

Routine Vision & Hearing Optional Buy-Up

Administered by Anthem Blue Cross and Blue Shield



ROUTINE VISION BENEFITS from Blue View VisionSM

Blue View Vision network services

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®, and Target Optical®. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com.

Go to www.anthem.com/cova 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		IN-NETWORK	OUT-OF-NETWORK
Routine eye exam (<i>once per plan year</i>)		Included under Basic plan	\$50 allowance
Eyeglass frames Once per plan year you may select any eyeglass frame ¹ and receive the following allowance toward the purchase price:		\$100 allowance then 20% off remaining balance	\$80 allowance
Standard Eyeglass Lenses Polycarbonate lenses included for children under 19 years old. Once per plan year you may receive any one of the following lenses:			
	<ul style="list-style-type: none"> Standard plastic single vision lenses (<i>1 pair</i>) Standard plastic bifocal lenses (<i>1 pair</i>) Standard plastic trifocal lenses (<i>1 pair</i>) 	<ul style="list-style-type: none"> \$20 copay; then covered in full \$20 copay; then covered in full \$20 copay; then covered in full 	<ul style="list-style-type: none"> \$50 allowance \$75 allowance \$100 allowance
Upgrade Eyeglass Lenses (available for additional cost) 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 copay applies, plus the cost for the upgrade.</i>	Lens Options <ul style="list-style-type: none"> UV Coating Tint (<i>Solid and Gradient</i>) Standard Scratch-Resistance Standard Polycarbonate Standard Progressive (<i>add on to bifocal</i>) Standard Anti-Reflective Coating Other Add-ons and Services 	Member cost for upgrades <ul style="list-style-type: none"> \$15 \$15 \$15 \$40 \$85 \$45 20% off retail price 	Discounts on lens upgrades are not available out-of-network
Contact lenses 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 per plan year	<ul style="list-style-type: none"> Elective Conventional Lenses² Elective Disposable Lenses² Non-Elective Contact Lenses² 	<ul style="list-style-type: none"> \$100 allowance then 15% off the remaining balance \$100 allowance (<i>no additional discount</i>) \$250 allowance (<i>no additional discount</i>) 	<ul style="list-style-type: none"> \$80 allowance \$80 allowance \$210 allowance

¹Discount is not available on certain frame brands in which the manufacturer imposes a no discount policy.

²Elective contact lenses are in lieu of eyeglass lenses. Non-Elective contact lenses are covered when glasses are not an option for vision correction.

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 lenses.

**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 lenses.

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.

MEMBER DISCOUNTS

Additional Complete Pair of Eyeglasses

As many pairs as you like

40% discount off retail

Conventional Contact Lenses
Materials only

15% off retail price

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.

20% off retail price

The Additional Savings Program is subject to change without notice.

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 and select Discounts under the Health and Wellness tab.

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 and select Forms under the Resources & Tools tab. Your out-of-pocket expenses related to the vision benefits do not count toward your annual out-of-pocket limit. This applies to both in-network and out-of-network expenses.

ROUTINE HEARING BENEFITS

IN-NETWORK

Routine hearing exam (*once per plan year*)

\$40 per visit

Hearing aids and other hearing aid related services (every 48 months)

Balance after plan pays maximum of \$1,200

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



This is a summary of your benefits under the Vision and Hearing optional buy-up. For a complete description of benefits, exclusions and limitations, please see your COVA Care 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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