

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!



Blue View VisionSM A 0.0 Formulary Pediatric HMO Plan Benefits for Groups of 2-50

Included with New Hampshire Health Plans

Your Blue View Vision network

Anthem Blue Cross and Blue Shield vision members have access to one of the nation's largest vision networks. With Blue View Vision, members can use their in-network benefits at 1-800 CONTACTS, or choose a private practice eye doctor, or go in store to LensCrafters®, Sears OpticalSM, Target Optical®, JCPenney® Optical and most Pearle Vision® locations. To search for participating providers on Anthem.com click on Find-A-Doctor and then select "Vision" and "Routine Eye Exam and Eyewear".

Out-of-network: Out-of-network benefits do not apply.

YOUR BLUE VIEW VISION PLAN AT-A-GLANCE

VISION PLAN BENEFITS

Routine eye exam once every calendar year

Eyeglass frames

Once every calendar year, you may select one pair of eyeglass frames.

Eyeglass lenses (Standard)

Once every calendar year, 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)

Eyeglass lens enhancements

When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.

- **Transitions** Lenses
- Standard Polycarbonate
- Factory Scratch Coating
- UV Coating
- Standard Progressive Lenses

Contact lenses – once every calendar year

Prefer contact lenses over glasses? You may choose a supply of contact lenses instead of eyeglass lenses.

- Elective Conventional Lenses; or
- Elective Disposable Lenses; or
- Non-Elective Contact Lenses

Contact lens benefit applies to the first purchase of contacts made during a benefit period. Any unused out-of-network allowance 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.

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.

IN-NETWORK	OUT-OF-NETWORK
\$0 copay	No out-of-network
\$0 copay, formulary	No out-of-network
\$0 copay	No out-of-network
\$0 copay	No out-of-network
\$0 copay	No out-of-network
\$0 copay	No out-of-network
\$0 copay	No allowance on lens enhancements when obtained out-of-network
\$0 copay, formulary	No out-of-network
\$0 copay, formulary	No out-of-network
\$0 copay	No out-of-network

OPTIONAL SAVINGS AVAILABLE FROM IN-NETWORK PROVIDERS ONLY		In-network Member Cost (after any applicable copay)
Retinal Imaging - at member's option can be performed at time of eye exam		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 style="list-style-type: none"> • Tint (Solid and Gradient) \$15 • Progressive Lenses¹ <ul style="list-style-type: none"> • Premium Tier 1 \$20 • Premium Tier 2 \$30 • Premium Tier 3 \$45 • Anti-Reflective Coating² <ul style="list-style-type: none"> • Standard \$45 • Premium Tier 1 \$57 • Premium Tier 2 \$68 • Other Add-ons and Services 20% off retail price 	
Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider	<ul style="list-style-type: none"> • Complete Pair 40% off retail price • Eyeglass materials purchased separately 20% off retail price 	
Eyewear Accessories	<ul style="list-style-type: none"> • Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 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 style="list-style-type: none"> • Standard contact lens fitting³ Up to \$55 • Premium contact lens fitting⁴ 10% off retail price 	
Conventional Contact Lenses	<ul style="list-style-type: none"> • Discount applies to materials only 15% off retail price 	
SOME OF THE ADDITIONAL SAVINGS AVAILABLE THROUGH OUR SPECIAL OFFERS PROGRAM		
1-800 CONTACTS After your benefits for the coverage period have been used, you can save on contact lenses with this offer. ⁵	<ul style="list-style-type: none"> • For this and other great offers, login to member services, 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.	<ul style="list-style-type: none"> • For this offer and more like it, login to member services, select discounts, then Vision, Hearing & Dental 	Discount per eye

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.

³ 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.

⁴ 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.

⁵ Discount cannot be used in conjunction with your covered benefits.

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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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!



