

BlueView Vision For the University of Colorado

This Summary of Vision Benefits outlines the vision benefits available to you through the Blue View Vision Plan. This is a summary of your vision benefit. Please review your benefit certificate for plan details. For eligibility definitions please contact your group administrator.

Blue View Vision's Provider Network: Blue View Vision members have access to approximately 32,500 conveniently located providers nationwide. Blue View Vision contracts with many providers, which include independent optometrists and ophthalmologists as well as LensCraftersSM, Target Optical and most Sears Optical and Pearle Vision retail locations. Members may call Blue View Vision toll-free at (866) 723-0515 or visit www.anthem.com/universityofcolorado at any time for provider locations.

For fast, paperless determination and confirmation of benefits, simply schedule an appointment with your *Blue View Vision* Provider and identify yourself as a *Blue View Vision* member.

Network Provider: Maximum benefits are achieved when members access their benefits from a *Blue View Vision* Participating Provider. Copayment(s) may apply to in-network benefits.

Non-Network Provider Reimbursements: Members may go to a non-participating (non-network) provider and pay the provider directly for services and materials. Members must then submit an original itemized invoice and a copy of the prescription along with the Member's I.D. number to *Blue View Vision* for reimbursement according to the Non-Network Reimbursement schedule identified in this Summary of Vision Benefits.

Value Added Savings: *Blue View Vision* providers agree to the Additional Savings Plan that is significantly below retail. Members are able to achieve substantial savings on purchases of additional pairs of glasses, contact lenses, lens treatments, specialized lenses and various other items. Members may save approximately 15% to 40% off retail on these items when they visit a *Blue View Vision* Provider.

Copayment(s): Copayment amounts are applicable to Network Provider examinations. Plan allowances must be applied for a single service within a member's benefit year; no remaining balance may be carried forward for another service within the benefit year.

<i>Blue View Vision Benefits</i>	Member Benefit From Network Provider	Non-Network Reimbursement
<p><i>Vision Examination:</i> Covered up to a comprehensive level exam with dilation as necessary from Network Provider.</p> <p><i>Availability :</i> Once every 12 months*</p>	<p>\$30 Copayment</p>	<p>Up to \$35</p>

*From your last date of service

Limitations and Exclusions

This is a primary vision care benefit and is intended to cover only eye examinations. Materials and other items not covered may be purchased at the Additional Savings Plan from a *Blue View Vision* Provider. In addition, benefits are payable only for expenses incurred while the Group and individual Member coverage is in force.

These plan benefits cannot be combined with any other discounts, promotional offers or advertised specials including, but not limited to, discounts, coupons or two-for-one materials offers, offered by the providers at their individual offices. Members must choose between using their benefits or the provider's special offers

An independent licensee of the Blue Cross and Blue Shield Association. Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. ® Registered marks Blue Cross and Blue Shield Association

Si usted necesita ayuda en español para entender este documento, puede solicitarla oralmente llamando al número de servicio al cliente que aparece en su tarjeta de identificación o en su folleto de inscripción.