



# Key Advantage 500

## 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, discounts, and much more!

## Blue View Vision<sup>SM</sup>

### Your Blue View Vision network

Your routine vision benefit uses the Blue View Vision network – one of the largest vision care networks in the industry with a wide selection of ophthalmologists, optometrists and opticians. The network also includes convenient retail locations, many with evening and weekend hours, including 1-800 CONTACTS, LensCrafters®, Sears Optical<sup>SM</sup>, Target Optical®, and JCPenney® Optical.

### Out-of-network services

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. Just pay in full at the time of service and then file a claim for reimbursement. In-network benefits and discounts will not apply.

## YOUR BLUE VIEW VISION PLAN AT-A-GLANCE

ROUTINE VISION CARE SERVICES	IN-NETWORK	OUT-OF-NETWORK
<b>Routine eye exam</b> ( <i>once per plan year</i> )	\$40 copayment	\$50 allowance
<b>Eyeglass frames</b> Once per plan year you may select any eyeglass frame <sup>1</sup> and receive the following allowance toward the purchase price:	\$100 allowance then 20% off remaining balance	\$80 allowance
<b>Standard Eyeglass Lenses</b> <i>Polycarbonate lenses included for children under 19 years old.</i> Once per plan year you may receive any one of the following lens options:		
<ul style="list-style-type: none"> <li>Standard plastic single vision lenses (<i>1 pair</i>)</li> <li>Standard plastic bifocal lenses (<i>1 pair</i>)</li> <li>Standard plastic trifocal lenses (<i>1 pair</i>)</li> </ul>	<ul style="list-style-type: none"> <li>\$20 copay; then covered in full</li> <li>\$20 copay; then covered in full</li> <li>\$20 copay; then covered in full</li> </ul>	<ul style="list-style-type: none"> <li>\$50 allowance</li> <li>\$75 allowance</li> <li>\$100 allowance</li> </ul>
<b>Upgrade Eyeglass Lenses</b> (available for additional cost) When receiving services from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lenses copayment applies, plus the cost of the upgrade.	<b>Lens Options</b>	<b>Member cost for upgrades</b>
	<ul style="list-style-type: none"> <li>UV Coating</li> <li>Tint (<i>Solid and Gradient</i>)</li> <li>Standard Scratch-Resistance</li> <li>Standard Polycarbonate</li> <li>Standard Progressive (<i>add-on to bifocal</i>)</li> <li>Standard Anti-Reflective Coating</li> <li>Other Add-ons and Services</li> </ul>	<ul style="list-style-type: none"> <li>\$15</li> <li>\$15</li> <li>\$15</li> <li>\$40</li> <li>\$65</li> <li>\$45</li> <li>20% off retail price</li> </ul>
		Discounts on lens upgrades are not available out-of-network
<b>Contact lenses</b> Prefer contact lenses over glasses? You may choose to receive contact lenses instead of eyeglasses and receive an allowance toward the cost of a supply of contact lenses once per plan year.	<ul style="list-style-type: none"> <li>Elective Conventional Lenses<sup>2</sup></li> <li>Elective Disposable Lenses<sup>2</sup></li> <li>Non-Elective Contact Lenses<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>\$80 allowance</li> <li>\$80 allowance</li> <li>\$210 allowance</li> </ul>
	<ul style="list-style-type: none"> <li>\$100 allowance then 15% off the remaining balance</li> <li>\$100 allowance (<i>no additional discount</i>)</li> <li>\$250 allowance</li> </ul>	

<sup>1</sup> Discount is not available on certain frame brands in which the manufacturer imposes a no discount policy.

<sup>2</sup> Elective contact lenses are in lieu of eyeglass lenses. Non-elective lenses are medically necessary when glasses are not an option for vision correction, such as after cataract surgery.

**ROUTINE VISION CARE SERVICES (continued)**

**Contact lens fitting 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 fitting\*
- Premium contact lens fitting\*\*

**IN-NETWORK**

You pay 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.

**ADDITIONAL SAVINGS ON EYEWEAR & ACCESSORIES**

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

**MEMBER DISCOUNTS**

**Additional Pairs of Complete Eyeglasses**

As many pairs as you like

40% discount off retail\*

**Conventional Contact Lenses**

Materials Only

15% off retail price

**Additional Eyewear & Accessories**

Includes eyeglass frames and eyeglass lenses purchased separately, some non-prescription sunglasses, eye glass cases, lens cleaning supplies, contact lens solutions, etc.

20% off retail price

**LASIK VISION CORRECTION**

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 [www.anthem.com/tlc](http://www.anthem.com/tlc) and select Discounts under the Health and Wellness tab.

**NON-ROUTINE VISION SERVICES**

The Blue View Vision network is for routine eye care only. Non-routine vision care is covered under your medical benefits. Refer to your COVA Care member handbook for more information.

**OUT-OF-NETWORK**

If you choose an out-of-network provider, you must complete the Blue View out-of-network claim form and submit it with your receipt. You will be reimbursed according to the out-of-network reimbursement schedule. Go to [www.anthem.com/tlc](http://www.anthem.com/tlc) and select Forms under the Resources and Tools tab. Your out-of-pocket expenses related to the vision benefits do not count toward your annual out of pocket limit and are never waived, even if your annual out-of-pocket limit is reached.

*The Additional Savings Program is subject to change without notice.*

**QUESTIONS? Contact Anthem member services at 1-800-552-2682.**



This benefit overview insert is only one piece of your entire enrollment package. Exclusions and limitations are listed in the enrollment brochure. The in-network providers referred to in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of Anthem. Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Virginia, Inc. An independent licensee of the Blue Cross and Blue Shield Association. \*Registered marks Blue Cross and Blue Shield Association. Blue View Vision is a service mark of the Blue Cross and Blue Shield Association.