

Blue View Vision Indemnity – Full Service Plan Option 4

Valparaiso Community Schools

Effective Date: April 1, 2019

At Anthem Blue Cross and Blue Shield, we understand that vision benefits are essential to maintaining your overall health and well-being. After all, a slight miscorrection in eyesight can reduce productivity by 10% and work accuracy by nearly 40%. Computer eyestrain can reduce productivity between 10 and 50%.¹

How do I use my benefit? Blue View Vision offers a vision plan that includes coverage for exams and eyewear from a provider of your choice. The plan is easy to use by providing you with a schedule of benefits to meet your unique needs to improve your overall wellness. This program does not require you to obtain services from a specific network of providers so you can simply make an appointment with a provider of your choice and obtain services. Members enrolled in this program will be required to pay in full for an exam and eyewear at the time of service. If you have questions about your benefits you can contact customer service at 866-723-0515.

How do I file a claim? Once you have paid the provider directly for your exam and eyewear you simply submit a claim form for reimbursement according to the Member Reimbursement Schedule shown below. To request reimbursement for Covered Benefits send the following information: Provider's name, address and phone number along with an itemized statement of charges, the covered Member's name and address, group number, Social Security number or Member identification number and the patient's name, birth date and relationship to the Member. The Member should keep a copy of the information and send the originals to the following address: Blue View Vision Claims Administration, P.O. Box 8504, Mason, OH, 45040-7111. You may also locate a claim form by registering on Anthem.com.

Discounts: Members may achieve a greater value when they obtain services from providers available through Anthem's Special Offers program. Special Offers is located at anthem.com. Members can choose a Special Offers network provider from the provider directory, make an appointment and identify themselves as an Anthem member, present their Anthem Blue Cross and Blue Shield I.D. card to receive discounts such as a 30% off discount on a complete pair of eyeglasses or 20% off accessories.

Covered Benefits	Member Reimbursement
Vision Examination	Maximum payment \$300.00 for combined services based on calendar year.
Covered once per calendar year	
Eyewear Materials including prescription eyeglass lenses, frames and contact lenses.	
Covered once per calendar year	
Frame	
Covered once per calendar year	
Contact Lenses	
Covered once per calendar year	

Eyewear Discount

With 30% savings on everything from frames and lenses to prescription sunglasses, affordable eyewear is in sight. Plus, your discount applies at LensCrafters, Target Optical, JCPenney Optical, Sears Optical and Pearle Vision locations and with many private practitioners. Visit www.Anthem.com select your state and click "enter." Scroll down the page and click on SpecialOffers@Anthem.com.

¹ Jan. '04 issue of Optometry: Journal of the AOA

Blue View Vision Exclusions & Limitations

This is a primary vision care benefit and is intended to cover only eye examinations and corrective eyewear. The reimbursement schedule may not be sufficient to cover services and materials in full. In addition, benefits are payable only for expenses incurred while the group and insured person's coverage is in force.

- The schedule above represents the plan allowance toward eligible benefits and may not cover all charges.
- Other discounts are subject to change without notice and is not included in the Certificate of Insurance.
- See the Certificate of Insurance (Certificate) for definitions of elective and non-elective contact lenses.

Experimental or Investigative. Any experimental or investigative services or materials.

Crime or Nuclear Energy. Conditions that result from: (1) insured person's commission of or attempt to commit a felony; or (2) any release of nuclear energy, whether or not the result of war, when government funds are available for treatment of illness or injury arising from such release of nuclear energy.

Uninsured. Services received before insured person's effective date or after coverage ends.

Excess Amounts. Any amounts in excess of covered vision expense.

Vision Exams or Tests. Any routine examinations required by an employer in connection with your employment.

Work-Related. Work-related conditions if benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if insured person does not claim those benefits.

Government Treatment. Any services actually given to the insured person by a local, state or federal government agency, except when payment under this plan is expressly required by federal or state law. We will not cover payment for these services if insured person is not required to pay for them or they are given to the insured person for free.

Services of Relatives. Professional services or supplies received from a person who lives in insured person's home or who is related to insured person by blood or marriage.

Voluntary Payment. Services for which insured person is not legally obligated to pay. Services for which insured person is not charged. Services for which no charge is made in the absence of insurance coverage.

Not Specifically Listed. Services not specifically listed in this plan as covered services.

Private Contracts. Services or supplies provided pursuant to a private contract between the insured person and a provider, for which reimbursement under the Medicare program is prohibited, as specified in Section 1802 (42 U.S.C. 1395a) of Title XVIII of the Social Security Act.

Eye Surgery. Any medical or surgical treatment of the eyes and any diagnostic testing. Any eye surgery solely or primarily for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia) and/or astigmatism. Contact lenses and eyeglasses required as a result of this surgery.

Sunglasses. Non-prescription sunglasses and accompanying frames.

Safety Glasses. Safety glasses and accompanying frames.

Hospital Care. Inpatient or outpatient hospital vision care.

Orthoptics. Orthoptics or vision training and any associated supplemental testing.

Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

Lost or Broken Lenses or Frames. Any lost or broken lenses or frames, unless insured person has reached a new benefit period.

By signing this Summary of Benefits, I agree to the benefits for the product selected as of the effective date indicated.

Authorized group signature	Date
Underwriting signature	Date