



# The Local Choice Medical Retirees Routine Vision

Administered by Anthem Blue Cross and Blue Shield

## 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.

Go to [www.anthem.com/tlc](http://www.anthem.com/tlc) to find a Blue View Vision provider near you.

### 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 every 12 months*)</i>	\$20 copay	\$40 allowance	
<b>Eyeglass frames</b> Once every 12 months* 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	\$75 allowance	
<b>Standard Eyeglass Lenses</b> <i>Polycarbonate lenses included for children under 19 years old.</i> Once every 12 months* you may receive any one of the following lenses:			
<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> <li>• Standard plastic progressive 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> <li>\$85 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> <li>Not Covered</li> </ul>	
<b>Upgrade Eyeglass Lenses</b> <i>(available for additional cost)</i> When receiving services from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. <i>Eyeglass lenses copayment applies, plus the cost for the upgrade.</i>	<b>Lens Options</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 Anti-Reflective Coating</li> <li>• Other Add-ons and Services</li> </ul>	<b>Member cost for upgrades</b> \$15 \$15 \$15 \$40 \$45 20% off retail price	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 eyeglass lenses and receive an allowance toward the cost of a supply of contact lenses once every 12 months*.	<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>\$100 allowance then 15% off the remaining balance</li> <li>\$100 allowance <i>(no additional discount)</i></li> <li>\$250 allowance <i>(no additional discount)</i></li> </ul>	<ul style="list-style-type: none"> <li>\$80 allowance</li> <li>\$80 allowance</li> <li>\$210 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 covered when glasses are not an option for vision correction.

\*The 12-month count starts the date you receive an exam or purchase your eyewear.

## 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, conventional contact lenses, and eyewear accessories courtesy of Blue View Vision network providers

### Additional Pairs of Complete Eyeglasses

As many pairs as you like

### Conventional Contact Lenses

Materials only

### 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.

#### MEMBER DISCOUNTS

40% discount off retail

15% off retail price

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/cova](http://www.anthem.com/cova), and select SpecialOffers.

### NON-ROUTINE VISION SERVICES

Non-routine vision care may be covered under your primary medical coverage. For most participants under this plan, that would be Medicare. Refer to your "Medicare and You 2011" publication or contact Medicare for more information.

### OUT-OF-NETWORK

If you choose an out-of-network provider, you must complete the Blue View Vision 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/cova](http://www.anthem.com/cova) and select Forms under Tools & Information.

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

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



This is a summary of your routine vision benefits under your Medicare Coordinating plan. For a complete description of benefits, exclusions and limitations please see the Dental/Vision Benefits insert that accompanies the member handbook. 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.

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