



BLUE VIEW VISION

Voluntary Buy Up Vision Coverage

Virginia Private Colleges Benefits Consortium, Inc.

Welcome to your Blue View Vision plan!

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at anthem.com, or the Sydney app. You may also call member services for assistance at **1-866-723-0515**.

Out-of-Network – If you choose to, you may instead receive covered benefits outside of the Blue View Vision. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

Your vision plan includes coverage for routine eye exams and prescription eyewear from your choice of eye care providers.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Routine Eye Exam			
A comprehensive eye examination	\$15 Copay	Reimbursed Up To \$50	Once every calendar year
Eyeglass Frames			
One pair of eyeglass frames	\$130 Allowance, then 20% off any remaining balance	Reimbursed Up To \$100	Once every other calendar year
Eyeglass Lenses			
One pair of standard plastic prescription lenses - Single vision lenses - Bifocal lenses - Trifocal lenses	\$15 Copay \$15 Copay \$15 Copay	Reimbursed Up To \$50 Reimbursed Up To \$80 Reimbursed Up To \$110	Once every calendar year
Eyeglass Lens Enhancements			
<i>When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost</i>			
 Lenses (for a child under age 19) - Standard polycarbonate (for a child under age 19) - Factory Scratch Coating	\$0 Copay \$0 Copay \$0 Copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
Contact Lenses			
<i>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.</i>			
- Elective conventional (non-disposable) OR - Elective disposable OR - Non-elective (medically necessary)	\$130 Allowance, then 15% off any remaining balance \$130 Allowance (no additional discount) Covered in full	Reimbursed Up To \$130 Reimbursed Up To \$130 Reimbursed Up To \$210	Once every calendar year
Contact lens fit and follow-up			
<i>A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.</i>			
- Standard contact lens fitting - Premium contact lens fitting	\$0 Copay 10% off retail price, then apply \$55 allowance	Reimbursed Up To \$35 Reimbursed Up To \$35	Once every calendar year

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package. .

***Under this plan you are able to receive a benefit for eyeglass lenses and contact lenses Once every calendar year.**

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY (Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage.)		In-Network Member Cost (after any applicable copay)
Retinal Imaging - at member's option, can be performed at time of eye exam		Not More Than \$39
Eyeglass lens upgrades When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	- Transitions lenses (Adults) - Standard Polycarbonate (Adults) - Tint (Solid and Gradient) - UV Coating - Progressive Lenses¹ - Standard - Premium Tier 1 - Premium Tier 2 - Premium Tier 3 - Anti-Reflective Coating² - Standard - Premium Tier 1 - Premium Tier 2 - Other Add-ons (i.e. high index lenses, anti-fog coating)	\$75 \$40 \$15 \$15 \$65 \$85 \$95 \$110 \$45 \$57 \$68 20% off retail price
Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider	- Complete Pair - Eyeglass materials purchased separately	40% off retail price 20% off retail price
Eyewear Accessories	Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail
Conventional Contact Lenses (non-disposable type)	Discount applies to materials only	15% off retail price

¹ Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

² Please ask your provider for his/her recommendation as well as the available anti-reflective brands by tier.

Cannot be combined with any other offer. Discounts are subject to change without notice. Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where State law prevents discounting of products and services that are not covered benefits under this plan. Discounts on frames will not apply if the manufacturer has imposed a no discount on sales at retail and independent provider locations.

EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)

Combined Offers. Not to be combined with any offer, coupon, or in-store advertisement.

Excess Amounts. Amounts in excess of covered vision expense.

Sunglasses. Plano sunglasses and accompanying frames.

Safety Glasses. Safety glasses and accompanying frames.

Not Specifically Listed. Services not specifically listed in this plan as covered services.

Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

Orthoptics. Orthoptics or vision training and any associated supplemental testing

Some of our in-network providers include:



Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at anthem.com, select discounts, then Vision, Hearing & Dental. * Discounts cannot be used in conjunction with your covered benefits.

