

# COVA Care – Routine Vision & Hearing Optional Buy-Up

Administered by Anthem Blue Cross and Blue Shield

## NEW ROUTINE VISION BENEFITS from Blue View Vision<sup>SM</sup> (effective 7/1/2009)

### Blue View Vision network services

Blue View Vision offers you one of the largest vision care networks in the industry, with a wide selection of experienced ophthalmologists, optometrists, and opticians. Blue View Vision's network also includes convenient retail locations, many with evening and weekend hours, including LensCrafters®, Target Optical®, JCPenney® Optical, Sears Optical<sup>SM</sup>, and Pearle Vision® Stores. Best of all – when you receive care from a Blue View Vision participating provider, you receive the greatest benefits and money-saving discounts.

Go to [www.anthem.com/cova](http://www.anthem.com/cova) to find a Blue View Vision provider near you.

### Out-of-network services

You can choose to receive care outside of the Blue View Vision network. You simply get an allowance toward services and you pay the rest. Just pay in full at the time of service and then file a claim for reimbursement. In-network benefits and discounts will not apply.

YOUR BLUE VIEW VISION PLAN AT-A-GLANCE		IN-NETWORK	OUT-OF-NETWORK
<b>Routine eye exam</b> (once every 24 months*)		\$40 copay	\$50 allowance
<b>Eyeglass frames</b> Once every 24 months* you may select any eyeglass frame <sup>1</sup> and receive the following allowance toward the purchase price:		\$100 allowance then 20% off remaining balance	\$80 allowance
<b>Eyeglass lenses</b> (Standard) <b>Polycarbonate lenses included for children under 19 years old.</b> Once every 24 months* you may receive any one of the following lenses:			
	<ul style="list-style-type: none"> <li>Standard plastic single vision lenses (1 pair)</li> <li>Standard plastic bifocal lenses (1 pair)</li> <li>Standard plastic trifocal lenses (1 pair)</li> </ul>	\$20 copay; then covered in full \$20 copay; then covered in full \$20 copay; then covered in full	\$50 allowance \$75 allowance \$100 allowance
<b>Eyeglass lens upgrades</b> When receiving services from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. <i>Eyeglass lenses copay applies.</i>	<b>Lens Options</b> <ul style="list-style-type: none"> <li>UV Coating</li> <li>Tint (Solid and Gradient)</li> <li>Standard Scratch-Resistance</li> <li>Standard Polycarbonate</li> <li>Standard Progressive (add-on to bifocal)</li> <li>Standard Anti-Reflective Coating</li> <li>Other Add-ons and Services</li> </ul>	<b>Member cost for upgrades</b> <ul style="list-style-type: none"> <li>\$15</li> <li>\$15</li> <li>\$15</li> <li>\$40</li> <li>\$65</li> <li>\$45</li> <li>20% off retail price</li> </ul>	Discounts on lens upgrades are not available out-of-network
<b>Contact lenses</b> Prefer contact lenses over glasses? You may choose to receive contact lenses instead of eyeglass lenses and receive an allowance toward the cost of a supply of contact lenses once every 24 months.*	<ul style="list-style-type: none"> <li>Elective Conventional Lenses<sup>2</sup></li> <li>Elective Disposable Lenses<sup>2</sup></li> <li>Non-Elective Contact Lenses<sup>2</sup></li> </ul>	\$100 allowance then 15% off the remaining balance  \$100 allowance (no additional discount)  \$250 allowance (no additional discount)	\$80 allowance  \$80 allowance  \$210 allowance

\*The 24-month count starts the date you receive an exam or purchase your eyewear.

<sup>1</sup> Discount is not available on certain frame brands in which the manufacturer imposes a no discount policy.

<sup>2</sup> Elective contact lenses are in lieu of eyeglass lenses. Non-elective lenses are covered when glasses are not an option for vision correction.

## ROUTINE VISION CARE SERVICES (continued)

### Contact lens fitting and follow-up

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

- Standard contact fitting\*
- Premium contact lens fitting\*\*

#### IN-NETWORK

You pay up to \$55

10% off retail price

#### OUT-OF-NETWORK

Discounts not available out-of-network

\*A standard contact lens fitting includes spherical clear contact lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement lenses.

\*\*A premium contact lens fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal lenses.

## ADDITIONAL SAVINGS ON EYEWEAR & ACCESSORIES

After you use your initial frame or contact lens benefit allowance, you can take advantage of discounts on additional prescription eyeglasses, conventional contact lenses, and eyewear accessories courtesy of Blue View Vision network providers.

### MEMBER DISCOUNTS

#### Additional Complete

##### Pair of Eyeglasses

As many pairs as you like

40% discount off retail

#### Conventional Contact Lenses

Materials only

15% off retail price

#### Additional Eyewear & Accessories

Includes eyeglass frames and eyeglass lenses purchased separately, some non-prescription sunglasses, eye glass cases, lens cleaning supplies, contact lens solutions, etc.

20% off retail price

Blue View Vision's Additional Savings Program is subject to change without notice.

## LASIK VISION CORRECTION

Glasses or contacts may not be the answer for everyone. That's why we offer further savings with discounts on refractive surgery. Pay a discounted amount per eye for LASIK Vision correction. For more information, go to [www.anthem.com/cova](http://www.anthem.com/cova), Tools & Offers tab, and select SpecialOffers@Anthem.

## NON-ROUTINE VISION SERVICES

The Blue View Vision network is for routine eye care only. Non-routine vision care is covered under your medical benefits. Refer to your member handbook for more information.

## OUT-OF-NETWORK

If you choose an out-of-network provider, you must complete the Blue View Vision out-of-network claim form and submit it with your receipt. You will be reimbursed according to the out-of-network reimbursement schedule. Go to [www.anthem.com/cova](http://www.anthem.com/cova) and select Forms under the Plan Info/Forms tab. Your out-of-pocket expenses related to the vision benefits do not count toward your annual out-of-pocket limit. This applies to both in-network and out-of-network expenses.

## ROUTINE HEARING BENEFITS

#### IN-NETWORK

Routine hearing exam (once every 48\* months)

\$40 per visit

Hearing aids and other hearing aid services and supplies except disposable hearing aids (up to \$1,200 during 48 months)

\$0

\*The 48 month count starts the month you receive your hearing examination or purchase a hearing aid(s) or related hearing aid services.

**QUESTIONS? Contact Anthem member services at 1-800-552-2682.**



This is a summary of your benefits under the Vision and Hearing optional buy-up. For a complete description of benefits, exclusions and limitations, please see your COVA Care Member Handbook. 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.

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