#### 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!



# Board of Education of Newtown, CT



# Blue View Vision<sup>SM</sup> A20.20 130.130

### Your Blue View Vision network

Anthem Blue Cross and Blue Shield 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<sup>SM</sup>, Target Optical<sup>®</sup>, JCPennev<sup>®</sup> Optical and most Pearle Vision<sup>®</sup> 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

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VISION PLAN BENEFITS		IN-NETWORK	OUT-OF-NETWORK
Routine eye exam once every calendar year		\$20 copay	\$48 allowance
Eyeglass frames Once every calendar year you receive an allowance toward t	u may select an eyeglass frame and the purchase price	\$130 allowance, then 20% off any remaining balance	\$64 allowance
<ul> <li>Eyeglass lenses (Standard)</li> <li>Once every calendar year you options:</li> <li>Standard plastic single vi</li> <li>Standard plastic bifocal le</li> <li>Standard plastic trifocal le</li> </ul>	enses (1 pair)	\$20 copay \$20 copay \$20 copay	\$36 allowance \$54 allowance \$69 allowance
		\$0 copay \$0 copay \$0 copay	No allowance on lens enhancements when obtained out-of-network
Contact lenses – once every ca Prefer contact lenses over glasses? You may choose contact lenses instead of	alendar year • Elective Conventional Lenses; or	\$130 allowance, then 15% off any remaining balance	\$105 allowance
eyeglass lenses and receive an allowance toward the cost of a supply	• Elective Disposable Lenses; or	\$130 allowance (no additional discount)	\$105 allowance
of contact lenses.	Non-Elective Contact Lenses	Covered in full	\$210 allowance
	d toward the first purchase of contacts made during a		

benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.

## BLUE VIEW VISION MEMBER EXCLUSIVE!



You may use your in-network benefit to order your contact lenses from 1800 CONTACTS 1-800 CONTACTS offers a huge in-stock inventory, unbeatable prices, outstanding customer service and free shipping. Just call 1-800 CONTACTS or go to 1800contacts.com for fast and easy ordering of your contact lenses.

**EXCLUSIONS & LIMITATIONS (not a comprehensive list)** Combined Offers. Not to be 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	In-network Member Cost (after any applicable copay)	
Retinal Imaging - at member's option can be performed a	Not more than \$39	
Eyeglass lens upgrades When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul> <li>Transitions<sup>®</sup> Lenses (Adults)</li> <li>Standard Polycarbonate (Adults)</li> <li>Tint (Solid and Gradient)</li> <li>UV Coating</li> <li>Progressive Lenses<sup>1</sup> <ul> <li>Standard</li> <li>Premium Tier 1</li> <li>Premium Tier 2</li> <li>Premium Tier 3</li> </ul> </li> <li>Anti-Reflective Coating<sup>2</sup> <ul> <li>Standard</li> <li>Premium Tier 1</li> <li>Premium Tier 2</li> </ul> </li> <li>Other Add-ons and Services</li> </ul>	\$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	<ul><li>Complete Pair</li><li>Eyeglass materials purchased separately</li></ul>	40% off retail price 20% off retail price
Eyewear Accessories	<ul> <li>Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.</li> </ul>	20% off retail price
Contact lens fit 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.	<ul> <li>Standard contact lens fitting<sup>3</sup></li> <li>Premium contact lens fitting<sup>4</sup></li> </ul>	Up to \$55 10% off retail price
Conventional Contact Lenses	• Discount applies to materials only	15% off retail price
SOME OF THE ADDITIONAL SAV	VINGS AVAILBLE THROUGH OUR SPECIAL OFFE	RS PROGRAM
After your benefits for the coverage period have been used, you can save on contact lenses with this offer. <sup>5</sup>	• For this and other great offers, <u>login to</u> <u>member services</u> , select discounts, then Vision, Hearing & Dental	Save \$20 on orders of \$100 or more and get free shipping
Laser vision correction surgery LASIK refractive surgery.	• For this offer and more like it, <u>login to</u> <u>member services</u> , select discounts, then Vision, Hearing & Dental	Discount per eye

<sup>1</sup> Please ask your provider for his/her recommendation as well as the progressive brands by tier.

<sup>2</sup> Please ask your provider for his/her recommendation as well as the coating brands by tier.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> Discount cannot be used in conjunction with your covered benefits.

#### 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 anthem.com or call us at 1-866-723-0515.

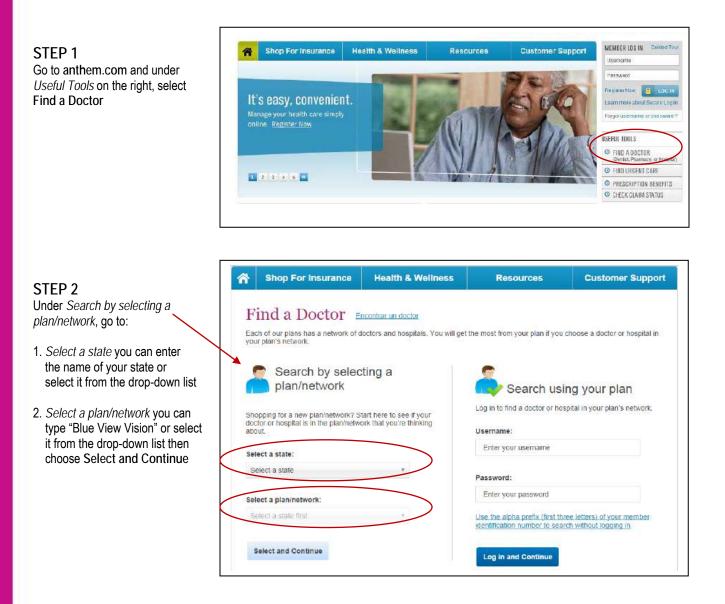
This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions 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. Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the plan. 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.

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# Find a Doctor for Blue View Vision<sup>SM</sup>

Need to find a doctor? Finding one online is fast and easy.

With our Find a Doctor online tool, it's simple to look for doctors who are part of the Anthem Blue View Vision network. Whether you're checking to see if a family favorite is in the network or looking for someone new, it's a snap.



Continued >



# Find a Doctor for Blue View Vision<sup>SM</sup>

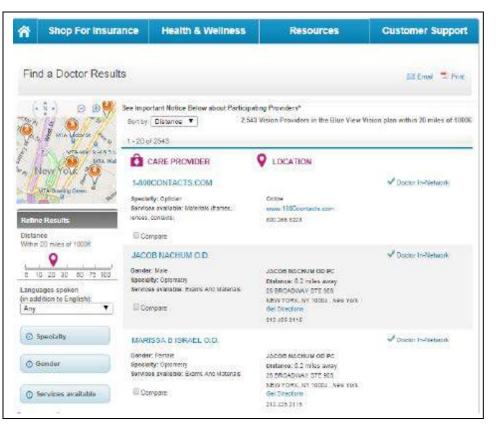
# STEP 3

Under *Find a Doctor*, using the drop-down boxes, select what type of doctor and the location you're looking for, then select Search

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# STEP 4

Under *Find a Doctor Results*, in-network providers that match your search criteria will be displayed





Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, of Kentucky, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates and minister non-HMO benefits underwritten by HAUC and HMO benefits underwritten by HMO Colorado, Inc., dba HMO Nevada: Rocky Mountain Hospital and Medical Service, Inc. (RIT), Healthy Alliances for self-funded plans and to not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada: In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire. Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada: In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans of New Hampshir