

Blue View Vision plans

(2-100 employees) - standalone, off-exchange

Plan availability: Non-voluntary – groups with two or more enrolled employee / Voluntary – groups with five or more enrolled employees

Plan	Copay ¹ eye exam / eyeglass lenses	Allowance ^{1,2} frames / contact lenses	Eye exam (frequency)	Eyeglass lenses (frequency)	Frames (frequency)	Contact lenses (frequency)
Full service plans						
FS.A.10.0.130.130	\$10 / \$0	\$130 / \$130	Once every CY	Once every CY	Once every CY	Once every CY
FS.A.10.0.150.150	\$10 / \$0	\$150 / \$150	Once every CY	Once every CY	Once every CY	Once every CY
FS.A.10.0.180.180	\$10 / \$0	\$180 / \$180	Once every CY	Once every CY	Once every CY	Once every CY
FS.A.10.10.130.130	\$10 / \$10	\$130 / \$130	Once every CY	Once every CY	Once every CY	Once every CY
FS.A.10.10.150.150	\$10 / \$10	\$150 / \$150	Once every CY	Once every CY	Once every CY	Once every CY
FS.A.10.20.130.130	\$10 / \$20	\$130 / \$130	Once every CY	Once every CY	Once every CY	Once every CY
FS.A.10.25.130.130	\$10 / \$25	\$130 / \$130	Once every CY	Once every CY	Once every CY	Once every CY
FS.A.10.25.150.150	\$10 / \$25	\$150 / \$150	Once every CY	Once every CY	Once every CY	Once every CY
FS.A.10.25.200.200	\$10 / \$25	\$200 / \$200	Once every CY	Once every CY	Once every CY	Once every CY
FS.A.20.20.130.130	\$20 / \$20	\$130 / \$130	Once every CY	Once every CY	Once every CY	Once every CY
FS.B.10.0.180.180	\$10 / \$0	\$180 / \$180	Once every CY	Once every CY	Once every other CY	Once every CY
FS.B.10.10.130.130	\$10 / \$10	\$130 / \$130	Once every CY	Once every CY	Once every other CY	Once every CY
FS.B.10.10.150.150	\$10 / \$10	\$150 / \$150	Once every CY	Once every CY	Once every other CY	Once every CY
FS.B.10.20.130.130	\$10 / \$20	\$130 / \$130	Once every CY	Once every CY	Once every other CY	Once every CY
FS.B.10.25.130.130	\$10 / \$25	\$130 / \$130	Once every CY	Once every CY	Once every other CY	Once every CY
FS.B.10.25.150.150	\$10 / \$25	\$150 / \$150	Once every CY	Once every CY	Once every other CY	Once every CY
FS.B.10.25.200.200	\$10 / \$25	\$200 / \$200	Once every CY	Once every CY	Once every other CY	Once every CY
FS.B.20.20.130.130	\$20 / \$20	\$130 / \$130	Once every CY	Once every CY	Once every other CY	Once every CY
FS.C.10.20.100.100	\$10 / \$20	\$100 / \$100	Once every CY	Once every other CY	Once every other CY	Once every other CY
FS.C.10.20.130.130	\$10 / \$20	\$130 / \$130	Once every CY	Once every other CY	Once every other CY	Once every other CY
FS.C.20.20.130.80	\$20 / \$20	\$130 / \$80	Once every CY	Once every other CY	Once every other CY	Once every other CY
FS.C.20.20.130.130	\$20 / \$20	\$130 / \$130	Once every CY	Once every other CY	Once every other CY	Once every other CY
FS.C.20.20.150.150	\$20 / \$20	\$150 / \$150	Once every CY	Once every other CY	Once every other CY	Once every other CY
FS.C.25.0.120.115	\$25 / \$0	\$120 / \$115	Once every CY	Once every other CY	Once every other CY	Once every other CY
Material only plans						
MO.A.10.130.130	Not covered / \$10	\$130 / \$130	Not covered	Once every CY	Once every CY	Once every CY
MO.B.10.130.130	Not covered / \$10	\$130 / \$130	Not covered	Once every CY	Once every other CY	Once every CY
MO.A.10.150.150	Not covered / \$10	\$150 / \$150	Not covered	Once every CY	Once every CY	Once every CY
MO.B.10.150.150	Not covered / \$10	\$150 / \$150	Not covered	Once every CY	Once every other CY	Once every CY
MO.A.20.130.130	Not covered / \$20	\$130 / \$130	Not covered	Once every CY	Once every CY	Once every CY
MO.B.20.130.130	Not covered / \$20	\$130 / \$130	Not covered	Once every CY	Once every other CY	Once every CY

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

1 Above amounts reflect in-network copays and allowances.

2 Non-elective contacts covered in full.

This document is intended to be a brief summary of coverage and is not intended to be a legal contract. The entire provisions of benefits and exclusions are contained in the Evidence of Coverage; the Evidence of Coverage has exclusions, limitations and terms under which the Evidence of Coverage may be continued in force or discontinued.

Copies of Colorado network access plans are available on request from Member Services or can be obtained by going to anthem.com/co/networkaccess.

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