



Welcome to Blue View Vision!

Starting January 1, 2011, your routine vision benefits will be provided through Anthem's Blue View VisionSM network

Routine vision care services (continued)

	In-Network	Out-of-Network
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*	You pay up to \$55	Discounts not available
Premium contact lens fitting**	10% off retail price	Discounts not available

*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.

**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.

Additional savings on eyewear and 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 pairs of complete eyeglasses As many pairs as you like	40% discount off retail
Conventional contact lenses Materials only	15% off retail price
Additional eyewear and accessories Includes eyeglass frames and eyeglass lenses purchased separately, some nonprescription sunglasses, eyeglass cases, lens cleaning supplies, contact lens solutions, etc	20% off retail price

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 anthem.com/cova, and select "SpecialOffers@Anthem."

Non-routine vision services

Non-routine vision care may be covered under your primary medical coverage. For most participants under this plan, that would be Medicare. Refer to your "Medicare and You 2011" publication or contact Medicare 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 anthem.com/cova and select "Forms" under the *Tools & Information* tab.

Questions? Contact Anthem member services at 800-552-2682.

This is a summary of your routine vision benefits under your Medicare Coordinating plan. For a complete description of benefits, exclusions and limitations, please see the Dental/Vision Benefits insert that accompanies the 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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Attention Medicare retirees enrolled in the following plans:

- Advantage 65 with Dental/Vision
- Advantage 65/Medical Only with Dental/Vision
- Medicare Complementary (Option I)
- Medicare Supplemental (Option II) with Dental/Vision

Your routine vision network is changing, so **you will need to confirm if your current vision provider participates in the Blue View Vision network.** That's easy to do. Just go to anthem.com/cova and select "Blue View Vision Providers" under Members I Spotlight. You may also contact Anthem Member Services at **800-552-2682** for assistance.

Using your Blue View Vision is easy as 1-2-3!

- 1. Select a Blue View Vision provider at anthem.com/cova or call Anthem Member Services at 800-552-2682 for assistance.** When you use a Blue View Vision network provider, you pay nothing up front and the provider files your claims for you.
- 2. Identify yourself as an Anthem Blue View Vision member** when making your routine eye exam appointment.
- 3. Present your health plan ID card** when you get your eye exam or purchase covered eyewear. Your Blue View Vision provider can verify eligibility and will file your claims. No paperwork!

Comparison of your current and new routine vision benefits

Your Blue View Vision network is one of the largest vision care networks in the industry, with a wide selection of optometrists, opticians and ophthalmologists. The network also includes convenient retail locations including LensCrafters®, Target Optical®, JCPenney®, Sears OpticalSM, and Pearle Vision® stores. When you receive routine vision care from a Blue View Vision provider, you receive the greatest benefits and money-saving discounts



Comparison of current vision benefits and new Blue View Vision benefits		
Covered service – once every 24 months	Currently you pay	Starting January 1, 2011 Blue View Vision In-Network You pay
Routine eye exam	Remaining cost after plan pays \$40	\$20 copayment
Eyeglass frames	Remaining cost after plan pays \$75	Remaining cost after plan pays \$100. Plus you receive 20% discount off remaining balance.
Eyeglass lenses	Remaining cost after plan pays \$50 for single vision; \$75 for bifocals; \$100 for trifocal	\$20 copayment for single, bifocal or trifocal lenses
Conventional contact lenses	Remaining cost after plan pays \$100	Remaining cost after plan pays \$100. Plus you receive 15% discount off remaining balance.
Additional pairs of complete eyeglasses	Not covered	Retail price with 40% discount. Can be purchased anytime from any Blue View Vision provider – 24-month rule does not apply.
Additional conventional contact lenses	Not covered	Retail price with 15% discount. Can be purchased anytime from any Blue View Vision provider – 24-month rule does not apply.
Additional eyewear and accessories	Not covered	Retail price with 20% discount. Includes frames and lenses purchased separately, lens cleaning supplies, contact lens solutions, etc. Can be purchased anytime from any Blue View Vision provider – 24-month rule does not apply.

Blue View VisionSM Summary of Benefits (effective January 1, 2011)

When you receive care from a Blue View Vision participating provider, you receive the greatest benefits and money-saving discounts. Go to anthem.com/cova to find a Blue View Vision provider near you.

Out-of-Network services

If you use an Out-of-Network provider, your benefits will be covered at a lower payment level. You will need to pay for covered services and purchases at the time of your visit and send an Out-of-Network claim form to Blue View Vision. The claim form is available at anthem.com/cova. Select “Forms” under the Tools & Information tab.

Routine vision care services		In-Network	Out-of-Network
Routine eye exam (once every 24 months)		\$20 copayment	\$40 allowance
Eyeglass frames Once every 24 months you may select any eyeglass frame ¹ and receive the following allowance toward the purchase price:		\$100 allowance then 20% off remaining balance	\$75 allowance
Eyeglass lenses (Standard) Polycarbonate lenses included for children under 19 years old. Once every 24 months you may receive any one of the following lenses: <ul style="list-style-type: none"> Standard plastic single vision lenses (1 pair) Standard plastic bifocal lenses (1 pair) Standard plastic trifocal lenses (1 pair) Standard progressive lenses (1 pair) 		\$20 copay; then covered in full \$20 copay; then covered in full \$20 copay; then covered in full \$85 copay; then covered in full	\$50 allowance \$75 allowance \$100 allowance Not covered
Eyeglass lens upgrades When receiving services from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lenses' copayment applies.	Lens options <ul style="list-style-type: none"> UV coating Tint (solid and gradient) Standard scratch resistance Standard polycarbonate Standard anti-reflective coating Other add-ons and services 	Member cost for upgrades \$15 \$15 \$15 \$40 \$45 20% off retail price	Discounts on lens upgrades are not available Out-of-Network
Contact lenses 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"> Elective conventional lenses² Elective disposable lenses² Non-elective contact lenses² 	\$100 allowance then 15% off the remaining balance \$100 allowance (no additional discount) \$250 allowance (no additional discount)	\$80 allowance \$80 allowance \$210 allowance

¹ Discount is not available on certain frame brands in which the manufacturer imposes a no-discount policy.

² Elective contact lenses are in lieu of eyeglass lenses. Nonelective lenses are covered when glasses are not an option for vision correction.