

Commonwealth of Virginia Medicare Retirees – Routine Vision

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 (once per calendar year)		\$20 copay	\$40 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 (instead of contact lenses) Once per plan year you may receive any one of the following lenses:			
<ul style="list-style-type: none"> Standard plastic single vision lenses (1 pair) Standard plastic bifocal lenses (1 pair) Standard plastic trifocal lenses (1 pair) Standard Progressive (1 pair) 		\$20 copay; then covered in full \$20 copay; then covered in full \$20 copay; then covered in full \$85 copay; then covered in full	\$50 allowance \$75 allowance \$100 allowance \$75 allowance
Retinal Imaging At member's option can be performed at time of eye exam		Not more than \$39	Not available out-of-network
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	Member cost for upgrades	
	<ul style="list-style-type: none"> UV Coating Tint (Solid and Gradient) Standard Scratch-Resistance Standard Polycarbonate (Adult) Standard Anti-Reflective Coating Other Add-ons and Services (i.e. high index lenses, anti-fog coating) 	\$15 \$15 \$15 \$40 \$45 20% off retail price	Discounts on lens upgrades are not available out-of-network
Contact lenses (instead of eyeglass lenses) <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>			
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 Lenses Elective Disposable Lenses² Non-Elective Contact Lenses² 	\$100 allowance then 15% off remaining balance \$100 allowance (no additional discount) Covered in full	\$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 two follow-up visits are available to you once a comprehensive eye exam has been completed.

	IN-NETWORK	OUT-OF-NETWORK
• Standard contact fitting*	You pay up to \$55	Discounts not available out-of-network
• Premium contact lens fitting**	10% off retail price	

*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, login into www.anthem.com and select Discounts under the Care 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 Medicare-Coordinating 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 and select Forms under Resources & Forms.

The Additional Savings Program is subject to change without notice.

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 Medicare-Coordinating 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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