

BlueVision *Plus*

A plan for healthy eyes, healthy lives

Professional vision services including routine eye examinations, eyeglasses and contact lenses offered by CareFirst BlueCross Blue Shield, through the Davis Vision, Inc. national network of providers.

How the Plan Works

How do I find a provider?

To find a provider, go to www.carefirst.com and utilize the "Find a Doctor" feature or call Davis Vision at (800) 783-5602 for a list of network providers closest to you. Be sure to ask your provider if he or she participates with the Davis Vision network before you receive care.

How do I receive care from a network provider?

Simply call your provider and schedule an appointment. Identify yourself as a CareFirst member and provide your doctor with your identification number, as well as your date of birth. Then go to the provider to receive your service. There are no claim forms to file.

What if I go out-of-network?

Staying in-network gives you the best benefit, but BlueVision *Plus* does offer out-of-network allowance schedule as well. In this case, you may see any provider you wish, but you will be responsible for all payments up front. You will also be responsible for filing the claim with Davis Vision for reimbursement and paying any balances over the allowed benefit to the non-participating provider. You can find the claim form by going to www.carefirst.com, locate "For Members", then click on "Forms", "Vision", "Davis Vision".

May I use my benefits at different times?

Of course there will be times when you choose not to select your eyeglasses at the same time you receive your eye examination. You may "split" your benefits by getting your examination and your eyewear at different times. You don't even need to go the same provider, but your care will be most effective when you stay with the same provider. When bringing an outside prescription to any provider, please confirm in advance that the provider will fill an outside prescription.

Can I get contact lenses and eyeglasses in the same benefit period?

With BlueVision Plus, the benefit covers one pair of eyeglasses OR a supply of contact lenses per benefit period.

Mail Order Replacement Contact Lenses

Free membership and access to a mail order replacement contact lens service, Lens 1-2-3®, provides a fast and convenient way to purchase replacement contact lenses at significant savings. For more information, please call (800) LENS-123 (800-536-7123) or visit www.Lens123.com.

Need more information?
Please visit
www.carefirst.com or call
(800) 783-5602

Easter Shore of Maryland Educational Consortium Benefit Summary for BlueVision Plus – Plan S

CareFirst BlueCross BlueShield has chosen Davis Vision, Inc. to administer your Vision Benefit. You will receive the in-network benefit if you use a Davis Vision provider. If your provider is not a Davis Vision provider, you will receive the out-of-network benefit.

IN-NETWORK USING DAVIS VISION PROVIDERS	Benefit Period	Standard Plan S - BlueVision Plus 12 MONTHS
	In - Network	
	Routine Exam	\$0 copay
	Materials Copay	\$40 (\$20 for frames/\$20 for lenses)
	Frames & Spectacle Lenses	
	Davis Vision Frame Collection	Approximately 400 frames covered in full, after the \$20 frame copay
	Davis Upgrade Frame (Premier)	Member pays the \$20 frame copay and an additional \$20 upgrade copay
	Non-Collection Frames	Plan pays \$45 towards wholesale price (or equivalent allowance at a retailer), after the \$20 frame copay. You pay the balance
	Basic Single Eyeglass Lenses	Covered in full, after the \$20 lens copay
	Basic Bifocal Eyeglass Lenses	Covered in full -- with lines, after the \$20 lens copay
	Basic Trifocal Eyeglass Lenses	Covered in full -- with lines, after the \$20 lens copay.
	Lenticular Eyeglass Lenses (cataract)	Covered in full, after the \$20 lens copay
	Contacts (initial supply in place of frames and lenses)	
	Medically Necessary Contacts	Covered in full with prior authorization from CareFirst
	Davis Vision Contact Collection	Covered in full, after the \$40 material copay
	Other Single Vision Contact Lenses	\$97 allowance, you pay the balance
	Other Bifocal Contact Lenses	\$127 allowance, you pay the balance

Lens Options* (add to spectacle lens prices above) This is an abridged list of discounts. Your Davis Vision provider can provide information on other discounts available.	Other In-Network Davis Vision Discounts	Standard Plan S
	Tinting	Covered in full
	Polycarbonate lenses for kids, monocular and high prescriptions	Covered in full
	Standard Progressive Lenses	Member pays additional \$50
	Premium Progressive Lenses	Member pays additional \$90
	Scratch Resistant Coating	Member pays additional \$20
	Standard Anti-Reflective (AR) Coating	Member pays additional \$35
	Premium Anti-Reflective (AR) Coating	Member pays additional \$48
	Transition Lenses	Member pays additional \$65
	Laser Vision Correction: Some providers have flat fees that are equivalent to these discounts.	Up to 25% off allowed benefit or 5% off advertised special.
	Lens 1-2-3® Mail-Order Contact Lens Replacement Program	Up to 40% off retail price
	*These services or supplies are not considered covered benefits under the Plan. This portion of the Plan is not an insurance product. As of 4/1/2014, some providers in Maryland may no longer provide these discounts.	

OUT-OF-NETWORK	Out-Of-Network	Standard Plan S - BlueVision Plus
	Member submits claims to Davis	
	Routine Exam	Plan Pays \$36 Allowed Benefit, you pay balance
	Frames & Spectacle Lenses	
	Frames	Plan Pays \$30 Allowed Benefit, you pay balance
	Single Eyeglass Lenses	Plan Pays \$42 Allowed Benefit, you pay balance
	Bifocal Eyeglass Lenses	Plan Pays \$67 Allowed Benefit, you pay balance
	Trifocal Eyeglass Lenses	Plan Pays \$90 Allowed Benefit, you pay balance
	Lenticular Eyeglass Lenses (post-cataract)	Plan Pays \$157 Allowed Benefit, you pay balance
	Contacts including disposable	
	Medically necessary "Specialty" contacts	Plan Pays \$285 Allowed Benefit, you pay balance
	Elective Contacts	Plan Pays \$71 Allowed Benefit, you pay balance
	Elective Bifocal Contacts	Plan Pays \$97 Allowed Benefit, you pay balance