

# Blue View Vision Rider



This *Blue View Vision Rider* is made part of, and is in addition to any information you may have in your [Anthem Blue Cross and Blue Shield] dental booklet. This *Blue View Vision Rider* provides coverage for routine vision care services stated below. All provisions of the dental booklet apply to this *Blue View Vision Rider* unless specifically addressed below.

## Your Vision Benefits

Your *Blue View Vision Rider* provides coverage for routine vision care services from network and non-network vision providers. Your benefits will be determined based on the service you receive and the provider you choose. We provide coverage only for the vision care services specified in this rider. Your dental deductible, limitations, and waiting periods do not apply to vision care services in this rider.

Vision Care Services	Benefit Frequency	Network Services	Non-Network Reimbursement
<b>Eye Exam (with dilation as necessary)</b>	Once every 12 months	\$20 copay	Up to \$30
<b>Standard Plastic (CR39) Lenses *</b> up to 55 mm in:	Once every 24 months		
Single Vision		\$20 copay	Up to \$25
Bifocal		\$20 copay	Up to \$40
Trifocal (FT 25-28)		\$20 copay	Up to \$55
* Lenses include factory scratch coating at no additional cost. Polycarbonate and photochromic lenses are covered for dependent children under 19 with no additional cost.			
<b>Contact Lenses</b>	Once every 24 months		
Elective (conventional and disposable)		\$80 allowance	Up to \$60
Non-Selective		Covered in full	Up to \$210
<b>Frames</b>	Once every 24 months	\$130 allowance	Up to \$45

## Vision Exclusions

We will not provide benefits for any of the following:

- Vision care services not specifically listed in this rider.
- If you receive elective or non-elective contact lenses then no benefits will be available for eyeglass lenses until you satisfy the benefit frequency listed above.
- For sunglasses, safety glasses and accompanying frames
- For non-prescription or plano lenses
- For two pairs of glasses in lieu of bifocals
- For fitting or dispensing fees
- Non-elective contact lenses unless they are for the following diagnoses:
  - Keratoconus where the patient is not correctable to 20/40 in either or both eyes using standard spectacle lenses.
  - High Ametropia exceeding -12D or +9D in spherical equivalent.
  - Anisometropia of 3D or more.
  - Patients who vision can be corrected three lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses

## **Vision Claims**

You are responsible for getting claims filed after you receive vision care. However, if you receive vision care from a network provider they will typically file claims on your behalf. If you receive care from a non-network provider you must submit the claim. Send your vision claim to:

**Blue View Vision Claims Administration**  
**PO Box 8504**  
**Mason, OH 45040-7111**

## **Contact Us About Your Vision Coverage**

To find a Blue View Vision network vision provider, check our on-line directory at [[www.anthem.com](http://www.anthem.com)] or contact Blue View Vision Customer Service at 866-723-0515.

For questions or concerns about your vision benefits that you are unable to resolve with customer service, you may file a grievance or appeal. Send your grievance and appeals to:

**Blue View Vision Grievance Department**  
**555 Middle Creek Parkway**  
**Colorado Springs, CO 80921**