

Blue View VisionSM is included at no extra cost

When you have an Anthem Blue Cross and Blue Shield (Anthem) health plan, you also get Blue View Vision at no additional cost. Since regular eye exams help detect serious health conditions like diabetes and cardiovascular disease, regular vision care can play a big role in protecting your overall health.

Here are some of the benefits of Blue View Vision when you use an in-network provider:

- For adults: one routine eye exam per benefit period for which you pay nothing above the cost of your copay
- Eyeglass lenses and frames covered once every other benefit period. Contact lenses are covered only if your eyeglass lens benefit isn't used
- Discounts of 40% off extra pairs of glasses anytime, from any network provider1
- High-quality progressive lenses and anti-reflective coatings at different price levels

- Savings on other popular lens options and treatments
- 20% off other upgrades, accessories, and nonprescription sunglasses
- For dependents younger than 19: one yearly routine eye exam with no copay plus one pair of glasses or contacts at no extra cost when choosing from a provider-based collection

Access and convenience from Blue View Vision

Your plan's in-network benefits include a large, national network of more than 39,000 eye doctors at more than 29,000 locations.² That includes independent optometrists and ophthalmologists, as well as national retail and online stores like:





LENSCRAFTERS





OPTICAL GLASSES. contacts direct 1800 contacts Pay Barr



Many locations have night-time and weekend hours, so you can go when it makes sense for you. To find an in-network provider near you, use the Find Care tool at anthem.com, or call the dedicated call center available seven days a week.

Blue View Vision benefits at a glance

Benefits	Adult vision (age 19 and older)	
	In network	Out of network*
Routine eye exam	\$20 copay	\$30 reimbursement
Exam frequency	Once every benefit period	Once every benefit period
Lenses — single, bifocal, trifocal	\$20 copay	\$25, \$40, \$55 reimbursement
Lens frequency	Once every other benefit period	Once every other benefit period
Lens treatments		
UV coating	\$15 discounted member cost	
Standard factory scratch coating	Covered in full	
Standard polycarbonate	\$40 discounted member cost (adult)	
Standard transitions	\$75 discounted member cost (adult)	
Standard progressive lenses	\$65 discounted member cost	
Frames	\$0 copay, \$130 allowance	\$45 reimbursement
Frames frequency	Once every other benefit period	Once every other benefit period
Elective contact lenses — disposable	\$0 copay, \$80 allowance	\$60 reimbursement
Elective contact lenses — conventional	\$0 copay, \$80 allowance	\$60 reimbursement
Nonelective contact lenses	Covered in full	\$210 reimbursement
Contact lens frequency	Once every other benefit period	Once every other benefit period
	(contacts or eyeglass lenses)	(contacts or eyeglass lenses)

 $[\]hbox{``Out-of-network benefits will only apply to medical plans that have out-of-network coverage.}\\$