

Blue View Vision plans

(2-100 employees) - standalone, off-exchange



Plan	¹ Copay eye exam / eyeglass lenses	^{1,2} Allowance frames / contact lenses	Eye exam (frequency)	Eyeglass lenses (frequency)	Frames (frequency)	Contact lenses (frequency)
Full service plans						
FS.A.10.0.130.130	\$10 / \$0	\$130 / \$130	Once every CY	Once every CY	Once every CY	Once every CY
FS.A.10.0.150.150	\$10 / \$0	\$150 / \$150	Once every CY	Once every CY	Once every CY	Once every CY
FS.A.10.0.180.180	\$10 / \$0	\$180 / \$180	Once every CY	Once every CY	Once every CY	Once every CY
FS.A.10.10.130.130	\$10 / \$10	\$130 / \$130	Once every CY	Once every CY	Once every CY	Once every CY
FS.A.10.10.150.150	\$10 / \$10	\$150 / \$150	Once every CY	Once every CY	Once every CY	Once every CY
FS.A.10.20.130.130	\$10 / \$20	\$130 / \$130	Once every CY	Once every CY	Once every CY	Once every CY
FS.A.10.25.130.130	\$10 / \$25	\$130 / \$130	Once every CY	Once every CY	Once every CY	Once every CY
FS.A.10.25.150.150	\$10 / \$25	\$150 / \$150	Once every CY	Once every CY	Once every CY	Once every CY
FS.A.10.25.200.200	\$10 / \$25	\$200 / \$200	Once every CY	Once every CY	Once every CY	Once every CY
FS.A.20.20.130.130	\$20 / \$20	\$130 / \$130	Once every CY	Once every CY	Once every CY	Once every CY
FS.B.10.0.180.180	\$10 / \$0	\$180 / \$180	Once every CY	Once every CY	Once every other CY	Once every CY
FS.B.10.10.130.130	\$10 / \$10	\$130 / \$130	Once every CY	Once every CY	Once every other CY	Once every CY
FS.B.10.10.150.150	\$10 / \$10	\$150 / \$150	Once every CY	Once every CY	Once every other CY	Once every CY
FS.B.10.20.130.130	\$10 / \$20	\$130 / \$130	Once every CY	Once every CY	Once every other CY	Once every CY
FS.B.10.25.130.130	\$10 / \$25	\$130 / \$130	Once every CY	Once every CY	Once every other CY	Once every CY
FS.B.10.25.150.150	\$10 / \$25	\$150 / \$150	Once every CY	Once every CY	Once every other CY	Once every CY
FS.B.10.25.200.200	\$10 / \$25	\$200 / \$200	Once every CY	Once every CY	Once every other CY	Once every CY
FS.B.20.20.130.130	\$20 / \$20	\$130 / \$130	Once every CY	Once every CY	Once every other CY	Once every CY
FS.C.10.20.100.100	\$10 / \$20	\$100 / \$100	Once every CY	Once every other CY	Once every other CY	Once every other CY
FS.C.10.20.130.130	\$10 / \$20	\$130 / \$130	Once every CY	Once every other CY	Once every other CY	Once every other CY
FS.C.20.20.130.80	\$20 / \$20	\$130 / \$80	Once every CY	Once every other CY	Once every other CY	Once every other CY
FS.C.20.20.130.130	\$20 / \$20	\$130 / \$130	Once every CY	Once every other CY	Once every other CY	Once every other CY
FS.C.20.20.150.150	\$20 / \$20	\$150 / \$150	Once every CY	Once every other CY	Once every other CY	Once every other CY
FS.C.25.0.120.115	\$25 / \$0	\$120 / \$115	Once every CY	Once every other CY	Once every other CY	Once every other CY
Material only plans						
MO.A.10.130.130	Not covered / \$10	\$130 / \$130	Not covered	Once every CY	Once every CY	Once every CY
MO.B.10.130.130	Not covered / \$10	\$130 / \$130	Not covered	Once every CY	Once every other CY	Once every CY
MO.A.10.150.150	Not covered / \$10	\$150 / \$150	Not covered	Once every CY	Once every CY	Once every CY
MO.B.10.150.150	Not covered / \$10	\$150 / \$150	Not covered	Once every CY	Once every other CY	Once every CY
MO.A.20.130.130	Not covered / \$20	\$130 / \$130	Not covered	Once every CY	Once every CY	Once every CY
MO.B.20.130.130	Not covered / \$20	\$130 / \$130	Not covered	Once every CY	Once every other CY	Once every CY

Benefits include coverage for member's choice of eyeglass lenses or contact lenses, but not both.

¹ Above amounts reflect in-network copays and allowances.² Non-elective contacts covered in full.

This document is intended to be a brief summary of coverage and is not intended to be a legal contract. The entire provisions of benefits and exclusions are contained in the Evidence of Coverage; the Evidence of Coverage has exclusions, limitations and terms under which the Evidence of Coverage may be continued in force or discontinued.

Anthem Blue Cross is the trade name of Anthem HealthChoice HMO, Inc. and Anthem HealthChoice Assurance, Inc. Anthem Blue Cross HP is the trade name of Anthem HP, LLC. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

101153NYEENABC For Broker/Employer Use Only. Not For General Distribution.