

# Optional Vision Insurance



## New for 2019: Vision Benefits

You may choose optional employer-sponsored vision insurance administered by Anthem. Routine eye checkups are about more than making sure you can see clearly. They're also important to overall health, safety, and learning. Even if you can see well, regular eye exams are important to help keep your eyes healthy – and can catch other health problems early.<sup>1</sup>

With Blue View Vision<sup>SM</sup>, you have access to one of the country's largest networks of eye doctors and eye-care retailers. This makes it easy to get eye care at the best time for you.

- 35,000 - we are using the Insight Network<sup>2</sup>
- 25,000 locations<sup>2</sup>
- Online shopping at Glasses.com, ContactsDirect.com, and 1-800 CONTACTS
- National network of optical retail stores like LensCrafters®, Sears Optical<sup>SM</sup>, Target Optical®, JCPenney® Optical, and most Pearle Vision® stores.

### Your vision benefits cover:

- Adult routine eye exam
- Frames and either eyeglass lenses or contact lenses for adults
- Pediatric routine eye exams
- Frames and either eyeglass lenses or contact lenses for covered children up to age 19; includes Transitions® lenses to protect their eyes from harmful UV rays and polycarbonate lenses at no extra cost

	Bronze	Silver	Gold
Exam with dilation as necessary	\$10 copay	\$10 copay	\$10 copay
Eyeglass lenses: Single vision, bifocal, trifocal, lenticular	\$25 copay	\$10 copay	\$10 copay
Standard progressive lens	Standard fixed price/discount	Standard fixed price/discount	\$30 copay
Premium progressive lens	Standard fixed price/discount	Standard fixed price/discount	Fixed price/discount based on standard being funded
<b>Lens Options</b>			
UV Treatment	\$15	\$15	\$0
Tint (solid and gradient)	\$15	\$15	\$0
Standard plastic scratch coating	\$0	\$0	\$0
Standard polycarbonate – adults	\$40	\$20	\$0
Standard polycarbonate – kids	\$0	\$0	\$0
Standard anti-reflective coating	\$45	\$45	\$20
Premium anti-reflective coating	Fixed cost based on tier: \$57-\$68	Fixed cost based on tier: \$57-68	Fixed cost based on tier: \$32-\$43
Photochromatic/Transitions	\$75 – kids covered in full	\$75 – kids covered in full	\$75 – kids covered in full
Polarized	20% off retail pricing	20% off retail pricing	20% off retail pricing
<b>Contact lenses</b>			
Conventional	\$150 allowance, 15% off balance over \$150	\$150 allowance, 15% off balance over \$150	\$175 allowance, 15% off balance over \$175
Disposable	\$150 allowance	\$150 allowance	\$175 allowance
Medical necessary	Covered in full	Covered in full	Covered in full
<b>Frequency</b>			
Examination	Once every calendar year	Once every calendar year	Once every calendar year
Lenses or contact lenses	Once every calendar year	Once every calendar year	Once every calendar year
Frame	Once every two calendar years	Once every two calendar years	Once every two calendar years

<sup>1</sup> American Optometric Association website, *Evidence-Based Clinical Practice Guideline, Comprehensive Adult Eye and Vision Examination 2015* (accessed August 2018): [aoa.org](http://aoa.org)

<sup>2</sup> Internal data, 2018

# Optional Vision Insurance

Vision Plan Comparison Chart									
Benefits	Bronze			Silver			Gold		
	<i>In-Network</i>	<i>Out-of-Network</i>	Benefit Frequency	<i>In-Network</i>	<i>Out-of-Network</i>	Benefit Frequency	<i>In-Network</i>	<i>Out-of-Network</i>	Benefit Frequency
	Cost Share	Cost Share		Cost Share	Cost Share		Cost Share	Cost Share	
<b>Exam</b>									
Eye Examination	\$10 Copay	Allowance \$50	1 per calendar year	\$10 Copay	Allowance \$35	1 per calendar year	\$10 Copay	Allowance \$35	1 per calendar year
<b>Frames, Lenses, and Contacts</b>									
Frames	Allowance \$125	Allowance \$65	1 every 2 calendar years	Allowance \$150	Allowance \$75	1 every 2 calendar years	Allowance \$150	Allowance \$75	1 per calendar year
Lenses (Single Vision)	\$25 Copay	Allowance \$50	1 per calendar year	\$10 Copay	Allowance \$25	1 per calendar year	\$10 Copay	Allowance \$25	1 per calendar year
Lenses (Lined Bifocal)	\$25 Copay	Allowance \$50	1 per calendar year	\$10 Copay	Allowance \$40	1 per calendar year	\$10 Copay	Allowance \$40	1 per calendar year
Lenses (Lined Trifocal)	\$25 Copay	Allowance \$50	1 per calendar year	\$10 Copay	Allowance \$55	1 per calendar year	\$10 Copay	Allowance \$55	1 per calendar year
Lenses (Progressive)	\$65 Copay	not covered	1 per calendar year	\$65 Copay	not covered	1 per calendar year	\$20 Copay	not covered	1 per calendar year
Contacts	Allowance \$150	Allowance \$65	1 per calendar year	Allowance \$150	Allowance \$120	1 per calendar year	Allowance \$175	Allowance \$140	1 per calendar year
<b>Eyeglass Lens Options (Upgrades)</b>									
Anti-reflective	\$45-\$68 Copay	N/A		\$45 Copay	N/A		\$20 Copay	N/A	
Photochromic, \$0 Copay for Kids under 19 for all plans	\$75 Copay	N/A		\$75 Copay	N/A		\$75 Copay	N/A	
UV Treatment	\$15 Copay	N/A		\$15 Copay	N/A		\$0 Copay	N/A	
<b>Surgery</b>									
Laser Vision Correction Surgery	Discounts apply	N/A		Discounts apply	N/A		Discounts apply	N/A	
<b>Other Services</b>									
Standard Plastic Scratch Coating	\$0 Copay	N/A		\$0 Copay	N/A		\$0 Copay	N/A	
Tint (Solid and Gradient)	\$15 Copay	N/A		\$15 Copay	N/A		\$0 Copay	N/A	
Standard Polycarbonate, \$0 Copay for Kids under 19 for all plans	\$40 Copay	N/A		\$20 Copay	N/A		\$0 Copay	N/A	
<b>Monthly Rates</b>									
Employee		\$5.52			\$6.46			\$13.12	
Employee + Spouse		\$10.94			\$12.80			\$26.14	
Employee + Child(ren)		\$11.22			\$13.12			\$26.80	
Family		\$16.64			\$19.48			\$39.82	