OUT-OF-NETWORK

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at anthem.com, or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at 1-866-723-0515 to request a claim form.

TO FAX: 866-293-7373
TO EMAIL: oonclaims@eyewearspecialoffers.com
TO MAIL: Blue View Vision
 Attn: OON Claims
 P.O. Box 8504
 Mason, OH 45040-7111

Get Help in Your Language

Curious to know what all this says? We would be too. Here's the English version:

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

Spanish

Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

Amharic

ይህንን መረጃ እና እገዛ በቋንቋዎ በነጻ እገዛ የማግኘት መብት አልዎት። ለእገዛ በመታወቂያዎ ላይ ያለውን የአባል አገልግሎቶች ቁጥር ይደውሉ። (TTY/TDD: 711)

Arabic

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجانًا. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة (TTY/TDD: 711).

Bassa

Ì béké dyí-bèdèìn-dèò bé ìn ké bǝ nìà kɛ kè gbo-kpá- kpá dyé dé ìn bídí-wùdùùn bó pídyi. Ðá mébà jè gbo-gmò Kpòè nòbà nìà nì Dyí-dyoìn-běǝ kǝ bé ìn ké gbo-kpá-kpá dyé. (TTY/TDD: 711)

Bengali

বিনামূল্যে এই তথ্য পাওয়ার ও আপনার ভাষায় সাহায্য করার অধিকার আপনার আছে। সাহায্যের জন্য আপনার আইডি কার্ডে থাকা সদস্য পরিষেবা নম্বরের কল করুন। (TTY/TDD: 711)

Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

Farsi

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید. (TTY/TDD: 711)

French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

German

Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Rufen Sie die auf Ihrer ID-Karte angegebene Servicenummer für Mitglieder an, um Hilfe anzufordern. (TTY/TDD: 711)

Hindi

आपके पास यह जानकारी और मदद अपनी भाषा में मुफ्त में प्राप्त करने का अधिकार है। मदद के लिए अपने ID कार्ड पर सदस्य सेवाएँ नंबर पर कॉल करें। (TTY/TDD: 711)

Igbo

Ị nwere ikike ịnweta ozi a yana enyemaka n'asụsụ gị n'efu. Kpọọ nomba Ọrụ Onye Otu dị na kaadị NJ gị maka enyemaka. (TTY/TDD: 711)

Korean

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Russian

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

Tagalog

May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

Urdu

آپ کو اپنی زبان میں مفت ان معلومات اور مدد کے حصول کا حق ہے۔ مدد کے لیے اپنے آئی ڈی کارڈ پر موجود ممبر سروس نمبر کو کال کریں۔ (TTY/TDD:711)

Vietnamese

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

Yoruba

O ní ètò láti gba ìwífún yí kí o sì sèrànwọ ní èdè rẹ lófèfẹ. Pe Nọmbà àwọn ìpèsè ọmọ-ẹgbẹ lórí káàdì ìdánimọ rẹ fún ìrànwọ. (TTY/TDD: 711)

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

It's easy to find an eye care provider online

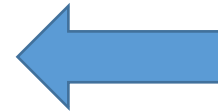
Step one: To find an eye care provider near you – go to anthem.com - or use the Sydney mobile app.



Find a doctor

Anthem lets you choose from quality doctors and hospitals that are part of your plan. Our Find a Doctor tool helps identify the ones that are right for you.

[Find a doctor >](#)



Step two: Use the Search as a Guest feature if searching for an eye care provider before your vision coverage has started.

Search as a Guest by Selecting a Plan

Search by Selecting a Plan or Network.

[Continue](#)



Step three

Enter vision for the type of care. Enter your state. Enter vision for the type of plan. Select the type of Blue View Vision plan/network you want to search. Then press Continue.

To search by selecting a plan, first narrow the list of plans and networks by selecting the type of care and state. Then, select a plan or network to search.

What type of care are you searching for?



What state do you want to search in?



What type of plan do you want to search with?



