

Blue View Vision Summary

B \$15/\$15 Plan for Large Groups



This Summary of Vision Benefits outlines the vision benefits available to you through the Blue View Vision Plan. This is a summary of your vision benefit. Please review your benefit certificate for plan details. For eligibility definitions please contact your group administrator.

Blue View Vision's Provider Network: Blue View Vision members have access to approximately 32,500 conveniently located providers nationwide. Blue View Vision contracts with many providers, which including independent optometrists and ophthalmologists as well as well as LensCraftersSM, Target Optical and most Sears Optical and Pearle Vision retail locations. Members may call Blue View Vision toll-free at (866) 723-0515 or visit www.anthem.com at any time for provider locations.

For fast, paperless determination and confirmation of benefits, simply schedule an appointment with your Blue View Vision Provider and identify yourself as a Blue View Vision member.

Network Provider: Maximum benefits are achieved when members access their benefits from a Blue View Vision Participating Provider. Copayment(s) may apply to in-network benefits.

Non-Network Provider Reimbursements: Members may go to a non-participating (non-network) provider and pay the provider directly for services and materials.

Members must then submit an original itemized invoice and a copy of the prescription along with the Member's I.D. number to Blue View Vision for reimbursement according to the Non-Network Reimbursement schedule identified in this Summary of Vision Benefits.

Value Added Savings: Blue View Vision providers agree to the Additional Savings Plan that is significantly below retail. Members are able to achieve substantial savings on additional pair purchases, contact lenses, lens treatments, specialized lenses and various other items. Members may save approximately 15% to 40% off retail on these items when they visit a Blue View Vision Provider.

Copayment(s): Copayment amounts are applicable to Network Provider examinations and eyeglass lenses. Separate copayments may be charged for examinations and eyeglass lenses. Plan allowances must be applied for a single service within a member's benefit year; no remaining balance may be carried forward for another service within the benefit year.

Blue View Vision Benefits	Member Benefit From Network Provider	Non-Network Reimbursement**
<p>Vision Examination: Covered up to a comprehensive level exam with dilation as necessary from Network Provider.</p> <p>Availability : Once every 12 months*</p>	\$15 Copayment	Up to \$35
<p>Lenses: Standard plastic (CR39) lenses in single vision, and bifocal or trifocal (FT 25-28); lenses up to 55 mm; and all ranges of prescriptions.</p> <p>Single Vision Lenses (pair) Bifocal Lenses (pair) Progressive Lenses (pair)</p> <p>Trifocal Lenses (pair)</p> <p>Availability : Once every 12 months*</p>	<p>\$15 Copayment \$15 Copayment \$15 Copayment Progressive Lenses Maximum Allowable Amount is equal to bifocal amount. Member pays difference. \$15 Copayment</p>	<p>Up to \$25 Up to \$40 Up to \$40 Up to \$55</p>
<p>Frames: Maximum Allowable amount of \$130 (retail value) for frames purchased from Blue View Vision Network Provider.</p> <p>Availability : Once every 24 months*</p>	<p>No Copayment Member pays amount in excess of Maximum Allowable Amount (retail value). 20% discount applies to the balance over the plan allowance.</p>	Up to \$45
<p>Contact Lenses***:</p> <p>Elective – Members have a \$130 plan allowance per benefit period toward cosmetic contact lenses in lieu of the frame/lens benefits.</p> <p>Non-Elective - contact lenses prescribed for reasons that are not cosmetic in nature.</p> <p>Availability : Once every 12 months*</p>	<p>No Copayment If the member chooses contact lenses greater than the plan allowance, the member is responsible for the difference. Members receive 15% discount off balance over the plan allowance for conventional lenses. No discount applies to disposable contact lenses.</p> <p>No Copayment</p>	<p>Up to \$80 Up to \$210</p>
<p><i>*From your last date of service</i> ** Non-Network Reimbursement represents Plan's allowance towards eligible benefits and may not cover all charges. ***See Membership Certificate for definitions of Elective and Non-Elective Contact Lenses.</p>		

Limitations and Exclusions

This is a primary vision care benefit and is intended to cover only eye examinations and corrective eyewear. Covered materials that are lost or broken will be replaced only at normal service intervals indicated in the Plan Design; however, these materials and other items not covered below may be purchased at the Additional Savings Plan from a *Blue View Vision* Provider. In addition, benefits are payable only for expenses incurred while the Group and individual Member coverage is in force.

These plan benefits cannot be combined with any other discounts, promotional offers or advertised specials including, but not limited to, discounts, coupons or two-for-one materials offers, offered by the providers at their individual offices. Members must choose between using their benefits or the provider's special offers.

Not Covered:

- Orthoptics or vision training and any supplemental testing.
- Plano (non-prescription) lenses.
- Two pair of eyeglasses in lieu of bifocals or trifocals.
- Medical or surgical treatment of the eyes.
- An eye exam or corrective eyewear required by an employer as a condition of employment.
- Any injury or illness covered under Workers' Compensation or similar law, or which is work related.
- Sub-normal vision aids.
- Plain or prescription sunglasses or tinted lenses, and no-line bifocals and blended lenses.
- Charges in excess of Usual and Customary for services and materials.
- Experimental or non-conventional treatments or devices.
- Safety eyewear.
- In conjunction with other offers or discounts.
- Spectacle lens styles, materials, treatments or "add-ons" not shown in the Summary of Vision Benefits.