

# Routine Vision & Hearing Optional Buy-Up

Administered by Anthem Blue Cross and Blue Shield



## ROUTINE VISION BENEFITS from Blue View Vision<sup>SM</sup>

### 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](http://Glasses.com) and [ContactsDirect.com](http://ContactsDirect.com).

Go to [www.anthem.com/cova](http://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
<b>Routine eye exam</b> (once per plan year)	\$15 copay	\$50 allowance
<b>Eyeglass frames</b> Once per plan year 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	\$80 allowance
<b>Standard Eyeglass Lenses (instead of contact lenses)</b> <b>Polycarbonate lenses included at no additional cost for children under 19 years old.</b> Once per plan year you may receive any one of the following lenses:		
<ul style="list-style-type: none"> <li>• Standard plastic single vision lenses (1 pair)</li> <li>• Standard plastic bifocal lenses (1 pair)</li> <li>• Standard plastic trifocal lenses (1 pair)</li> <li>• Standard Progressive (1 pair)</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>\$75 allowance</li> </ul>
<b>Retinal Imaging</b> At member's option can be performed at time of eye exam	Not more than \$39	Not available out-of-network
<b>Upgrade Eyeglass Lenses (available for additional cost)</b> 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>	<b>Lens Options</b>	<b>Member cost for upgrades</b>
	<ul style="list-style-type: none"> <li>• UV Coating</li> <li>• Tint (Solid and Gradient)</li> <li>• Standard Scratch-Resistance</li> <li>• Standard Polycarbonate (Adult)</li> <li>• Standard Anti-Reflective Coating</li> <li>• Other Add-ons and Services (i.e. high index lenses, anti-fog coating)</li> </ul>	<ul style="list-style-type: none"> <li>\$15</li> <li>\$15</li> <li>\$15</li> <li>\$40</li> <li>\$45</li> <li>20% off retail price</li> </ul> <p>Discounts on lens upgrades are not available out-of-network</p>
<b>Contact lenses (instead of eyeglass lenses)</b> <i>Declining Balance. Your plan has a declining balance allowance. This means if you do not use your allowance all at once, the remainder will be available for you to use at a later time. However, any remaining balance will not carry over to the next benefit year. All services or supplies using the declining balance for a benefit period must be received In-Network based on where the first paid claim is incurred.</i>		
<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 per plan year</b>	<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 (no additional discount)</li> <li>Covered in full</li> </ul> <p>\$80 allowance</p> <p>\$80 allowance</p> <p>\$210 allowance</p>

<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 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.

### Additional Complete Pair of 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 Discounts under the Health and Wellness tab.

### NON-ROUTINE VISION SERVICES

The Blue View Vision network is for routine eye care only. Non-routine vision care is covered under your medical benefits. Refer to your COVA Care member handbook 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 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.

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

## ROUTINE HEARING BENEFITS

**Routine hearing exam** (once per plan year)

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

### IN-NETWORK

\$40 per visit

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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COVA Care Blue View Vision