

Want to see even more savings with your vision plan? Here's how.



Blue View VisionSM can save you even more money

With Blue View Vision's Additional Savings Program, you can save money on glasses and other eyewear even after you've used up your yearly benefits. And you can keep on saving money as often as you want while you're on our plan. Just see a network provider. A network provider can be a local optometrist or ophthalmologist, or even a nationwide vision store. Enjoy discounts off of the retail prices on:

- Conventional contacts (these are contacts you don't throw away each month)
- Eyewear accessories
- Lenses
- Most frames
- Some sunglasses

Here are the discounts you can get on covered eyewear purchases

- Fixed fee pricing on different types of lenses
- 20% off the balance that's over the amount we allow for frames
- 15% off the balance that's over the amount we allow for conventional contact lenses

Discounts on other purchases

- 40% off second pair of glasses
- 20% off frames and eyeglass lenses when purchased separately
- 20% off eyewear accessories like lens treatments, specialized lenses, nonprescription sunglasses and more

Services that aren't included in the Additional Savings program

- Eye exams
- Disposable contact lenses
- Orthoptics or vision training and any extra testing or aids for poor vision
- Medical or surgical treatment of the eyes
- Experimental or non-conventional treatments or devices
- Safety eyewear

For more information about Blue View Vision's Additional Savings Program, call the Customer Care Center at 866-723-0515.

Lens type	Price you pay
UV coating	\$15
Tint (solid and gradient)	\$15
Standard polycarbonate	\$40
Transitions [®] lenses (these lenses are as clear as regular glasses indoors, but turn dark like sunglasses outdoors)	\$75
Progressive lenses (these eyeglasses help you see both up close and far away)	
Standard	\$65
Premium Tier 1	\$91
Premium Tier 2	\$97
Premium Tier 3	\$103
Standard anti-reflective coating (anti-reflective coatings help take glare away)	\$45
Premium Tier 1 anti-reflective coating	\$57
Premium Tier 2 anti-reflective coating	\$68
Other add-ons and services	20% off retail



Please note: Our Blue View Vision's Additional Savings Program can change at any time. So please be sure to check with your vision provider when making a purchase.

Anthem Blue Cross and Blue Shield is the trade name of. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE[®] Managed Care, Inc. (RIT), Healthy Alliance[®] Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Ohio: Community Insurance Company, In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (CompCare), which underwrites or administers the HMO policies; and CompCare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. [®] ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association. Transitions and the swirl are registered trademarks of Transitions Optical, Inc. Photochromic performance is influenced by temperature, UV exposure and lens material.

**WELCOME TO
BLUE VIEW VISION!**

Good news—your vision plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what's covered, your discounts, and much more!



Taylor School Corporation
1/1/2016



Blue View VisionSM Option 23

Your Blue View Vision network

Anthem Blue Cross and Blue Shield vision members have access to one of the nation's largest vision networks. Blue View Vision is the only vision plan that gives members the ability to use their in-network benefits at 1-800 CONTACTS, or choose a private practice eye doctor, or go in store to LensCrafters®, Sears OpticalSM, Target Optical®, JCPenney® Optical and most Pearle Vision® locations.

Out-of-network: If you choose to, you may receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement of your out-of-network allowance. In-network benefits and discounts will not apply.

YOUR BLUE VIEW VISION PLAN AT-A-GLANCE

VISION PLAN BENEFITS

Routine eye exam once every 12 months

IN-NETWORK

\$5 copay

OUT-OF-NETWORK

\$42 allowance

Eyeglass frames

Once every 24 months you may select an eyeglass frame and receive an allowance toward the purchase price

\$130 allowance, then 20% off any remaining balance

\$45 allowance

Eyeglass lenses (Standard)

Once every 12 months you may receive any one of the following lens options:

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

\$10 copay
\$10 copay
\$10 copay

\$40 allowance
\$60 allowance
\$80 allowance

Eyeglass lens enhancements

When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.

