

Blue View VisionSM

Vision care is not just for eyeglass wearers. Routine eye visits are important for everyone in preventing eyesight damage. Eye exams can also help detect other health problems. Blue View Vision exists so you can receive the vision care you need while still staying on budget.

Advantages of Anthem Blue View Vision:

- **You have access to eye doctors close to you.** Blue View Vision has 50,000 eye doctors and locations in its network. If you don't already have a favorite, you can quickly find one. Plus, many retail locations, like LensCrafters®, Target® Optical, and Pearle Vision® are covered by the plan. You can find a Blue View Vision network provider at anthem.com.
- **You can get an eye exam every year.** Blue View Vision helps pay for eye exams annually.
- **Not many plans are this convenient.** Just schedule an appointment with a network provider and present your member ID card when you arrive. The doctor's office staff will take care of the rest.
- **You save even more with additional discounts.** If you want a frame that costs more than your plan allows, you can save 20% off the balance. If you want spare glasses, contact lenses, or prescription sunglasses, you can save 15 to 40%. Your additional discounts are unlimited – even after your vision care benefits have exhausted.

What happens if you use an eye professional not in the network?

You're still covered. You'll be asked to pay the full cost for services at the time of your appointment. When you mail in your receipt and other paperwork to Anthem, you'll get paid back for what the plan covers. To save the most money and have less hassle, try to use an eye doctor or retail location in the network.

This is a brief overview of your plan's features. Your summary of benefits contains the details.

Blue View VisionSM exam only A15 plan



WELCOME TO BLUE VIEW VISION

This summary outlines the basic components of your vision plan, including quick answers about what's covered and your discounts.

Welcome to your Blue View Vision plan!

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at anthem.com, or the Sydney app. You may also call member services for assistance at **1-866-723-0515**.

Out-of-Network – If you choose to, you may instead receive covered benefits outside of the Blue View Vision. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

Your vision plan includes coverage for routine eye exams.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Routine eye exam			
Routine Eye Exam For members age 19 and older.	\$15 copay	Reimbursed up To \$30	Once every calendar year
Pediatric Routine Eye Exam For members up to age 19.	\$0 copay	Reimbursed up To \$30	Once every calendar year
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.			
Standard contact lens fitting	\$0 Copay 10% off retail price, then apply \$55 allowance	Reimbursed up to \$35	Once every calendar year
Premium contact lens fitting		Reimbursed up to \$35	

USING YOUR BLUE VIEW VISION PLAN

When you are ready to schedule your eye exam, just make an appointment with your choice of any of the Blue View Vision participating eye care doctors. Your Blue View Vision plan provides services for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network.

ADDITIONAL SAVINGS ON EYEWEAR AND MORE

As a Blue View Vision member, you can take advantage of valuable discounts through our Additional Savings program. See following page for further details.

OUT-OF-NETWORK

If you choose to, you may receive covered services outside of the Blue View Vision. If you choose an out-of-network doctor, you must pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance. To download a claim form, log in at anthem.com, or from the home page menu locate support and select Forms, click Change State to choose your State, and then scroll down to Claims and select the Blue View Vision Out-Of-Network Claim form. You may instead call member services at **1-866-723-0515** to request a claim form. To request reimbursement for out-of-network services, complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below:

TO FAX: 866-293-7373

TO EMAIL: oonclaims@eyewearspecialoffers.com

**TO MAIL: Blue View Vision
Attn: OON Claims
P.O. Box 8504
Mason, OH 45040-7111**

This is a primary vision care benefit intended to cover only routine eye examinations. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. 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 or call us at 1-866-723-0515. This information is only a brief outline of coverage and only one piece of your entire enrollment package. 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.

Blue View VisionSM plan (continued)

EXCLUSIONS & LIMITATIONS (not a comprehensive list — please refer to the member Certificate of Coverage for a complete 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. Plano sunglasses and accompanying frames.

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 BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY (Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage.)	IN-NETWORK MEMBER COST (after any applicable copay)
Retinal imaging — at member's option, can be performed at time of eye exam	Not more than \$39
Eyeglass frame <ul style="list-style-type: none"> ◦ When purchased as part of a complete pair of eyeglasses¹ 	35% of retail price
Eyeglass lenses Standard plastic material <ul style="list-style-type: none"> ◦ When purchased as part of a complete pair of eyeglasses¹ <ul style="list-style-type: none"> — Single Vision \$50 — Bifocal Vision \$70 — Trifocal Vision \$105 	
Eyeglass lens options and upgrades When purchasing a complete pair of eyeglasses ¹ (frame and lenses), you may choose to upgrade your new eyeglass lenses at a discounted cost. Member costs shown are in addition to the member cost of the standard plastic eyeglasses lenses.	<ul style="list-style-type: none"> ◦ UV coating \$15 ◦ Tint (solid and gradient) \$15 ◦ Standard scratch-resistant coating \$15 ◦ Standard polycarbonate \$40 ◦ Standard anti-reflective coating \$45 ◦ Standard progressive lenses (add-on- to bifocal) \$65 ◦ Other add-ons (i.e. high index lenses, anti-fogcoating) 20% of retail price
Conventional contact lenses (non-disposable type)	<ul style="list-style-type: none"> ◦ Discount applies to materials only 15% of retail price

Cannot be combined with any other offer. Discounts are subject to change without notice. Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where State law prevents discounting of products and services that are not covered benefits under this plan. Discounts on frames will not apply if the manufacturer has imposed a no discount on sales at retail and independent provider locations.

Some of our in-network providers include:



Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at anthem.com, select discounts, then Vision, Hearing & Dental.

¹ If frames, lenses or lens options are purchased separately, members will receive a 20% discount instead.

* Discounts cannot be used in conjunction with your covered benefits.

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