

Commonwealth of Kentucky

Introducing Anthem Blue View VisionSM

Eye doctors can detect eye diseases like diabetic retinopathy and glaucoma early on. And they're often the first to find other health problems, such as high blood pressure, high cholesterol and diabetes, through regular eye exams. That's why we make getting eye care easy and affordable.

Outstanding Vision Network

With Anthem Blue View Vision Insight Network you can get your eye care and eyewear just about anywhere! You will have access to one of the largest vision networks in the nation. You can choose from many private practice doctors, local optical stores, national retail stores and order eyewear online. Many of these stores have evening and weekend hours, so you can go when it makes sense for you. And you can even buy eyewear at a location that's different from where you get your eye exam.



Lower costs in the network

We want you to be able to get your eye care and eyewear when you need it—at a price you can afford. Just remember, you'll save time and money by using an eye doctor or optical retail store that's in the network. And when you use your benefits at a network provider, you can include the following options at no additional cost:

- Factory scratch coating on standard plastic prescription lenses
- Transitions[®] lenses for covered dependents under age 19
- Impact-resistant polycarbonate lenses for covered dependents under age 19

Serious savings on just about everything

With Blue View Vision, you can save beyond your benefits through in-network providers. If you buy an eyeglass frame that costs more than your allowance, you'll save 20% off the balance. If you use your contact lens benefit to purchase conventional contact lenses and your cost is higher than your benefit allowance, you'll get 15% off the balance.

Plus, you get:

- 40% off extra pairs of glasses anytime, from any network provider.
- High-quality progressive lenses and anti-reflective coatings at different price levels, so you can control how much you spend.
- Negotiated savings on other popular lens options and treatments.
- 20% off other upgrades, accessories and nonprescription sunglasses.

Your vision benefits at a glance

The below is a summary of the plan options available for you to choose from. More detailed plan descriptions are also available.

	Bronze	Silver	Gold
Exam with dilation as necessary	\$10 copay	\$10 copay	\$10 copay
Frames	\$125 allowance, 20% off any balance	\$150 allowance, 20% off any balance	\$150 allowance, 20% off any balance
Eyeglass lenses: Single vision, bifocal, trifocal, lenticular	\$25 copay	\$10 copay	\$10 copay
Standard progressive lens	\$65 copay	\$65 copay	\$20 copay
Premium progressive lens	Tier 1: \$85 Tier 2: \$95 Tier 3: \$110	Tier 1: \$85 Tier 2: \$95 Tier 3: \$110	Tier 1: \$40 Tier 2: \$50 Tier 3: \$65
Lens Options			
UV Treatment	\$15	\$15	\$0
Tint (solid and gradient)	\$15	\$15	\$0
Standard plastic scratch coating	\$0	\$0	\$0
Standard polycarbonate – adults	\$40	\$20	\$0
Standard polycarbonate – kids	\$0	\$0	\$0
Standard anti-reflective coating	\$45	\$45	\$20
Premium anti-reflective coating	Fixed cost based on tier: \$57-\$68	Fixed cost based on tier: \$57-\$68	Fixed cost based on tier: \$32-\$43
Photochromatic/Transitions	\$75 – kids covered in full	\$75 – kids covered in full	\$75 – kids covered in full
Polarized	20% off retail pricing	20% off retail pricing	20% off retail pricing
Contact lenses			
Conventional	\$150 allowance, 15% off balance over \$150	\$150 allowance, 15% off balance over \$150	\$175 allowance, 15% off balance over \$175
Disposable	\$150 allowance	\$150 allowance	\$175 allowance
Medical necessary	Covered in full	Covered in full	Covered in full
Frequency			
Examination	Once every calendar year	Once every calendar year	Once every calendar year
Lenses or contact lenses	Once every calendar year	Once every calendar year	Once every calendar year
Frame	Once every two calendar years	Once every two calendar years	Once every calendar year
Monthly Rates			
Employee	\$5.52	\$6.46	\$13.12
Employee + Spouse	\$10.94	\$12.80	\$26.14
Employee + Child(ren)	\$11.22	\$13.12	\$26.80
Family	\$16.64	\$19.48	\$39.82

1 American Optometric Association website, *Evidence-Based Clinical Practice Guideline, Comprehensive Adult Eye and Vision Examination 2015* (accessed August 2018); aoa.org
2 Internal data, 2018

Information regarding out-of-network benefits will be included in your certificate.

*The information on the 2019 Commonwealth of Kentucky BSG was incorrect for two of the benefits listed above in red. The benefits listed above in red are correct.