

**University of California Graduate Students & Dependents (GSHIP)
BLUE VIEW VISION PLAN DESIGN**

VISION CARE SERVICES

Routine eye exam (*once every 12 months*)

Eyeglass frames

You may select an eyeglass frame and receive the following allowance toward the purchase price (*once every 12 months*)

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.*

You may receive any one of the following lenses (*once every 12 months*):

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

Lens Options

- UV Coating
- Tint (Solid and Gradient)
- Standard Polycarbonate
- **Transitions** lenses
- Other Photochromics
- Progressive Lenses
 - Standard
 - Premium Tier 1
 - Premium Tier 2
 - Premium Tier 3
- Standard Anti-Reflective Coating
- Premium Tier 1 Anti-Reflective Coating
- Premium Tier 2 Anti-Reflective Coating
- Other Add-ons and Services

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 lens copayment applies.

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 12 months*)

- Elective Conventional Lenses
- Elective Disposable Lenses
- Non-Elective Contact Lenses

Your contact lens allowance must be used at the time of initial service. No amount over the allowance may be carried forward to subsequent materials in the same or the following benefit year.

Contact lenses 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.

- Standard contact fitting
- Premium contact lens fitting

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: onclaims@eyewearspecialoffers.com
 To Mail: Blue View Vision
 Attn: OON Claims
 P.O. Box 8504
 Mason, OH 45040-7111

IN-NETWORK

\$10 copayment

\$120 allowance then 20% off remaining balance

\$25 copay, then covered in full
 \$25 copay, then covered in full
 \$25 copay, then covered in full

Member cost for upgrades

\$15

\$15

\$40

\$75

\$75

\$65

\$91

\$97

\$103

\$45

\$57

\$68

20% off retail price

\$120 allowance then 15% off the remaining balance

\$120 allowance
(*no additional discount*)

Covered in full

Member cost up to \$55

10% off retail price

OUT-OF-NETWORK

\$49 allowance

\$50 allowance

\$35 allowance

\$49 allowance

\$74 allowance

Discounts on lens upgrades are not available out-of-network

\$92 allowance

\$92 allowance

\$250 allowance

Discounts not available out-of-network

ADDITIONAL SAVINGS

Additional Pair of Complete Eyeglasses
 Contact Lenses – Conventional (Materials only)
 Eyewear Accessories

Includes some non-prescription sunglasses, lens cleaning supplies, contact lens solutions and eyeglass cases, etc. *Items purchased separately are discounted 20% off the retail price. Blue View Vision's Additional Savings Program is subject to change without notice.

Member Savings

40% discount off retail*
 15% discount off retail
 20% discount off retail

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 Blue Cross Blue Shield. This information is intended to be a brief outline of some plan benefits. The most detailed description of benefits, exclusions, and restrictions can be found in your Certificate of Coverage.