

Group Name: Griswold Town and BOE  
 PROPOSED BLUE VIEW VISION PLAN DESIGN

VISION PLAN BENEFITS

	IN-NETWORK	OUT-OF-NETWORK
<b>Routine eye exam</b> Once every calendar year	N/A	N/A
<b>Eyeglass frames</b> One pair every calendar year	\$175 allowance, 20% off any remaining balance	\$126 Allowance
<b>Eyeglass lenses</b> One pair every calendar year in standard plastic with choice of the following options:		
• Single vision lenses	\$0 copay	\$40 Allowance
• Bifocal lenses	\$0 copay	\$65 Allowance
• Trifocal lenses	\$0 copay	\$75 Allowance
• Lenticular lenses	\$0 copay	\$100 Allowance
<b>Eyeglass lens enhancements</b> When obtaining covered eyewear from a Blue View Vision provider, members may choose to add any of the following lens enhancements at no extra cost.		
• Transitions Lenses (for a child under age 19)	\$0 copay	No allowance on lens enhancements when obtained out-of-network
• Standard Polycarbonate (for a child under age 19)	\$0 copay	
• Factory Scratch Coating	\$0 copay	
<b>Contact lenses</b> Once every calendar year Instead of eyeglass lenses	<ul style="list-style-type: none"> <li>• Elective Conventional Lenses; or</li> <li>• Elective Disposable Lenses; or</li> <li>• Non-Elective Contact Lenses</li> </ul>	<ul style="list-style-type: none"> <li>\$360 allowance, 15% off any remaining balance</li> <li>\$360 allowance (no additional discount)</li> <li>Covered in full</li> </ul>
		<ul style="list-style-type: none"> <li>\$345 Allowance</li> <li>\$345 Allowance</li> <li>\$345 Allowance</li> </ul>

ADDITIONAL SAVINGS AVAILABLE FROM IN-NETWORK PROVIDERS

In-network Member Cost  
(after any applicable copay)

<b>Retinal Imaging</b>	• At member's option can be performed at time of eye exam	Not more than \$39
<b>Eyeglass lens upgrades</b> When obtaining eyewear from a Blue View Vision provider, members may choose to upgrade their new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> <li>• Transitions lenses (Adults)</li> <li>• Standard Polycarbonate (Adults)</li> <li>• Tint (Solid and Gradient)</li> <li>• UV Coating</li> <li>• Progressive Lenses               <ul style="list-style-type: none"> <li>• Standard</li> <li>• Premium Tier 1</li> <li>• Premium Tier 2</li> <li>• Premium Tier 3</li> </ul> </li> <li>• Anti-Reflective Coating               <ul style="list-style-type: none"> <li>• Standard</li> <li>• Premium Tier 1</li> <li>• Premium Tier 2</li> </ul> </li> <li>• Other Add-ons and Services</li> </ul>	<ul style="list-style-type: none"> <li>\$75</li> <li>\$40</li> <li>\$15</li> <li>\$15</li> <li>\$65</li> <li>\$85</li> <li>\$95</li> <li>\$110</li> <li>\$45</li> <li>\$57</li> <li>\$68</li> <li>20% off retail price</li> </ul>
<b>Additional Pairs of Eyeglasses</b> Anytime from any Blue View Vision network provider	• Complete Pairs • Eyeglass materials purchased separately	<ul style="list-style-type: none"> <li>40% off retail price</li> <li>20% off retail price</li> </ul>
<b>Eyewear Accessories</b>	• Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail price
<b>Contact lens fit and follow-up</b> Available following a comprehensive eye exam	• Standard contact lens fitting • Premium contact lens fitting	<ul style="list-style-type: none"> <li>Up to \$55</li> <li>10% off retail price</li> </ul>
<b>Conventional Contact Lenses</b> After covered benefits have been used	• Discount applies to materials only	15% off retail price

Other discount offers on LASIK surgery and much more available through Anthem's SpecialOffers program.

This information is intended to be a brief outline of plan benefits. The most detailed description of benefits, exclusions, and restrictions can be found in the Certificate of Coverage. Discounts are subject to change without notice. Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the plan.

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