

**WELCOME TO
BLUE VIEW VISION!**

This summary outlines the basic components of your vision plan, including quick answers about what's covered, your discounts and much more!



Henrico County General Government and Schools Blue View VisionSM Exam Only A15 Plan

Your Blue View Vision network

Blue View Vision offers one of the largest vision care networks in the industry, with a wide selection of experienced ophthalmologists, optometrists, and opticians. Blue View Vision's network also includes convenient retail locations, many with evening and weekend hours, including LensCrafters®, Sears OpticalSM, Target Optical®, JCPenney® Optical and most Pearle Vision® locations. Best of all – when receiving care from a Blue View Vision participating provider, you can maximize benefits and money-saving discounts.

VISION CARE SERVICES	IN-NETWORK	OUT-OF-NETWORK
Routine eye exam - once every calendar year	\$15 copay, then covered in full	\$30 allowance
Retinal Imaging - at member's option can be performed at time of eye exam	Discounted member cost up to \$39	Discount not available
Contact lens fitting and follow-up - a contact lens fitting and two follow-up visits are available once a comprehensive eye exam has been completed.		
Standard contact lens fitting ¹	Covered in full	\$35
Premium contact lens fitting ²	10% off retail price, then apply \$55 allowance	\$35

ADDITIONAL SAVINGS ON EYEWEAR AND MORE

Blue View Vision members can take advantage of valuable discounts through our Additional Savings program. When visiting a participating Blue View Vision eye care professional or vision center, you can enjoy 35% off the retail price of eye glass frames and 15% off the retail price of conventional (non-disposable) contact lenses. You can also save 20% off the retail price of non-prescription sunglasses and eye care accessories. Plus you'll get special member savings on standard eyeglass lenses, lens treatment options and upgrades. Restrictions may apply and discounts are subject to change without notice.

OUT-OF-NETWORK

If you choose, you can receive care outside of the Blue View Vision network. You simply get an allowance toward your covered services and you pay the rest. In-network benefits and discounts will not apply. When visiting an out-of-network provider, you are responsible for payment of services at the time of service. If you choose an out-of-network provider, you will need to complete the out-of-network claim form and submit it along with your itemized receipt via any of the following methods:

Fax: 866-293-7373

Email: oonclaims@eyewearspecialoffers.com

Mail: Blue View Vision, Attn: OON Claims, P.O. Box 8504, Mason, OH 45040-7111

EXCLUSIONS & LIMITATIONS

This is a primary vision care benefit and is intended to cover only eye examinations. If medical treatment of the eyes is needed, you should visit a participating eye care physician from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force.

<p>Combined Offers. Not combined with any offer, coupon, or in-store advertisement.</p> <p>Experimental or Investigative. Any experimental or investigative services.</p> <p>Uninsured. Services received before insured person's effective date or after coverage ends.</p> <p>Excess Amounts. Any amounts in excess of covered vision expense.</p> <p>Eyewear. Any type of eyewear and related materials including eyeglass lenses, frames, or contact lenses.</p> <p>Routine Exams or Tests. Routine examinations required by an employer in connection with insured person's employment.</p> <p>Work-Related. Work-related conditions if benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if insured person does not claim those benefits.</p> <p>Government Treatment. Any services actually given to the insured person by a local, state or federal government agency, except when payment under this plan is expressly required by federal or state law. We will not cover payment for these services if insured person is not required to pay for them or they are given to the insured person for free.</p> <p>Services of Relatives. Professional services or supplies received from a person who lives in insured person's home or who is related to insured person by blood or marriage.</p>	<p>Voluntary Payment. Services for which insured person is not legally obligated to pay. Services for which insured person is not charged. Services for which no charge is made in the absence of insurance coverage.</p> <p>Not Specifically Listed. Services not specifically listed in this plan as covered services.</p> <p>Private Contracts. Services or supplies provided pursuant to a private contract between the insured person and a provider, for which reimbursement under the Medicare program is prohibited, as specified in Section 1802 (42 U.S.C. 1395a) of Title XVIII of the Social Security Act.</p> <p>Eye Surgery. Any medical or surgical treatment of the eyes and any diagnostic testing. Any eye surgery solely or primarily for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia) and/or astigmatism. Contact lenses and eyeglasses required as a result of this surgery.</p> <p>Hospital Care. Inpatient or outpatient hospital vision care.</p> <p>Orthoptics. Orthoptics or vision training and any associated supplemental testing.</p> <p>Crime or Nuclear Energy. Conditions that result from: (1) insured person's commission of or attempt to commit a felony; or (2) any release of nuclear energy, whether or not the result of war, when government funds are available.</p>
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¹A standard contact lens fitting includes spherical clear contact lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

²A premium contact lens fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

All terms and conditions of coverage, including benefits and exclusions, are contained in the member's Policy, which shall control in the event of a conflict with this overview. Frame discounts associated with this vision plan may not apply to some frames where the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Discounts are subject to change without notice.