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!

Custom Summary for Cobb EMC
January 1, 2018

Blue View Vision℠

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℠, Target Optical®, JCPenney® Optical and most Pearle Vision® 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	IN-NETWORK	OUT-OF-NETWORK
Routine eye exam once every calendar year	$10 copay, then covered in full	$48 allowance
Eyeglass frames Once every two calendar years you may select an eyeglass frame and receive an allowance toward the purchase price	$110 allowance, then 20% off any remaining balance	$64 allowance
Eyeglass lenses *(Standard)* Once every calendar year you may receive any one of the following lens options:		
• Standard plastic single vision lenses *(1 pair)*	$10 copay, then covered in full	$36 allowance
• Standard plastic bifocal lenses *(1 pair)*	$10 copay, then covered in full	$54 allowance
• Standard plastic trifocal lenses *(1 pair)*	$10 copay, then covered in full	$69 allowance
• Standard plastic lenticular lenses *(1 pair)*	$10 copay, then covered in full	$80 allowance
Eyeglass lens enhancements When obtaining covered eyewear from a Blue View Vision provider, you may add any of the following lens enhancements at no extra cost.		
• Transitions Lenses (for a child under age 19)	$0 after eyeglass lens copay	No allowance on lens enhancements when obtained out-of-network
• Standard Polycarbonate (for a child under age 19)	$0 after eyeglass lens copay	
• Factory Scratch Coating	$0 after eyeglass lens copay	
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	$100 allowance, then 15% off any remaining balance	$87 allowance
• Elective Disposable Lenses; or	$100 allowance *(no additional discount)*	$87 allowance
• Non-Elective Contact Lenses	Covered in full	$210 allowance

Your contact lens allowance can only be applied toward the first purchase of contacts you make during a benefit period. Any unused amount remaining cannot be used for subsequent purchases made during the same benefit period, nor can any unused amount be carried over to the following benefit period.

EXCLUSIONS & LIMITATIONS (not a complete list)

Combined Offers. Not combined with any offer, coupon, or in-store advertisement.
Excess Amounts. Amounts in excess of covered vision expense.
Sunglasses. 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 IN-NETWORK PROVIDERS		*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 lens upgrades
When obtaining eyewear from a Blue View Vision provider, members may choose to upgrade their new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.
	• Transitions® lenses (Adults)
	• Standard Polycarbonate (Adults)
	• Tint (Solid and Gradient)
	• UV Coating
	• Progressive Lenses
	  ◦ Standard
	  ◦ Premium Tier 1
	  ◦ Premium Tier 2
	  ◦ Premium Tier 3
	• Anti-Reflective Coating
	  ◦ Standard
	  ◦ Premium Tier 1
	  ◦ Premium Tier 2
	• Other Add-ons and Services
		$75
		$40
		$15
		$15
		
		$65
		$85
		$95
		$110
		
		$45
		$57
		$68
		20% off retail price

Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider	• Complete Pair • Eyeglass materials purchased separately	40% off retail price 20% off retail price
Eyewear Accessories	• 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 Available following a comprehensive eye exam	• Standard contact lens fitting • Premium contact lens fitting	Up to $55 10% off retail price
Conventional Contact Lenses	• Discount applies to materials only	15% off retail price

ADDITIONAL SAVINGS AVAILBLE THROUGH OUR SPECIAL OFFERS PROGRAM

Members can take advantage of savings opportunities from dozens of vendors on a variety of products and services, including LASIK vision surgery, hearing services and aids, wellness products, weight loss programs, fitness memberships, elder care services, 1800CONTACTS® * and much more.

[1] Please ask your provider for his/her recommendation as well as the progressive brands by tier.

[2] Please ask your provider for his/her recommendation as well as the coating brands by tier.

[3] 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.

[4] 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.

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 to the fax number, email address, or mailing address below. 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.

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

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 bcbsga.com 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. 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.