

Professional Services

Each member may access a comprehensive vision examination which includes a Refractive Status Evaluation. Our plans include dilation as needed. In fact, it is a dilation that makes an eye exam a key part of an overall program helping doctors uncover early signs of serious illnesses such as diabetes, hypertension and heart disease. Timely detection of such illnesses allows early treatment and can help reduce overall medical expenses for both the employers and employees.

The Lens Benefit

The Blue View Vision plan isn't just a vision exam but includes coverage for frames, lenses and contact lenses. Blue View Vision benefit coverage includes standard single vision, bifocal or trifocal lenses in all powers of prescriptions with factory scratch coating. Polycarbonate and Transitions® lenses are included for children under 19 years old. In addition members will receive discounts on the most popular lens treatments. See additional savings section for pricing.

Frames

To ensure members have access to the type of frames that best meet their needs Blue View Vision provides a frame allowance that members may apply to their frame choice. Members may select a frame greater than their covered allowance and receive a 20% discount for any addition cost over the plan allowance.

Contact Lenses

Members may elect to receive contact lenses *in lieu of spectacle lenses*. Providers are free to prescribe the brand of contact lenses that best meet the visual needs of our members. Please note that the contact lens benefit must be completely used at the time of initial service. No amount of the allowance may be carried forward to use during another service date. Non-elective contacts are covered in full. Non-elective lenses are provided for reasons that are not cosmetic in nature and meet criteria described in your coverage document.

A Network Beyond Compare

The Blue View Vision provider network includes more than 44,000 providers and provider locations nationwide. We offer a generous mix of independent optometrists and ophthalmologists as well as marquee retail locations such as LensCrafters®, Sears Optical, Target® Optical, JCPenney Optical, and Pearle Vision® stores. However, if a member chooses to see an out-of-network provider, they still have coverage. Members simply need to pay for services out of pocket and submit their itemized receipts along with an out-of-network reimbursement form to us for reimbursement up to the specified out-of-network reimbursement schedule.

Additional Savings

Even after your employees' benefits have been exhausted, additional savings are offered for non-covered materials such as extra pairs of eyewear, a number of non-prescription sunglasses and other popular accessories. Blue View Vision members can save 15%-40% by taking advantage of this unique option. And to add even more value, there is *no limit* to the number of purchases your employees can make using this exceptional savings opportunity.

Effective Date: January 1, 2009 Monthly Voluntary Rates

Employee: \$6.19
Employee + Spouse: \$10.83
Employee + Child(ren): \$11.76
Employee + Family: \$17.95

2 year rate guarantee

Proposed Plan Design

Frequencies and Copayments

Copayment

Exam
Eyeglass Lenses

Frequency

Exam
Eyeglass Lenses
Frames
Contact Lenses

Benefits

Vision Exam

Basic Plastic Eyeglass Lenses

**Factory scratch coating included.
Polycarbonate and Transitions®
lenses included for children under
19 years old.**

Single Vision
Bifocal
Trifocal

Frame

Contact Lenses

Elective Contact Lenses
Non-Elective Contact Lenses

Contact Lens Fit and Follow-up

A contact lens fitting and two follow-up visits are available to you at a discounted price once a comprehensive eye exam has been completed

Lens Options

- UV Coating
 - Tint (Solid and Gradient)
 - Standard Polycarbonate
 - Transitions® Lenses
 - Other Photochromics
 - Progressive Lenses
 - Standard
 - Premium Tier 1
 - Premium Tier 2
 - Premium Tier 3
 - Standard Anti-Reflective Coating
 - Premium Tier 1 Anti-Reflective Coating
 - Premium Tier 2 Anti-Reflective Coating
- Other Add-ons and Services

Blue View Provider

\$10 Copayment
\$10 Copayment

Each calendar year
Each calendar year
Every two years
Each calendar year

Blue View Provider Covered Amount

100% after copayment

100% after copayment
100% after copayment
100% after copayment

Up to \$130 retail allowance

Up to \$130 allowance
100%

**Standard: Member cost up to \$55
Premium: 10% off retail price**

Member cost for upgrades

\$15
\$15
\$40
\$75
\$75
\$65
\$91
\$97
\$103
\$45
\$57
\$68

20% off retail price

Non-Blue View Provider

N/A
N/A

Each calendar year
Each calendar year
Every two years
Each calendar year

Non-Blue View Provider Member Reimbursement

Up to \$30

Up to \$25
Up to \$40
Up to \$55

Up to \$45

Up to \$105
Up to \$210

Discounts are not available out of network

Discounts on lens upgrades are not available out of network

This information is intended to be a brief outline of some plan benefits.
The most detailed description of benefits, exclusions, and restrictions can be found in your Certificate of Coverage.

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.