Select a plan/network

Blue View Vision
Blue View Vision Insight
Blue View Vision Select
IBM Vision Plan
Kroger Vision Plan



Continue



Step four

Enter your Zip Code. Then click Search. A list of eye care providers will appear.

I want to search this plan/network: **Blue View Vision**

I'm looking for a Vision Professional

Who specializes in:

[Show specialty details](#)

Located near:



Within a distance of:

Whose name is:

Back

Search





Time for you and eye

Eye exams can improve more than your vision

Even if you can see well, regular eye exams are important to help keep your eyes healthy — and catch other health problems early. Eye exams can:

- Diagnose diseases, such as:¹
 - Glaucoma — pressure in the eye, which can harm the optic nerve
 - Macular degeneration — changes in the retina that result in the slow loss of eyesight
 - Cataracts — clouding of the eye lens, which can blur vision
- Help spot other health problems that can also cause eye problems:²
 - Diabetes
 - High blood pressure
 - Certain cancers

Finding out about these problems early means you can get treatment early. This can help you get better and lower your health care costs.



Eye on the numbers:

- **Over 81%** of Americans use some form of eyesight correction, such as glasses or contact lenses.³
- **Over 28 million** Americans over age 40 have eye problems that can lead to vision loss and blindness. Experts warn that the number will go up as people age.⁴
- **About 22 million** American adults have cataracts. It's the leading cause of blindness worldwide and of poor eyesight in the U.S.⁵

Diabetes can put your eyes at risk

It can make you very sensitive to light and damage your retina (diabetic retinopathy). But think about this:

- Twenty-five percent of people with diabetes don't know they have it,⁶ so they don't get the treatment and protection they need.
- Only 17% of diabetics know they can be more sensitive to light, so most of them don't protect their eyes by wearing sunglasses.⁷
- Forty percent of diabetics don't get a yearly eye exam.⁸ This puts their eyes at risk.
- Proper vision care can stop more than 90% of vision loss and blindness caused by diabetic retinopathy.⁵



What you should do for your eyes:

- **Get a complete eye exam every year.** This may include dilation, where the pupil is dilated, or made bigger, so the retina can be checked for signs of eye disease and other health problems.
- **Protect your eyes from harmful UV rays.** Over time, the sun's UV rays can damage your eyesight through cataracts and age-related macular degeneration. Wear sunglasses that block 100% of UV rays, even on cloudy days.
- **Protect your eyes from everyday bright light and glare.** They can make it hard to see and end up straining and tiring your eyes. If you wear eyeglasses, choose lenses that automatically adjust the tint based on the light around you. Move lamps, TVs and computer screens to reduce glare.

For more information on eye health and how to maintain good vision, go to anthem.com/eyehealth.

1 National Eye Institute website: *Age-Related Eye Diseases* (accessed January 2015): https://nei.nih.gov/healthyeyes/aging_eye.

2 Transitions Healthy Sight Working For You website: *Rising Healthcare Costs/Systemic Disease* (accessed September 2014): healthysightworkingforyou.org.

3 American Optometric Association website: *American Eye-Q Survey Executive Summary* (May 2008): [aoa.org](https://www.aoa.org).

4 Archives in Ophthalmology website: *Cause and Prevalence of Visual Impairment Among Adults in the United States* (April 2004): archophth.ama-assn.org.

5 National Institute of Health Medline Plus website: *Leading Causes of Blindness* (Summer 2008): <http://nlm.nih.gov/medlineplus/magazine/issues/summer08/articles/summer08pg14-15.html>.

6 American Diabetes Association website: *Diabetes Statistics* (June 2014): diabetes.org.

7 Transitions Healthy Sight Working For You website: *Eye/Overall Health Connection* (accessed January 2015): healthysightworkingforyou.org.

8 Transitions Healthy Sight Working For You website: *Communicating the Value of Vision Benefits to Employers* (accessed September 2014): healthysightworkingforyou.org.