

Blue View Vision plans

(2-100 employees) – standalone, off-exchange

Available as non-voluntary or voluntary plans for groups with five or more enrolled employees.

Plan	Copay ¹ for eye exam/ eyeglass lenses	Allowance ^{1,2} frames/ contact lenses	Eye exam (frequency)	Eyeglass lenses (Frequency)	Frames (frequency)	Contact lenses (frequency)
Full service plans						
Blue View Vision A1	\$10/\$0	\$130/\$130	Once every CY	Once every CY	Once every CY	Once every CY
Blue View Vision A2	\$15/\$0	\$120/\$115	Once every CY	Once every CY	Once every CY	Once every CY
Blue View Vision A3	\$10/\$10	\$130/\$130	Once every CY	Once every CY	Once every CY	Once every CY
Blue View Vision A4	\$10/\$20	\$130/\$130	Once every CY	Once every CY	Once every CY	Once every CY
Blue View Vision A5	\$20/\$20	\$130/\$130	Once every CY	Once every CY	Once every CY	Once every CY
Blue View Vision A6	\$10/\$25	\$130/\$130	Once every CY	Once every CY	Once every CY	Once every CY
Blue View Vision B1	\$10/\$0	\$130/\$130	Once every CY	Once every CY	Once every other CY	Once every CY
Blue View Vision B2	\$10/\$20	\$100/\$100	Once every CY	Once every CY	Once every other CY	Once every CY
Blue View Vision B3	\$10/\$20	\$130/\$130	Once every CY	Once every CY	Once every other CY	Once every CY
Blue View Vision B4	\$20/\$20	\$130/\$130	Once every CY	Once every CY	Once every other CY	Once every CY
Blue View Vision B5	\$10/\$10	\$130/\$130	Once every CY	Once every CY	Once every other CY	Once every CY
Blue View Vision B6	\$10/\$25	\$130/\$130	Once every CY	Once every CY	Once every other CY	Once every CY
Blue View Vision C1	\$10/\$0	\$130/\$130	Once every CY	Once every other CY	Once every other CY	Once every other CY
Blue View Vision C2	\$10/\$20	\$130/\$130	Once every CY	Once every other CY	Once every other CY	Once every other CY
Blue View Vision C3	\$20/\$20	\$130/\$130	Once every CY	Once every other CY	Once every other CY	Once every other CY
Blue View Vision C4	\$25/\$0	\$120/\$115	Once every CY	Once every other CY	Once every other CY	Once every other CY
Blue View Vision C5	\$10/\$20	\$100/\$100	Once every CY	Once every other CY	Once every other CY	Once every other CY
Blue View Vision C6	\$20/\$20	\$100/\$100	Once every CY	Once every other CY	Once every other CY	Once every other CY
Blue View Vision C7	\$20/\$20	\$130/\$80	Once every CY	Once every other CY	Once every other CY	Once every other CY
Blue View Vision C8	\$10/\$25	\$130/\$130	Once every CY	Once every other CY	Once every other CY	Once every other CY
Blue View Vision C9	\$30/\$30	\$100/\$100	Once every CY	Once every other CY	Once every other CY	Once every other CY
Material only plans						
Blue View Vision M01	Not covered/\$10	\$130/\$130	Not covered	Once every CY	Once every CY	Once every CY
Blue View Vision M02	Not covered/\$10	\$130/\$130	Not covered	Once every CY	Once every other CY	Once every CY
Blue View Vision M03	Not covered/\$20	\$130/\$130	Not covered	Once every CY	Once every CY	Once every CY
Blue View Vision M04	Not covered/\$20	\$130/\$130	Not covered	Once every CY	Once every other CY	Once every CY
Blue View Vision M05	Not covered/\$20	\$130/\$130	Not covered	Once every CY	Once every CY	Once every CY
Blue View Vision M06	Not covered/\$0	\$130/\$130	Not covered	Once every CY	Once every other CY	Once every CY

Benefits include coverage for member's choice of eyeglass lenses or contact lenses, but not both.

1 Above amounts reflect in-network copays and allowances.

2 Non-elective contacts covered in full.

This document is intended to be a brief summary of coverage and is not intended to be a legal contract. The entire provisions of benefits and exclusions are contained in the Evidence of Coverage; the Evidence of Coverage has exclusions, limitations and terms under which the Evidence of Coverage may be continued in force or discontinued.

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