

**Sutton Consortium School Trust High Plan Plus**  
**PROPOSED BLUE VIEW VISION PLAN DESIGN**

**VISION PLAN BENEFITS**

**Routine eye exam** once every 12 months

**Eyeglass frames**

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

**Eyeglass lenses (Standard)**

Once every 12 months members 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)

**Eyeglass lens enhancements**

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

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

**Contact lenses** once every 12 months

Instead of eyeglass lenses, an allowance toward the cost of a supply of contact lenses may be chosen.

- o Elective Conventional Lenses; or
- o Elective Disposable Lenses; or
- o Non-Elective Contact Lenses

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

IN-NETWORK	OUT-OF-NETWORK
\$0 copay, then covered in full	\$42 allowance
\$150 allowance, then 20% off any remaining balance	\$45 allowance
\$10 copay, then covered in full	\$40 allowance
\$10 copay, then covered in full	\$60 allowance
\$10 copay, then covered in full	\$80 allowance
\$0 after eyeglass lens copay	No allowance on lens enhancements when obtained out-of-network
\$20 after eyeglass lens copay	
\$0 after eyeglass lens copay	
\$0 after eyeglass lens copay	
\$140 allowance, then 15% off any remaining balance	\$105 allowance
\$140 allowance (no additional discount)	\$105 allowance
Covered in full	\$210 allowance

**OPTIONAL SAVINGS AVAILABLE FROM IN-NETWORK PROVIDERS**

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

<b>Retinal Imaging</b>	o At member's option can be performed at time of eye exam	Not more than \$39
<b>Eyeglass lens upgrades</b> When obtaining eyewear from a Blue View Vision provider, members may choose to upgrade their new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	o Standard Polycarbonate (Adults)	\$40
	o Tint (Solid and Gradient)	\$15
	o UV Coating	\$15
	o Progressive Lenses	
	o Standard	\$65
	o Premium Tier 1	\$85
	o Premium Tier 2	\$95
	o Premium Tier 3	\$110
	o Anti-Reflective Coating	
	o Standard	\$45
o Premium Tier 1	\$57	
o Premium Tier 2	\$68	
o Other Add-ons and Services		20% off retail price
<b>Additional Pairs of Eyeglasses</b> Anytime from any Blue View Vision network provider	o Complete Pair	40% off retail price
	o Eyeglass materials purchased separately	20% off retail price
<b>Eyewear Accessories</b>	o Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail price
<b>Contact lens fit and follow-up</b> Available once a comprehensive eye exam has been completed.	o Standard contact lens fitting	Up to \$55
	o Premium contact lens fitting	10% off retail price
<b>Conventional Contact Lenses</b>	o Discount applies to materials only	15% off retail price
<b>Laser vision correction surgery</b> LASIK refractive surgery	o Discount per eye	For more information, go to <a href="http://anthem.com/specialoffers">anthem.com/specialoffers</a> and select vision care.

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