

Group Name: University of Colorado Anschutz Medical Campus**Blue View Vision plan design****Blue View Vision plan benefits****Routine Eye Exam**

A comprehensive eye examination

In-Network

\$25 copay

Out-of-Network

Up to \$30 reimbursement

Frequency

Once every plan year

Eyeglass Frames

One pair of eyeglass frames

\$130 allowance, then 20% off any balance

Up to \$45 reimbursement

One every plan year

Eyeglass Lenses (instead of contact lenses)

One pair of standard plastic prescription lenses:

- Single vision lenses
- Bifocal lenses
- Trifocal lenses

\$25 copay

\$25 copay

\$25 copay

Up to \$25 reimbursement

Up to \$50 reimbursement

Up to \$55 reimbursement

One every plan year

Contact Lenses¹ (instead of eyeglass lenses)

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

\$80 allowance, 15% off any balance

\$80 allowance (no additional discount)

Covered in full

Up to \$60 reimbursement

Up to \$60 reimbursement

Up to \$210 reimbursement

Once every plan year

¹ 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

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Blue View Vision plan design

Additional savings available from Access 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.

Blue View Vision plan benefits	In-Network Member Copay	Out-of-Network	Frequency
Eyeglass Lens Enhancements			
<ul style="list-style-type: none"> Transitions Lenses (pediatric) Standard polycarbonate (pediatric) Factory scratch coating (pediatric) Transitions Lenses (adults) Standard polycarbonate (adults) Factory scratch coating (adults) 	\$0 \$0 \$0 \$25 \$40 \$0	Up to \$75 reimbursement N/A N/A Up to \$75 reimbursement N/A N/A	Same as covered eyeglass lenses
<ul style="list-style-type: none"> Progressive Lenses <ul style="list-style-type: none"> Standard Premium Tier 1 Premium Tier 2 Premium Tier 3 Premium Tier 4 	\$55 \$85 \$95 \$110 \$175	Up to \$50 reimbursement Up to \$50 reimbursement Up to \$50 reimbursement Up to \$50 reimbursement Up to \$50 reimbursement	Same as covered eyeglass lenses
<ul style="list-style-type: none"> Anti-Reflective Coating <ul style="list-style-type: none"> Standard Premium Tier 1 Premium Tier 2 Premium Tier 3 	\$45 \$57 \$68 \$85	N/A N/A N/A N/A	Same as covered eyeglass lenses
<ul style="list-style-type: none"> Tint (Solid and Gradient) UV Coating Other lens upgrades and add-ons 	\$15 \$15 20% off retail price	N/A N/A N/A	Same as covered eyeglass lenses
<ul style="list-style-type: none"> Retinal Imaging (obtained at same time as covered eye exam) 	Up to \$39	N/A	
<ul style="list-style-type: none"> Standard contact lens fitting and follow-up after comprehensive eye exam Premium contact lens fitting and follow-up after comprehensive eye exam 	Up to \$55 10% off retail price	N/A N/A	
<ul style="list-style-type: none"> Additional supplies of conventional contact lenses after benefits have been used Additional complete pairs of eyeglasses Eyeglass materials purchased separately Other items including most non-prescription sunglasses, eyewear accessories such as lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 	15% off retail price 40% off retail price 20% off retail price 20% off retail price	N/A N/A N/A N/A	

Other discount offers on LASIK surgery and much more available through Anthem's SpecialOffers 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.