Blue View VisionSM C 20.20.130.80 Adult HMO Plan Benefits for Groups of 2-50 & Healthy Support Plan Package C

Included with New Hampshire Health Plans

Your Blue View Vision network

Anthem Blue Cross and Blue Shield vision members have access to one of the nation's largest vision networks. With Blue View Vision, members can use their in-network benefits at 1-800 CONTACTS, or choose a private practice eye doctor, or go in store to LensCrafters®, Sears OpticalSM, Target Optical®, JCPenney® Optical and most Pearle Vision® locations. To search for participating providers on Anthem.com click on Find-A-Doctor and then select "Vision" and "Routine Eye Exam and Eyewear".

Out-of-network: Out-of-network benefits do not apply.

YOUR BLUE VIEW VISION PLAN AT-A-GLANCE

VISION PLAN BENEFITS

Routine eye exam once every calendar year

Eyeglass frames

Once every other calendar year, you may select an eyeglass frame and receive an allowance toward the purchase price

Eyeglass lenses (Standard)

Once every other calendar year, 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)

Eyeglass lens enhancements

When obtaining covered eyewear from a Blue View Vision provider, you may choose to add factory scratch coating at no extra cost.

Contact lenses – once every other calendar year

- 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.
- Elective Conventional Lenses; or
 - Elective Disposable Lenses; or
 - Non-Elective Contact Lenses

Contact lens allowance will only be applied 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.

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.

This summary is designed for small group medical plans that include embedded pediatric and adult vision benefits. Please reference your medical plan certificate for details of coverage.

	IN-NETWORK	OUT-OF-NETWORK
Routine eye exam	\$20 copay	No out-of-network
Eyeglass frames	\$130 allowance, then 20% off any remaining balance	No out-of-network
Eyeglass lenses (Standard)		
• Standard plastic single vision lenses (1 pair)	\$20 copay	No out-of-network
• Standard plastic bifocal lenses (1 pair)	\$20 copay	No out-of-network
• Standard plastic trifocal lenses (1 pair)	\$20 copay	No out-of-network
Eyeglass lens enhancements	\$0 copay	No allowance when obtained out-of-network
Contact lenses – once every other calendar year		
• Elective Conventional Lenses; or	\$80 allowance, then 15% off any remaining balance	No out-of-network
• Elective Disposable Lenses; or	\$80 allowance (no additional discount)	No out-of-network
• Non-Elective Contact Lenses	Covered in full	No out-of-network

OPTIONAL SAVINGS AVAILABLE FROM IN-NETWORK PROVIDERS ONLY		In-network Member Cost (after any applicable copay)
Retinal Imaging - at member's option can be performed at time of eye exam		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 style="list-style-type: none"> • Transitions® Lenses • Standard Polycarbonate • Tint (Solid and Gradient) • UV Coating • Progressive Lenses¹ <ul style="list-style-type: none"> • Standard • Premium Tier 1 • Premium Tier 2 • Premium Tier 3 • Anti-Reflective Coating² <ul style="list-style-type: none"> • Standard • Premium Tier 1 • Premium Tier 2 • Other Add-ons and Services 	\$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 style="list-style-type: none"> • Complete Pair • Eyeglass materials purchased separately 	40% off retail price 20% off retail price
Eyewear Accessories	<ul style="list-style-type: none"> • Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 	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 style="list-style-type: none"> • Standard contact lens fitting³ • Premium contact lens fitting⁴ 	Up to \$55 10% off retail price
Conventional Contact Lenses	<ul style="list-style-type: none"> • Discount applies to materials only 	15% off retail price
SOME OF THE ADDITIONAL SAVINGS AVAILABLE THROUGH OUR SPECIAL OFFERS PROGRAM		
1-800 CONTACTS After your benefits for the coverage period have been used, you can save on contact lenses with this offer. ⁵	<ul style="list-style-type: none"> • For this and other great offers, login to member services, 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.	<ul style="list-style-type: none"> • For this offer and more like it, login to member services, select discounts, then Vision, Hearing & Dental 	Discount per eye

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