- o **Transitions** Lenses (for a child under age 19)
- o Standard Polycarbonate (for a child under age 19)
- o Factory Scratch Coating

\$0 copay
\$0 copay
\$0 copay

No allowance on lens enhancements when obtained out-of-network

Contact lenses – once every 12 months

- Prefer contact lenses over glasses? You may choose contact lenses instead of eyeglass lenses and receive an allowance toward the cost of a supply of contact lenses.
- o Elective Conventional Lenses; or
 - o Elective Disposable Lenses; or
 - o Non-Elective Contact Lenses

\$130 allowance, then 15% off any remaining balance

\$105 allowance

\$130 allowance (no additional discount)

\$105 allowance

Covered in full

\$210 allowance

Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.

BLUE VIEW VISION MEMBER EXCLUSIVE!

You may use your in-network benefit to order your contact lenses from 1-800 CONTACTS.

1-800 CONTACTS offers a huge in-stock inventory, unbeatable prices, outstanding customer service and free shipping. Just call 1-800 CONTACTS or go to 1800contacts.com for fast and easy ordering of your contact lenses.

EXCLUSIONS & LIMITATIONS (not a comprehensive list)

Combined Offers. Not to be combined with any offer, coupon, or in-store advertisement.

Excess Amounts. Amounts in excess of covered vision expense.

Sunglasses. Sunglasses and accompanying frames.

Safety Glasses. Safety glasses and accompanying frames.

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

Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

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

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

OPTIONAL SAVINGS AVAILABLE FROM IN-NETWORK PROVIDERS ONLY

**In-network Member Cost
(after any applicable copay)**

Retinal Imaging - at member's option can be performed at time of eye exam		Not more than \$39
Eyeglass lens upgrades When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> o Transitions lenses (Adults) \$75 o Standard Polycarbonate (Adults) \$40 o Tint (Solid and Gradient) \$15 o UV Coating \$15 o Progressive Lenses¹ <ul style="list-style-type: none"> o Standard \$65 o Premium Tier 1 \$85 o Premium Tier 2 \$95 o Premium Tier 3 \$110 o Anti-Reflective Coating² <ul style="list-style-type: none"> o Standard \$45 o Premium Tier 1 \$57 o Premium Tier 2 \$68 o Other Add-ons and Services 20% off retail price 	
Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider	<ul style="list-style-type: none"> o Complete Pair 40% off retail price o Eyeglass materials purchased separately 20% off retail price 	
Eyewear Accessories	<ul style="list-style-type: none"> o Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 20% off retail price 	
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	<ul style="list-style-type: none"> o Standard contact lens fitting³ Up to \$55 o Premium contact lens fitting⁴ 10% off retail price 	
Conventional Contact Lenses	<ul style="list-style-type: none"> o Discount applies to materials only 15% off retail price 	

SOME OF THE ADDITIONAL SAVINGS AVAILABLE THROUGH OUR SPECIAL OFFERS PROGRAM

1-800 CONTACTS After your benefits for the coverage period have been used, you can save on contact lenses with this offer. ⁵	<ul style="list-style-type: none"> o For this and other great offers, login to member services, select discounts, then Vision, Hearing & Dental 	Save \$20 on orders of \$100 or more and get free shipping
Laser vision correction surgery LASIK refractive surgery.	<ul style="list-style-type: none"> o For this offer and more like it, login to member services, select discounts, then Vision, Hearing & Dental 	Discount per eye

¹ Please ask your provider for his/her recommendation as well as the progressive brands by tier.

² Please ask your provider for his/her recommendation as well as the coating brands by tier.

³ A standard contact lens fitting includes spherical clear contact lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

⁴ A premium contact lens fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

⁵ Discount cannot be used in conjunction with your covered benefits.

