Blue View Vision℠

Included with New Hampshire Health Plans

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 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 Optical℠, Target Optical® and JCPenney® Optical locations. Best of all – when you receive care from a Blue View Vision network 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 from last date of service**

**Eyeglass frames**

*Once every 24 months since your last date of purchase,* 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 from your last date of service,* 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)
- Standard plastic lenticular 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.

**Lens Options**

- UV Coating
- Tint (Solid and Gradient)
- Standard Polycarbonate (Adults)
- Transitions® lenses (Adults)
- Progressive Lenses
  - Standard
  - Premium Tier 1
  - Premium Tier 2
  - Premium Tier 3
- Standard Anti-Reflective Coating
- Premium Tier 1 Anti-Reflective Coating
- Premium Tier 2 Anti-Reflective Coating
- Other Add-ons and Services

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 from last date of service**

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.

- Elective Conventional Lenses
- Elective Disposable Lenses
- Non-Elective Contact Lenses

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.

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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.

<table>
<thead>
<tr>
<th>ADDITIONAL VISION SAVINGS</th>
<th>MEMBER SAVINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Pair of Complete Eyeglasses</td>
<td>40% discount off retail*</td>
</tr>
<tr>
<td>Contact Lenses - Conventional (Discount applied to materials only)</td>
<td>15% off retail price</td>
</tr>
<tr>
<td>Eyewear Accessories</td>
<td>20% off retail price</td>
</tr>
</tbody>
</table>

*Items purchased separately are discounted 20% off the retail price. Blue View Vision’s Additional Savings Program is subject to change without notice.

EXCLUSIONS & LIMITATIONS
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 any items not covered below may be purchased at preferred pricing from Blue View Vision provider. In addition, benefits are payable only for expenses incurred while the group and insured person’s coverage is in force.

**Combined Offers.** Not combined with any offer, coupon, or in-store advertisement.

**Experimental or Investigative.** Any experimental or investigative services or materials.

**Crime or Nuclear Energy.** Conditions that result from: (1) insured person’s commission of or attempt to commit a felony; or (2) any release of nuclear energy, whether or not the result of war, when government funds are available.

**Uninsured.** Services received before insured person’s effective date or after coverage ends.

**Excess Amounts.** Any amounts in excess of covered vision expense.

**Routine Exams or Tests.** Routine examinations required by an employer in connection with insured person’s employment.

**Work-Related.** Work-related conditions if benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers’ compensation, employer’s liability law or occupational disease law, even if insured person does not claim those benefits.

**Government Treatment.** Any services actually given to the insured person by a local, state or federal government agency, except when payment under this plan is expressly required by federal or state law. We will not cover payment for these services if insured person is not required to pay for them or they are given to the insured person for free.

**Services of Relatives.** Professional services or supplies received from a person who lives in insured person’s home or who is related to insured person by blood or marriage.

**Voluntary Payment.** Services for which insured person is not legally obligated to pay. Services for which no charge is made in the absence of insurance coverage.

**Not Specifically Listed.** Services not specifically listed in this plan as covered services.

**Private Contracts.** Services or supplies provided pursuant to a private contract between the insured person and a provider, for which reimbursement under the Medicare program is prohibited, as specified in Section 1802 (42 U.S.C. 1395a) of Title XVIII of the Social Security Act.

**Eye Surgery.** Any medical or surgical treatment of the eyes and any diagnostic testing. Any eye surgery solely or primarily for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia) and/or astigmatism. Contact lenses and eyeglasses required as a result of this surgery.

**Sunglasses.** Sunglasses and accompanying frames.

**Safety Glasses.** Safety glasses and accompanying frames.

**Hospital Care.** Inpatient or outpatient hospital vision care.

**Orthoptics.** Orthoptics or vision training and any associated supplemental testing.

**Non-Prescription Lenses.** Any non-prescription lenses, eyeglasses or contacts.

Plano lenses or lenses that have no refractive power.

**Lost or Broken Lenses or Frames.** Any lost or broken lenses or frames, unless insured person has reached a new benefit period.

**Frames.** Discount is not available on certain frame brands in which the manufacturer imposes a no discount policy.

**Disclaimer:** 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.