

# 2016 Blue View Vision Plans (2-100 employees) - standalone, off-exchange



Health · Pharmacy · Dental · Vision · Life · Disability

Plan	Copay* for Eye Exam/Eyeglass Lenses	Frames/Contact Lenses Allowance**	Eye Exam (frequency)	Eyeglass Lenses (frequency)	Frames (frequency)	Contact Lenses (frequency)
Full Service Plan A1	\$10/\$0	\$130/\$130	Once per calendar year	Once per calendar year	Once per calendar year	Once per calendar year
Full Service Plan A2	\$15/\$0	\$120/\$115	Once per calendar year	Once per calendar year	Once per calendar year	Once per calendar year
Full Service Plan A3	\$10/\$10	\$130/\$130	Once per calendar year	Once per calendar year	Once per calendar year	Once per calendar year
Full Service Plan A4	\$10/\$20	\$130/\$130	Once per calendar year	Once per calendar year	Once per calendar year	Once per calendar year
Full Service Plan A5	\$20/\$20	\$130/\$130	Once per calendar year	Once per calendar year	Once per calendar year	Once per calendar year
Full Service Plan A6	\$10/\$25	\$130/\$130	Once per calendar year	Once per calendar year	Once per calendar year	Once per calendar year
Full Service Plan B1	\$10/\$0	\$130/\$130	Once per calendar year	Once per calendar year	Once every other calendar year	Once per calendar year
Full Service Plan B2	\$10/\$20	\$100/\$100	Once per calendar year	Once per calendar year	Once every other calendar year	Once per calendar year
Full Service Plan B3	\$10/\$20	\$130/\$130	Once per calendar year	Once per calendar year	Once every other calendar year	Once per calendar year
Full Service Plan B4	\$20/\$20	\$130/\$130	Once per calendar year	Once per calendar year	Once every other calendar year	Once per calendar year
Full Service Plan B5	\$10/\$10	\$130/\$130	Once per calendar year	Once per calendar year	Once every other calendar year	Once per calendar year
Full Service Plan B6	\$10/\$25	\$130/\$130	Once per calendar year	Once per calendar year	Once every other calendar year	Once per calendar year
Full Service Plan C1	\$10/\$0	\$130/\$130	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
Full Service Plan C2	\$10/\$20	\$130/\$130	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
Full Service Plan C3	\$20/\$20	\$130/\$130	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
Full Service Plan C4	\$25/\$0	\$120/\$115	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
Full Service Plan C5	\$10/\$20	\$100/\$100	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
Full Service Plan C6	\$20/\$20	\$100/\$100	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
Full Service Plan C7	\$20/\$20	\$130/\$80	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
Full Service Plan C8	\$10/\$25	\$130/\$130	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
Full Service Plan C9	\$30/\$30	\$100/\$100	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
Materials Only Plan MO1	Not Covered/\$10	\$130/\$130	Not Covered	Once per calendar year	Once per calendar year	Once per calendar year
Materials Only Plan MO2	Not Covered/\$10	\$130/\$130	Not Covered	Once per calendar year	Once every other calendar year	Once per calendar year
Materials Only Plan MO3	Not Covered/\$0	\$130/\$130	Not Covered	Once per calendar year	Once per calendar year	Once per calendar year
Materials Only Plan MO4	Not Covered/\$20	\$130/\$130	Not Covered	Once per calendar year	Once every other calendar year	Once per calendar year
Materials Only Plan MO5	Not Covered/\$20	\$130/\$130	Not Covered	Once per calendar year	Once per calendar year	Once per calendar year
Materials Only Plan MO6	Not Covered/\$0	\$130/\$130	Not Covered	Once per calendar year	Once every other calendar year	Once per calendar year
Exam Only Plan E01***	\$0/Not Covered	Not Covered	Once per calendar year	Not Covered	Not Covered	Not Covered
Exam Only Plan E02***	\$5/Not Covered	Not Covered	Once per calendar year	Not Covered	Not Covered	Not Covered
Exam Only Plan E03***	\$10/Not Covered	Not Covered	Once per calendar year	Not Covered	Not Covered	Not Covered
Exam Only Plan E04***	\$15/Not Covered	Not Covered	Once per calendar year	Not Covered	Not Covered	Not Covered
Exam Only Plan E05***	\$20/Not Covered	Not Covered	Once per calendar year	Not Covered	Not Covered	Not Covered

\*Above amounts reflect in-network copays and allowances.

\*\*Non-elective contacts covered in full.

\*\*\*These are retention plans only.

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

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