

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](https://www.glasses.com) and [ContactsDirect.com](https://www.contactsdirect.com). To locate a participating network eye care doctor or location, log in at [anthem.com](https://www.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](https://www.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](https://www.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 | ◦ When purchased as part of a complete pair of eyeglasses ¹ | 35% of retail price |
| Eyeglass lenses Standard plastic material | ◦ When purchased as part of a complete pair of eyeglasses ¹ — Single Vision — Bifocal Vision — Trifocal Vision | \$50 \$70 \$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. | ◦ UV coating ◦ Tint (solid and gradient) ◦ Standard scratch-resistant coating ◦ Standard polycarbonate ◦ Standard anti-reflective coating ◦ Standard progressive lenses (add-on to bifocal) ◦ Other add-ons (i.e. high index lenses, anti-fogcoating) | \$15 \$15 \$15 \$40 \$45 \$65 20% of retail price |
| Conventional contact lenses (non-disposable type) | ◦ 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:

**INDEPENDENT
PROVIDER
NETWORK**

LENSCRAFTERS[®]

**PEARLE
VISION[®]**

OPTICAL[®]

GLASSES.com[®]

contactsdirect

1800 contacts[®]

Ray-Ban[®]

OAKLEY

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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