OUT-OF-NETWORK

If you choose an out-of-network provider, please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. When visiting an out-of-network provider, discounts do not apply and you are responsible for payment of services and/or eyewear materials at the time of service.

To Fax: 866-293-7373
To Email: oonclaims@eyewearspecialoffers.com
To Mail: Blue View Vision
 Attn: OON Claims
 P.O. Box 8504
 Mason, OH 45040-7111

Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care physician from your medical network. If you have questions about your benefits or need help finding a provider, visit anthem.com or call us at 1-866-723-0515.

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. Discounts referenced are not covered benefits under this vision plan and therefore are not included in the member's policy. Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the plan. Frame discounts may not apply to some frames where the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Discounts are subject to change without notice. This benefit overview is only one piece of your entire enrollment package.

Group Name:

Group Number:

Enrollment Form

EMPLOYEE INFORMATION. Please verify the information below for accuracy. If incorrect, please contact your HR representative.

Name/Address _____ _____ _____	Date of Birth	Employee ID/SSN
	Division	Date of Hire
	BillClass	SubGroup
	Effective Date	Gender

PLEASE PRINT IN BLACK OR BLUE INK. Read and complete all of this form. Please complete all grayed sections. If you need more space, attach a separate sheet of paper. Please use four digits for years (e.g. 1998, not 98).

Phone: _____

Hours per week working for this employer: _____ Email Address: _____

BENEFIT SELECTION. Check the boxes that apply along with the appropriate coverage level.

<p>Vision</p> <p>Accept <input type="checkbox"/> Decline <input type="checkbox"/></p>	<p>Consider how important good vision is to everyday activities like driving, shopping or watching a movie. Taking care of your vision is essential to your overall health and well-being. Did you know that having regular eye exams can reduce the risk of more serious, long-term diseases?</p> <p style="text-align: center;">Coverage Level</p> <hr/> <p><input type="checkbox"/> Employee ONLY</p> <p><input type="checkbox"/> Employee + Spouse</p> <p><input type="checkbox"/> Employee + Child(ren)</p> <p><input type="checkbox"/> Employee + Family</p>
--	---

DEPENDENT DESIGNATION

(Complete all details for Individuals applying for coverage: list names of all dependents.)

Last name, First name, M.I.	SSN (XXX-XX-XXXX)	Sex	Date of Birth (XX-XX-XXXX)	Age	Relationship (spouse/domestic partner or child)
	- -	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		Spouse/Domestic Partner
	- -	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		Child
	- -	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		Child
	- -	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		Child
	- -	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		Child

List address of all dependents if different from the applicant, including temporary address, e.g. college student.

Name/Address: _____ / _____

Name/Address: _____ / _____

ELIGIBILITY AND AUTHORIZATION

Employee Confirmation

My signature certifies that I (1) Apply for the coverages designated for which I am eligible under my employer's plan with the carrier. (2) Understand if coverages have been refused, I am not entitled to benefits under those coverages and that if I want to apply later, I must furnish at my own expense proof of good health to the carrier. (3) Authorize any required deductions from my earnings. (4) Designate the beneficiary named on this application to receive any benefits payable in the event of death. (5) Represent that all of the information on this application is complete, correct and true to the best of my knowledge and belief. (6) Understand that I must be actively at work the number of hours specified in the policy/participation agreement to remain insured.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Employee Signature _____ Date _____ / _____ / _____

Premium calculations above may differ slightly based on rounding rules and other system factors, but will not vary significantly. Every effort has been made to match your premiums to the penny.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing false, incomplete, or misleading information commits a felony.

Anthem Blue Cross and Blue Shield is the trade name of: Anthem Insurance Companies, Inc. Independent licensees of the Blue Cross and Blue Shield Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are the registered marks of the Blue Cross and Blue Shield Association.

Si usted necesita ayuda en Español para entender este documento, puede solicitarlo sin ningun costo adicional llamando al número de servicio al cliente que se encuentra en este documento.