

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 from the home page menu under Care, select **Find a Doctor**. 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 network. 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 BLUE VIEW VISION PLAN BENEFITS | IN-NETWORK | OUT-OF-NETWORK | FREQUENCY |
|---|------------------------------|-----------------------|-------------------------------|
| Routine Eye Exam | | | |
| A comprehensive eye examination | \$0 copay | Up to \$50 allowance | Once every calendar year |
| Eyeglass Frames, Eyeglass Lenses, Contact Lenses and Lens Options (<i>Declining Balance on Materials</i>) | | | |
| Allowance may be applied towards the purchase of eyeglass frames, eyeglass lenses, lens options, and elective conventional and/or disposable contact lenses of their choice. OR | \$350 allowance ¹ | Up to \$350 allowance | Once every two calendar years |
| Non-Elective Contact Lenses | | | |
| <ul style="list-style-type: none"> Non-elective (medically necessary) | Covered in full | Up to \$350 allowance | Once every two calendar years |

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. 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. This benefit overview is only one piece of your entire enrollment package.

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 | | In-network Member Cost (after any applicable copay) |
|---|---|--|
| Eyeglass Frames, Eyeglass Lenses and Lens Options¹ | Discount applies to materials only | 20% off remaining balance |
| Conventional Contact Lenses¹ | Discount applies to materials only | 15% off retail price |
| Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider. | <ul style="list-style-type: none"> Complete Pair Eyeglass materials purchased separately | 40% off retail price 20% off retail price |
| Eyewear Accessories | <ul style="list-style-type: none"> Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. | 20% off retail price |
| 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. | <ul style="list-style-type: none"> Standard contact lens fitting² Premium contact lens fitting³ | Up to \$0 Up to \$0 |

¹ Declining Balance Allowance applies to the purchase of materials. Within a benefit period, you may use your allowance In-Network OR Out-of-Network, but not both.

² Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

³ Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

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 the plan. Discounts on frames will not apply if the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Some of our in-network providers include:



LENSCRAFTERS



Online stores:



glasses.com

contactsdirect.com

1800contacts.com

lenscrafters.com

targetoptical.com

ray-ban.com/insurance

ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM *

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.

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

OUT-OF-NETWORK

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please 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 download a claim form, log in at **anthem.com**, or from the home page menu under Support 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 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

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