WELCOME TO
BLUE VIEW VISION!
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!

BlueCross BlueShield of Georgia

Blue View Vision℠

Mission Health-Custom Summary of Benefits

Your Blue View Vision network

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 and Pearle Vision® locations. Best of all – when you receive care from a Blue View Vision participating provider, you can maximize your benefits and money-saving discounts. Members may call Blue View Vision toll-free at (866) 723-0515 with questions about vision benefits or provider locations.

Out-of-network services

Did we mention we're flexible? 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. (In-network benefits and discounts will not apply.) Just pay in full at the time of service and then file a claim for reimbursement.

YOUR BLUE VIEW VISION PLAN AT-A-GLANCE

VISION CARE SERVICES	IN-NETWORK	OUT-OF-NETWORK
Routine eye exam Each calendar year	$10 copay; then covered in full	$35 allowance
Eyeglass frames Each calendar year you may select any eyeglass frame and receive the following allowance toward the purchase price:	$100 allowance then 20% off remaining balance	$50 allowance
Eyeglass lenses *(Standard)* *Factory scratch coating included. Polycarbonate lenses included for children under 19 years old. Transitions lenses included for children under 19 years old.* Each calendar year you may receive any one of the following lens options:		
• Standard plastic single vision lenses *(1 pair)*	$10 copay; covered in full	$25 allowance
• Standard plastic bifocal lenses *(1 pair)*	$10 copay; covered in full	$40 allowance
• Standard plastic trifocal lenses *(1 pair)*	$10 copay; covered in full	$55 allowance
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 copayment applies.	Member cost for upgrades	
Lens Options		
• UV Coating	$15	
• Tint (Solid and Gradient)	$15	
• Standard Polycarbonate	$40	
• Transitions lenses	$75	
• Progressive Lenses[1]		Discounts on lens upgrades are not available out-of-network
◦ Standard	$10	
◦ Premium Tier 1	$36	
◦ Premium Tier 2	$42	
◦ Premium Tier 3	$48	
• Standard Anti-Reflective Coating[2]	$45	
• Premium Tier 1 Anti-Reflective Coating[2]	$57	
• Premium Tier 2 Anti-Reflective Coating[2]	$68	
• Other Add-ons and Services	20% off retail price	
Contact lenses Each calendar year Prefer contact lenses over glasses? You may choose to receive contact lenses instead of eyeglasses and receive an allowance toward the cost of a supply of contact lenses. *Your contact lens allowance must be used at the time of initial service.*		
• Elective Conventional Lenses	$115 allowance then 15% off the remaining balance	$92 allowance
• Elective Disposable Lenses	$115 allowance *(no additional discount)*	$92 allowance
• Non-Elective Contact Lenses *No amount over the allowance may be carried forward to subsequent materials in the same or the following calendar year.*	Covered in full	$210 allowance

[1] Please ask your provider for his/her recommendation as well as the progressive brands by tier.

[2] Please ask your provider for his/her recommendation as well as the coating brands by tier.

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VISION CARE SERVICES

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

	IN-NETWORK Member Cost	OUT-OF NETWORK
• Standard contact fitting*	Fitting and follow up visits up to $55	Discounts not available out-of-network
• Premium contact lens fitting**	10% off retail price	

*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.

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

BLUE VIEW VISION ADDITIONAL SAVINGS	MEMBER SAVINGS
Additional Pair of Complete Eyeglasses	40% discount off retail*
Contact Lenses - Conventional *(Discount applied to materials only)*	15% off retail price
Eyewear Accessories Includes some non-prescription sunglasses, lens cleaning supplies, contact lens solutions and eyeglass cases, etc.	20% off retail price

*Items purchased separately are discounted 20% off the retail price. Blue View Vision's Additional Savings Program is subject to change without notice.

LASER VISION CORRECTION SURGERY
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 SpecialOffers at bcbsga.com and select vision care.

USING YOUR BLUE VIEW VISION PLAN
The Blue View Vision network is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care physician from your medical network.

OUT-OF-NETWORK
If you choose an out-of-network provider, please complete the out-of-network claim form and submit it along with your itemized receipt to the below fax number, email address, or mailing address. When visiting an out-of-network provider, 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
To Mail: Blue View Vision
Attn: OON Claims
P.O. Box 8504
Mason, OH 45040-7111

EXCLUSIONS & LIMITATIONS
This is a primary vision care benefit and is intended to cover only eye examinations and corrective eyewear. Covered materials that are lost or broken will be replaced only at normal service intervals indicated in the plan design; however, these materials and any items not covered below may be purchased at preferred pricing from Blue View Vision provider. In addition, benefits are payable only for expenses incurred while the group and insured person's coverage is in force.

Combined Offers. Not combined with any offer, coupon, or in-store advertisement.
Experimental or Investigative. Any experimental or investigative services or materials.
Crime or Nuclear Energy. Conditions that result from: (1) insured person's commission of or attempt to commit a felony; or (2) any release of nuclear energy, whether or not the result of war, when government funds are available
Uninsured. Services received before insured person's effective date or after coverage ends.
Excess Amounts. Any amounts in excess of covered vision expense.
Routine Exams or Tests. Routine examinations required by an employer in connection with insured person's employment.
Work-Related. Work-related conditions if benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if insured person does not claim those benefits.
Government Treatment. Any services actually given to the insured person by a local, state or federal government agency, except when payment under this plan is expressly required by federal or state law. We will not cover payment for these services if insured person is not required to pay for them or they are given to the insured person for free.
Services of Relatives. Professional services or supplies received from a person who lives in insured person's home or who is related to insured person by blood or marriage.
Voluntary Payment. Services for which insured person is not legally obligated to pay. Services for which insured person is not charged. Services for which no charge is made in the absence of insurance coverage.
Not Specifically Listed. Services not specifically listed in this plan as covered services.
Private Contracts. Services or supplies provided pursuant to a private contract between the insured person and a provider, for which reimbursement under the Medicare program is prohibited, as specified in Section 1802 (42 U.S.C. 1395a) of Title XVIII of the Social Security Act.
Eye Surgery. Any medical or surgical treatment of the eyes and any diagnostic testing. Any eye surgery solely or primarily for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia) and/or astigmatism. Contact lenses and eyeglasses required as a result of this surgery.
Sunglasses. Sunglasses and accompanying frames.
Safety Glasses. Safety glasses and accompanying frames.
Hospital Care. Inpatient or outpatient hospital vision care.
Orthoptics. Orthoptics or vision training and any associated supplemental testing.
Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.
Lost or Broken Lenses or Frames. Any lost or broken lenses or frames, unless insured person has reached a new benefit period.
Frames: Discount is not available on certain frame brands in which the manufacturer imposes a no discount policy.

Disclaimer
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.

The in-network vision providers referred to in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of Blue Cross Blue Shield of Georgia.

Blue View Vision GA Group Full Service (9/08)