

BlueVision

A plan for healthy eyes, healthy lives.

BlueVision for BluePreferred

BlueVision

Professional vision services including routine eye examinations, eyeglasses and contact lenses offered by CareFirst BlueCross BlueShield 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 BlueVision as part of your CareFirst BlueCross BlueShield (CareFirst) medical coverage, giving you complete eye health as part of your medical plan. BlueVision 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 has 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 offers a national 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 vision service providers participate with the Davis Vision network, ask your provider if he or she participates with the Davis Vision network before you receive care.¹

How do I receive care from a network provider?

BlueVision is as easy to use as it is effective. Simply call your provider and schedule an appointment. Identify yourself as a CareFirst 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.

What if I go out-of-network?

BlueVision offers an allowance for a routine eye exam at a non-Davis Vision provider. You will be responsible for paying the entire amount of services up-front. After the services, you

can submit your claim to Davis Vision for reimbursement of your eye exam up to the allowed benefit. You can find the claim form by going to www.carefirst.com, locate "Solution Center," then click on "Claim Forms."

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

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 contacts and eyeglasses in the same benefit period?

With BlueVision, you receive one pair of eyeglasses or a supply of contact lenses per benefit period at a discounted price. Charges for contact lens evaluation and fitting are discounted through the plan. You are entitled to one pair of eyewear or contact lenses per benefit year.

Laser Vision Correction Services

CareFirst is pleased to provide you and your eligible dependents with the opportunity to receive Laser Vision Correction Services at significant discounts through a network of experienced, credentialed surgeons. For more information, visit www.carefirst.com and click on "Members & Visitors," then click on "Benefit Summaries."

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.

SUMMARY OF BENEFITS (12-MONTH BENEFIT PERIOD)	YOU PAY
In-Network	
Routine Eye Examination with dilation (per benefit period)	\$10
Out-of-Network	
Routine Eye Examination with dilation (per benefit period)	Plan pays \$33, you pay balance

Other Discounts available through the network manager Davis Vision, Inc.²

In-Network	
Frames	
Priced up to \$70 retail	\$40
Priced above \$70 retail	\$40 plus 90% of the amount over \$70
Spectacle Lenses	
Single Vision	\$35
Bifocal	\$55
Trifocal	\$65
Lenticular	\$110
Lens Options add to spectacle lens prices above³	
Standard Progressive Addition Lenses	\$75
Premium Progressive Addition Lenses	\$125
Polarized Lenses	\$75
High Index Lenses	\$55
Glass Lenses	\$18
Polycarbonate Lenses	\$30
Blended Invisible Bifocals	\$20
Intermediate Vision Lenses	\$30
Photogrey Extra® Lenses	\$35
Scratch-Resistant Coating	\$20
Standard ARC (anti-reflective coating)	\$45
Ultraviolet (UV) Coating	\$15
Solid Tint	\$10
Gradient Tint	\$12
Plastic Photosensitive Lenses	\$65
Contact Lenses	
Contact Lens Evaluation and Fitting	85% of Retail Price
Conventional	80% of Retail Price
Disposable/Planned Replacement	90% of Retail Price
Lens 1-2-3® Mail Order Contact Lens Replacement Program	Up to 40% of Retail Prices
Laser Vision Correction	Up to 25% off usual and customary fees or 95% of advertised special ⁴

¹ At certain retail locations, members receive comparable value through their everyday low price on examination, frame and contact lens purchase.

² CareFirst does not underwrite lenses, frames and contact lenses in this program. This portion of the Plan is not an insurance product.

³ Please note that special lens designs, materials, powers and frames may require additional cost.

⁴ 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. Glasses, sunglasses or contact lenses.
7. Vision Care services for cosmetic use.

Exclusions apply to the Routine Eye Examination portion of your vision coverage.
Discounts on materials such as glasses and contacts still apply.

Benefits issued under policy form numbers:
MD/CF/VISION (R. 1/06) • DC/CF/VISION (R. 1/06) • VA/CF/VISION (R. 1/06)



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