

Blue View Vision at-a-glance



Key features of Blue View VisionSM Select and Select PLUS plans for the State of Georgia

Benefits	Select (in-network)	Select PLUS (in-network)	Out-of-network reimbursement
Eye exam	100% covered after \$10 copay (each calendar year)	100% covered after \$20 copay (each calendar year)	Up to \$40
Basic plastic eyeglass lenses	100% covered after \$20 copay (each calendar year)	100% covered after \$25 copay (each calendar year)	
Scratch coating	Included at no extra cost	Included at no extra cost	
Polycarbonate and Transitions lenses (for kids under 19)	Included at no extra cost	Included at no extra cost	
Single vision	100% after \$20 copay	100% after \$25 copay	Up to \$40
Bifocal	100% after \$20 copay	100% after \$25 copay	Up to \$60
Trifocal	100% after \$20 copay	100% after \$25 copay	Up to \$80
Frames	Up to \$130 allowance; 20% off remaining balance (every two years)	Up to \$150 allowance; 20% off remaining balance (each calendar year)	Up to \$45
Contact lenses (in lieu of eyeglass lenses)			
Elective	Up to \$105 allowance; 15% off remaining balance (each calendar year)	Up to \$150 allowance; 15% off remaining balance (each calendar year)	Same as in-network
Non-elective	100% covered (each calendar year)	100% covered (each calendar year)	Up to \$210
Contact lens fit and follow-up (Fitting and two follow-up visits at a discounted price, after your eye exam)			Discounts not available out of network
Standard	Member cost up to \$55	Member cost up to \$55	
Premium	You get 10% off retail price	You get 10% off retail price	
Lens options	Your cost for upgrades	Your cost for upgrades	Discounts on lens upgrades not available out of network
UV coating	\$15	\$0	
Tint (solid and gradient)	\$0	\$0	
Standard polycarbonate	\$40	\$20	
Transitions lenses	\$75	\$20	
Progressive lenses			
- Standard	\$65	\$50	
- Premium tier 1	\$85	\$50	
- Premium tier 2	\$95	\$50	
- Premium tier 3	\$110	\$50	
Standard anti-reflective coating	\$45	\$0	
- Premium tier 1	\$57	\$12	
- Premium tier 2	\$68	\$23	
Other add-ons and services	20% off retail price	20% off retail price	
Second pair of glasses	40% off retail price	40% off retail price	

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 benefits, rates and savings examples above are for illustrative purposes only and assume that the member is covered for these specific benefits under the plan. The actual rates and benefits are contained in the Group Contract. In the event of a conflict between the Group Contract and this document, the terms of the Group Contract will prevail. The benefits and copays shown here are representative of services and purchases obtained from in-network providers.

Transitions and the swirl are registered trademarks of Transitions Optical, Inc. Photochromic performance is influenced by temperature, UV exposure and lens material.

Anthem Blue Cross and Blue Shield is the trade name of Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Save with Blue View Vision

Enroll in our vision plan and get these in-network savings!

Savings example #1

Adult on the *Select plan*

	Retail cost	Benefit	You pay
Eye exam	\$80	Covered	\$10 copay
Frames	\$199	\$130 allowance	\$55
Polycarbonate lenses	\$55	Covered	\$40
Scratch coating	\$22	Covered	\$0
Progressive premium tier 1 lenses	\$220	Upgrade	\$85 copay
Premium tier 1 anti-reflective lenses	\$100	Upgrade	\$57
Transitions® lenses	\$110	Covered	\$75
Total cost	\$786		\$322

**You save
\$464**

Savings example #2

Adult on the *Select PLUS plan*

	Retail cost	Benefit	You pay
Exam	\$80	Covered	\$20 copay
Frames	\$199	\$150 allowance	\$39
Polycarbonate lenses	\$55	Covered	\$20
Scratch coating	\$22	Covered	\$0
Progressive premium tier 1 lenses	\$220	Upgrade	\$50 copay
Premium tier 1 anti-reflective lenses	\$100	Upgrade	\$12
Transitions® lenses	\$110	Covered	\$20
Total cost	\$786		\$161

**You save
\$625**

Savings example #3

Child on the *Select plan*

	Retail cost	Benefit	You pay
Eye exam	\$80	Covered	\$10 copay
Frames	\$130	\$130 allowance	\$0
Single-vision lenses	\$80	Covered	\$20
Scratch coating	\$22	Included	\$0
Polycarbonate lenses	\$55	Included	\$0
Transitions® lenses	\$110	Included	\$0
Total cost	\$477		\$30

**You save
\$447**

