

**WELCOME TO  
BLUE VIEW VISION INSIGHT!**

Good news—your vision plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what's covered, your discounts, and much more!



**Blue View Vision<sup>SM</sup> Insight**



**University of California Student Health Insurance Plan (UC SHIP) 2016/17**

**Your Blue View Vision Insight network**

Blue View Vision Insight 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 Insight also includes convenient retail locations, many with evening and weekend hours, including LensCrafters®, Sears Optical<sup>SM</sup>, Target Optical®, JCPenney® Optical and most Pearle Vision® locations.

**Locate a Provider:** To help ensure you choose a provider who participates in your plan, be sure to select **Blue View Vision Insight** when using our Find a Doctor feature on [www.anthem.com/ca](http://www.anthem.com/ca).

- 1) Go to [www.anthem.com/ca](http://www.anthem.com/ca) and select **Find a Doctor**
- 2) When asked **what are you looking for?** select **Vision**
- 3) Under **select type of visit** choose **Routine eye exam and eyewear** (*note: this is the default selection*)
- 4) For **about the provider** enter the name of a provider or leave this field blank
- 5) Under **where are you looking?** enter a **City and State or Zip Code**
- 6) For **what insurance plan would you like to use?** select **Blue View Vision Insight** from the drop down menu, then click the search button

**YOUR BLUE VIEW VISION INSIGHT PLAN AT-A-GLANCE**

**VISION PLAN BENEFITS**

**Routine eye exam** once every benefit year

**Eyeglass frames**

Once every benefit year you may select an eyeglass frame and receive an allowance toward the purchase price

**Eyeglass lenses (Standard)**

Once every benefit year you may receive any one of the following lens options:

- Standard plastic single vision lenses (1 pair)
- Standard plastic bifocal lenses (1 pair)
- Standard plastic trifocal lenses (1 pair)

**Eyeglass lens enhancements**

When obtaining covered eyewear from a Blue View Vision Insight provider, you may add any of the following lens enhancements at no extra cost.

- **Transitions®** Lenses (for a child under age 19)
- Standard Polycarbonate (for a child under age 19)
- Factory Scratch Coating

**Contact lenses** – once every benefit year (in lieu of glasses)

Prefer contact lenses over glasses? You may choose contact lenses instead of eyeglass lenses and receive an allowance toward the cost of a supply of contact lenses.

- Elective Conventional Lenses; or
- Elective Disposable Lenses; or
- Non-Elective Contact Lenses

*Your contact lens allowance can only be applied toward the first purchase of contacts you make during a benefit period. Any unused amount remaining cannot be used for subsequent purchases made during the same benefit period, nor can any unused amount be carried over to the following benefit period.*

**EXCLUSIONS & LIMITATIONS (not a complete list)**

**Combined Offers.** Not combined with any offer, coupon, or in-store advertisement.

**Excess Amounts.** Amounts in excess of covered vision expense.

**Sunglasses.** Sunglasses and accompanying frames.

**Safety Glasses.** Safety glasses and accompanying frames.

**Not Specifically Listed.** Services not specifically listed in this plan as covered services.

**Lost or Broken Lenses or Frames.** Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

**Non-Prescription Lenses.** Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

**Orthoptics.** Orthoptics or vision training and any associated supplemental testing.

IN-NETWORK	OUT-OF-NETWORK
\$10 copay, then covered in full	\$49 allowance
\$120 allowance, then 20% off any remaining balance	\$50 allowance
\$25 copay, then covered in full	\$35 allowance
\$25 copay, then covered in full	\$49 allowance
\$25 copay, then covered in full	\$74 allowance
\$0 after eyeglass lens copay	No allowance on lens enhancements when obtained out-of-network
\$0 after eyeglass lens copay	
\$0 after eyeglass lens copay	
\$120 allowance, then 15% off any remaining balance	\$92 allowance
\$120 allowance (no additional discount)	\$92 allowance
Covered in full	\$250 allowance

OPTIONAL SAVINGS AVAILABLE FROM IN-NETWORK PROVIDERS ONLY	In-network Member Cost (after any applicable copay)
<b>Retinal Imaging</b> - at member's option can be performed at time of eye exam	Not more than \$39
<b>Eyeglass lens upgrades</b> When obtaining eyewear from a Blue View Vision Insight provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> <li>○ <b>Transitions</b> lenses (Adults) \$75</li> <li>○ Standard Polycarbonate (Adults) \$40</li> <li>○ Tint (Solid and Gradient) \$15</li> <li>○ UV Coating \$15</li> <li>○ Progressive Lenses<sup>1</sup> <ul style="list-style-type: none"> <li>○ Standard \$65</li> <li>○ Premium Tier 1 \$85</li> <li>○ Premium Tier 2 \$95</li> <li>○ Premium Tier 3 \$110</li> </ul> </li> <li>○ Anti-Reflective Coating<sup>2</sup> <ul style="list-style-type: none"> <li>○ Standard \$45</li> <li>○ Premium Tier 1 \$57</li> <li>○ Premium Tier 2 \$68</li> </ul> </li> <li>○ Other Add-ons and Services 20% off retail price</li> </ul>
<b>Additional Pairs of Eyeglasses</b> Anytime from any Blue View Vision network provider	<ul style="list-style-type: none"> <li>○ Complete Pair 40% off retail price</li> <li>○ Eyeglass materials purchased separately 20% off retail price</li> </ul>
<b>Eyewear Accessories</b>	<ul style="list-style-type: none"> <li>○ Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 20% off retail price</li> </ul>
<b>Contact lens fit and follow-up</b> A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	<ul style="list-style-type: none"> <li>○ Standard contact lens fitting<sup>3</sup></li> <li>○ Premium contact lens fitting<sup>4</sup></li> </ul> <p style="text-align: right;">Up to \$55 10% off retail price</p>
<b>Conventional Contact Lenses</b>	<ul style="list-style-type: none"> <li>○ Discount applies to materials only 15% off retail price</li> </ul>
<b>Laser vision correction surgery</b> LASIK refractive surgery	<ul style="list-style-type: none"> <li>○ Discount per eye</li> </ul> <p style="text-align: right;">For more information, go to <a href="http://anthem.com/ca/specialoffers">anthem.com/ca/specialoffers</a> and select vision care.</p>

<sup>1</sup> Please ask your provider for his/her recommendation as well as the progressive brands by tier.

<sup>2</sup> Please ask your provider for his/her recommendation as well as the coating brands by tier.

<sup>3</sup> 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.

<sup>4</sup> 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.

## OUT-OF-NETWORK

If you choose an out-of-network provider, please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. When visiting an out-of-network provider, discounts do not apply and you are responsible for payment of services and/or eyewear materials at the time of service.

**To Fax:** 866-293-7373  
**To Email:** [oonclaims@eyewearspecialoffers.com](mailto:oonclaims@eyewearspecialoffers.com)  
**To Mail:** Blue View Vision  
 Attn: OON Claims  
 P.O. Box 8504  
 Mason, OH 45040-7111

**Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit Student Health Services to obtain a referral to a participating eye care physician from the medical network.**

**If you have questions about your benefits or need help finding a provider, visit [anthem.com/ca](http://anthem.com/ca) or call us at 1-866-940-8306.**

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force.

This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. Discounts referenced are not covered benefits under this vision plan and therefore are not included in the member's policy. Frame discounts may not apply to some frames where the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Discounts are subject to change without notice. This benefit overview is only one piece of your entire enrollment package.

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