

**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!



Adams County Ohio Valley Schools

10/1/13

Blue View VisionSM Option 37

Your Blue View Vision network

Blue View Vision offers you one of the largest vision care networks in the industry, with a wide selection of experienced ophthalmologists, optometrists, and opticians. Blue View Vision's network also includes convenient retail locations, many with evening and weekend hours, including LensCrafters®, Pearle Vision®, Sears OpticalSM, Target Optical® and JCPenney® Optical locations. Best of all – when you receive care from a Blue View Vision participating provider, you can maximize your benefits and money-saving discounts. Members may call Blue View Vision toll-free at (866) 723-0515 with questions about vision benefits or provider locations.

Out-of-network services

Did we mention we're flexible? You can choose to receive care outside of the Blue View Vision network. You simply get an allowance toward services and you pay the rest. (In-network benefits and discounts will not apply.) Just pay in full at the time of service and then file a claim for reimbursement.

YOUR BLUE VIEW VISION PLAN AT-A-GLANCE

VISION CARE SERVICES

Routine eye exam once every 12 months

Eyeglass frames

Once every 24 months you may select an eyeglass frame and receive the following allowance toward the purchase price:

Eyeglass lenses (Standard)

- Factory scratch coating included**
- Polycarbonate lenses included for children under 19 years old.**
- Transitions® lenses included for children under 19 years old.**

Once every 24 months you may receive any one of the following lens options:

- Standard plastic single vision lenses (1 pair)
- Standard plastic bifocal lenses (1 pair)
- Standard plastic trifocal lenses (1 pair)

Eyeglass lens upgrades

When receiving services from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.

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.

Contact lenses – once every 24 months

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.

Your contact lens allowance can only be applied toward the first purchase of contacts you make during a benefit period.

Lens Options

- UV Coating
- Tint (Solid and Gradient)
- Standard Polycarbonate
- Transitions® lenses
- Progressive Lenses¹
 - Standard \$65
 - Premium Tier 1 \$91
 - Premium Tier 2 \$97
 - Premium Tier 3 \$103
- Standard Anti-Reflective Coating² \$45
- Premium Tier 1 Anti-Reflective Coating² \$57
- Premium Tier 2 Anti-Reflective Coating² \$68
- Other Add-ons and Services 20% off retail price
- Elective Conventional Lenses \$130 allowance then 15% off any remaining balance
- Elective Disposable Lenses \$130 allowance (no additional discount)
- Non-Elective Contact Lenses Covered in full

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.

IN-NETWORK

\$20 copay, then covered in full

\$130 allowance then 20% off any remaining balance

\$20 copay, then covered in full
\$20 copay, then covered in full
\$20 copay, then covered in full

Member cost for upgrades

- \$15
- \$15
- \$40
- \$75
- \$65
- \$91
- \$97
- \$103
- \$45
- \$57
- \$68

20% off retail price

\$130 allowance then 15% off any remaining balance

\$130 allowance (no additional discount)

Covered in full

OUT-OF-NETWORK

\$42 allowance

\$45 allowance

\$40 allowance
\$60 allowance
\$80 allowance

Discounts on lens upgrades are not available out-of-network

\$105 allowance

\$105 allowance

\$210 allowance

VISION CARE SERVICES

Contact lens fitting and follow-up

A contact lens fitting and two follow-up visits are available to you once a comprehensive eye exam has been completed.

Standard contact fitting*

Premium contact lens fitting**

**IN-NETWORK
Member Cost**

Fitting and follow up visits up to \$55

10% off retail price

OUT-OF NETWORK

Discounts not available out-of-network

*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.

**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.

Discounts – Savings on additional eyewear and accessories – After you use your initial frame or contact lens allowance, you can take advantage of discounts on additional prescription eyeglasses, conventional contact lenses, and eyewear accessories courtesy of Blue View Vision network providers.

<p>BLUE VIEW VISION ADDITIONAL SAVINGS</p> <p>Additional Pair of Complete Eyeglasses</p> <p>Contact Lenses - Conventional <i>(Discount applied to materials only)</i></p> <p>Eyewear Accessories Includes some non-prescription sunglasses, lens cleaning supplies, contact lens solutions and eyeglass cases, etc.</p> <p><small>*Items purchased separately are discounted 20% off the retail price. Blue View Vision's Additional Savings Program is subject to change without notice.</small></p>	<p>MEMBER SAVINGS</p> <p>40% discount off retail*</p> <p>15% off retail price</p> <p>20% off retail price</p>	<p>LASER VISION CORRECTION SURGERY Glasses or contacts may not be the answer for everyone. That's why we offer further savings with discounts on refractive surgery. Pay a discounted amount per eye for LASIK Vision correction. For more information, go to SpecialOffers at anthem.com and select vision care.</p> <p>USING YOUR BLUE VIEW VISION PLAN The Blue View Vision network is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care physician from your medical network.</p> <p>OUT-OF-NETWORK If you choose an out-of-network provider, please complete the out-of-network claim form and submit it along with your itemized receipt to the below fax number, email address, or mailing address. When visiting an out-of-network provider, you are responsible for payment of services and/or eyewear materials at the time of service.</p> <p>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</p>
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EXCLUSIONS

The following section indicates items that are excluded from benefit consideration, and are not considered Covered Services. This is in no way a complete listing, and we are the final authority for determining if services or supplies are Covered Services. This is a primary vision care benefit intended to cover only eye examinations and corrective eyewear. Materials not covered below may be purchased at preferred pricing from Blue View Vision providers.

We do not provide vision benefits for services, supplies or charges:

- Received from an individual or entity that is not a Provider, as defined in the Certificate.
- For any condition, disease, defect, ailment, or injury arising out of and in the course of employment if benefits are available under any Worker's Compensation Act or other similar law. This exclusion applies if you receive the benefits in whole or in part. This exclusion also applies whether or not you claim the benefits or compensation. It also applies whether or not you recover from any third party.
- To the extent that they are provided as benefits by any governmental unit, unless otherwise required by law or regulation.
- For illness or injury that occurs as a result of any act of war, declared or undeclared.
- For a condition resulting from direct participation in a riot, civil disobedience, nuclear explosion, or nuclear accident.
- For which you have no legal obligation to pay in the absence of this or like coverage.
- Received from an optical or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust or similar person or group.
- Prescribed, ordered, referred by, or received from a member of your immediate family, including your spouse, child, brother, sister, parent, in-law, or self.
- For completion of claim forms or charges for medical records or reports unless otherwise required by law.
- For missed or canceled appointments.
- In excess of Maximum Allowable Amount.
- Incurred prior to your Effective Date.
- Incurred after the termination date of this coverage except as specified elsewhere in the Certificate.
- For services or supplies primarily for educational, vocational, or training purposes, except as otherwise specified in the Certificate.
- For sunglasses and accompanying frames.
- For safety glasses and accompanying frames.
- For inpatient or outpatient hospital vision care.
- For Orthoptics or vision training and any associated supplemental testing.
- For non-prescription lenses.
- For two pairs of glasses in lieu of bifocals.
- For Plano lenses (lenses that have no refractive power).
- For medical or surgical treatment of the eyes.
- Lost or broken lenses or frames, unless the Member has reached his or her normal interval for service when seeking replacements.
- For services or supplies not specifically listed in the Certificate.
- Certain brands on which the manufacturer imposes a no discount policy.
- For services or supplies combined with any other offer, coupon or in-store advertisement.

This benefit overview insert is only one piece of your entire enrollment package. Exclusions and limitations are listed in the enrollment brochure.

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