

BlueVision *Plus*

A plan for healthy eyes, healthy lives.

Option 1
12 month/\$0 copay

BlueVision *Plus*

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

Healthy Vision – an Important Asset

Healthy eyes are an important part of your overall health. Routine eye examinations not only keep your eyewear current; they can also detect high-risk health issues such as diabetes and glaucoma before symptoms occur. Whether you have 20/20 vision or 20/200 vision, you should have a routine eye examination on a regular basis to keep your eyes healthy.

That's why we are pleased to offer the BlueVision *Plus* vision plan that offers you complete eye health and added savings on your eyewear purchases. BlueVision *Plus* makes eye health easy, offering a large network of optometrists, ophthalmologists and opticians from which to choose.

To administer your group's vision benefits, CareFirst BlueCross BlueShield (CareFirst) and CareFirst BlueChoice have selected Davis Vision, Inc. – one of the nation's leading managed vision and eyecare providers.

How the Plan Works

How do I find a provider?

BlueVision *Plus* offers a large network consisting of optometrists, ophthalmologists and opticians. 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. Since not all CareFirst or CareFirst BlueChoice vision services providers participate with the Davis Vision network, 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?

BlueVision *Plus* is as easy to use as it is effective. Simply call your provider and schedule an appointment. Identify yourself as a CareFirst or CareFirst BlueChoice member and provide the 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.

When will I receive my eyewear?

Your eyewear will be sent to your provider from the laboratory generally within two to five business days. More delivery time may be needed when out-of-stock frames, ARC (anti-reflective coating), specialized prescriptions or non "Exclusive Tower Collection" frames are selected.

How do I choose frames?

The Davis Vision Exclusive Tower Collection is an assortment of approximately 270 frames that are covered in full and are available at many network provider offices. Additionally, you have a \$45 allowance toward the wholesale cost of any other frame (wholesale cost can be provided by the Davis Vision practitioner).

What if I go out-of-network?

Staying in-network gives you the best benefit, but BlueVision *Plus* does offer an 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 "Solution Center," then click on "Claim Forms."

May I use my benefit at different times?

Of course there will be times when you choose not to select your eyeglasses at the same time you receive your examination. You may "split" your benefits by getting your examination and your eyewear at different times. You don't even need to go to 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*, you can potentially receive one pair of eyeglasses or a supply of contact lenses covered in full per benefit period. Charges for contact lens evaluation and fitting are usually covered under the contact lens allowance. You are entitled to one pair of eyeglasses or a supply of contact lenses within a benefit period.

*Other **DISCOUNTS** available through the network manager Davis Vision, Inc.*

Laser Vision Correction Services

By purchasing BlueVision *Plus*, you and your dependents are eligible to receive Laser Vision Correction Services through a network of experienced, credentialed surgeons at significant discounts. For more information, visit www.carefirst.com and click on "Members & Visitors," then click on "Benefit Summaries."

SUMMARY OF BENEFITS (12-MONTH BENEFIT PERIOD)	YOU PAY
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In-Network	
Eye Examinations	
Routine Eye Examination with dilation (per benefit period)	No copayment
Frames	
“Exclusive Tower Collection” Frame	No copayment for approximately 270 frames
Non-Tower Frame at Independent Provider	Plan pays \$45 allowance toward wholesale cost. If more than allowance, you pay 2 times the difference between the wholesale cost and \$45 allowance.*
Frame at Retail Provider	\$90 Retail Plan Allowance
Spectacle Lenses	
Single Vision (including lenticular lenses)	No copayment
Bifocal	No copayment
Trifocal	No copayment
Contact Lenses	
Medically Necessary Contacts	No copayment with prior approval
Formulary Lenses	No copayment with evaluation if formulary lenses are dispensed
Other Single Vision Contact Lenses	Plan pays \$97, you pay balance
Other Bifocal Contact Lenses	Plan pays \$127, you pay balance
Out-of-Network	
Routine Eye Examination with dilation (per benefit period)	Plan pays \$45, you pay balance
Frames	Plan pays \$45, you pay balance
Single Lenses	Plan pays \$52, you pay balance
Bifocal Lenses	Plan pays \$82, you pay balance
Trifocal Lenses	Plan pays \$101, you pay balance
Lenticular Eyeglass Lenses	Plan pays \$181, you pay balance
Medically Necessary Contacts	Plan pays \$285, you pay balance
Elective Contact Lenses	Plan pays \$97, you pay balance
Elective Bifocal Contact Lenses	Plan pays \$127, you pay balance

