefits.

## OUT-OF-NETWORK

If you choose an out-of-network provider, please complete an out-of-network claim form and submit it along with your itemized receipt by fax, email, or mail.

When visiting an out-of-network provider, discounts do not apply and you are responsible for payment of services and/or eyewear materials at the time of service.

**Fax to:** 866-293-7373  
**Email to:** [oonclaims@eyewearspecialoffers.com](mailto:oonclaims@eyewearspecialoffers.com)  
**Mail to:** Blue View Vision  
 Attn: OON Claims  
 P.O. Box 8504  
 Mason, OH 45040-7111

Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care physician from your medical network. If you have questions about your benefits or need help finding a provider, visit [anthem.com/ca](http://anthem.com/ca) or call us at 1-866-723-0515.

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force.

This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. Discounts referenced are not covered benefits under this vision plan and therefore are not included in the member's policy. Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the plan. Frame discounts may not apply to some frames where the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Discounts are subject to change without notice. This benefit overview is only one piece of your entire enrollment package.