

**Group Name: El Paso County School District
Proposed Blue View Vision plan design**

Blue View Vision plan benefits

Routine Eye Exam

A comprehensive eye examination

Eyeglass Frames

One pair of eyeglass frames

Eyeglass Lenses (instead of contact lenses)

One pair of standard plastic prescription lenses:

- Single vision lenses
- Bifocal lenses
- Trifocal lenses
- Lenticular lenses

Eyeglass Lens Enhancements¹

- **Transitions[®]** Lenses (for a child under age 19)
- Standard polycarbonate (for a child under age 19)
- Factory scratch coating

Contact Lenses² (instead of eyeglass lenses)

- Elective conventional (non-disposable); OR
- Elective disposable; OR
- Non-elective (medically necessary)

¹ When obtaining covered eyewear from a Blue View Vision provider, members may choose to add any of the listed lens enhancements at no extra cost.
² 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.

Additional savings available from in-network providers

When obtaining covered eyewear from a Blue View Vision provider, members may choose to upgrade their new eyeglass lenses at a discounted cost. Costs shown are after any applicable eyeglass lens copayment.

Description	Member cost	Description	Member cost
• Progressive Lenses		• Transitions[®] lenses (Adults)	\$75
• Standard	\$65	• Standard Polycarbonate lenses (Adults)	\$40
• Premium Tier 1	\$85	• Other lens upgrades and add-ons	20% off retail price
• Premium Tier 2	\$95	• Retinal Imaging (obtained at same time as covered eye exam)	Up to \$39
• Premium Tier 3	\$110	• Standard contact lens fitting and follow-up after comprehensive eye exam	Up to \$55
• Anti-Reflective Coating		• Premium contact lens fitting and follow-up after comprehensive eye exam	10% off retail price
• Standard	\$45	• Additional supplies of conventional contact lenses after benefits have been used	15% off retail price
• Premium Tier 1	\$57	• Additional complete pairs of eyeglasses	40% off retail price
• Premium Tier 2	\$68	• Eyeglass materials purchased separately	20% off retail price
• UV Coating	\$15	• Other items including most non-prescription sunglasses, eyewear accessories such as lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail price
• Tint (Solid and Gradient)	\$15		

Other discount offers on LASIK surgery and much more available through Anthem's Special Offers 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. Discounts will not apply when a manufacturer has imposed a no discount policy on the item.

¹ Transitions and the swirl are registered trademarks of Transitions Optical, Inc.
Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. Independent licensee of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are the registered marks of the Blue Cross and Blue Shield Association.