Other *DISCOUNTS* available through the network manager Davis Vision, Inc.

In-Network	
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Lens Options <i>add to spectacle lens prices above</i>	
Standard Progressive Addition Lenses (no-line bifocals)	\$50
Premium Progressive Addition Lenses (no-line bifocals)	\$90
Polarized Lenses	\$75
High Index Lenses	\$55
Blended Segment Lenses	\$20
Polycarbonate Lenses for kids, monocular and high prescription	No copayment
Polycarbonate Lenses for all other patients	\$30
Transition Lenses	\$65
Intermediate Vision Lenses	\$30
Photogrey Extra® Lenses	\$20
Scratch-Resistant Coating	\$20
Standard Anti-Reflective Coating (ARC)	\$35
Premium Glare Resistant Anti-Reflective Coating (ARC)	\$48
Ultraviolet (UV) Coating	\$12
Tinting	No copayment
Oversize Lenses	No copayment
Plastic Photosensitive Lenses	\$65
Lens 1-2-3® Mail Order Contact Lens Replacement Program	Up to 40% off Retail Prices
Laser Vision Correction	Up to 25% off usual and customary fee or 95% of advertised special†

* Example: Wholesale cost = \$40; you pay \$0. Wholesale cost = \$50; you pay \$5 x 2 = \$10.
 † Please note that some providers have flat fees that are equivalent to these discounts.

Need more information?

Please visit www.carefirst.com or call (800) 783-5602.

Exclusions

The following services are excluded from coverage:

1. Diagnostic services, except as listed in WHAT IS COVERED under the evidence of coverage.
2. Medical care or surgery. Covered services related to medical conditions of the eye may be covered under the evidence of coverage.
3. Prescription drugs obtained and self-administered by the Member for outpatient use unless the prescription drug is specifically covered under the evidence of coverage or a rider or endorsement purchased by your Group and attached to the evidence of coverage.
4. Services or supplies not specifically approved by the Vision Care Designee where required in WHAT IS COVERED under the evidence of coverage.
5. Orthoptics, vision training and low vision aids.
6. Replacement, within the same Benefit Period of frames, lenses or contact lenses that were lost or broken.
7. Non-prescription glasses, sunglasses or contact lenses.
8. Except as otherwise provided in the Contract, Vision Care services for cosmetic use.

Benefits issued under policy form numbers:

Non-rider/Freestanding: MD: MD/CF/GC (1/04) • MD/CF/COC-V (9/04) • MD/CF/DOCS-V (9/04) • MD/CF/SOB-V (R. 1/06) • MD/CF/ELIG (1/04)
DC: DC/CF/GC-V (9/04) • DC/CF/COC-V (9/04) • DC/CF/DOCS-V (9/04) • DC/CF/SOB-V (R. 1/06) • DC/CF/ELIG (9/04)
VA: VA/CF/GC-V (9/04) • VA/CF/COC-V (9/04) • VA/CF/DOCS-V (9/04) • VA/CF/SOB-V (R. 1/06) • VA/CF/ELIG (9/04) • as amended

Ridered: MD/BCOO/VISION (R. 1/06); MD/CF/VISION (R. 1/06);
DC/BCOO/VISION (R. 1/06); DC/CF/VISION (R. 1/06);
VA/BCOO/VISION (R. 1/06); VA/CF/VISION (R. 1/06)



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