

Blue View VisionSM Safety Eyewear Program
SHEET METAL WORKERS HEALTH PLANS

January 1, 2024



Welcome to your Blue View Vision Safety plan!

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®. To locate a participating network eye care doctor or location, log in at anthem.com, or from the home page menu under Care, select **Find a Doctor**. You may also call member services for assistance at 1-866-723-0515. **Safety Eyewear is available to Subscribers only, dependents are not eligible.**

Out-of-Network – If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Routine Eye Exam			
A comprehensive eye examination	\$15 copay	Up to \$45 reimbursement	Once every 12 months
Eyeglass Frames			
One pair of eyeglass frames	\$120 allowance, then 20% off any remaining balance	Up to \$47 reimbursement	Once every 12 months
Eyeglass Lenses (instead of contact lenses)			
One pair of standard plastic prescription lenses:			Once every 12 months
• Single vision lenses	\$0 copay	Up to \$45 reimbursement	
• Bifocal lenses	\$0 copay	Up to \$65 reimbursement	
• Trifocal lenses	\$0 copay	Up to \$85 reimbursement	
Eyeglass Lens Enhancements			
When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.			
• Polycarbonate Lenses	\$0 copay	Up to \$30 reimbursement	Same as covered eyeglass lenses
• Factory Scotch Coating	\$0 copay	Up to \$15 reimbursement	
• Tint (Solid and Gradient)	\$0 copay	Up to \$5 reimbursement	

Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. 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. This benefit overview is only one piece of your entire enrollment package. Not all in-network providers offer safety eyewear. Please check with the provider prior to obtaining services.

EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)

Combined Offers. Not to be combined with any offer, coupon, or in-store advertisement.

Excess Amounts. Amounts in excess of covered vision expense.

Sunglasses. Non-prescription sunglasses and accompanying frames.

Not Specifically Listed. Services not specifically listed in this plan as covered services.

Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Non-prescription lenses or lenses that have no refractive power.

Orthoptics. Orthoptics or vision training and any associated supplemental testing.

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY		In-network Member Cost (after any applicable copay)	
Eyeglass lens upgrades When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> ● Transitions Lenses ● UV Coating 	\$0 \$15	
	<ul style="list-style-type: none"> ● Progressive Lenses¹ <ul style="list-style-type: none"> ● Standard ● Premium Tier 1 ● Premium Tier 2 ● Premium Tier 3 	\$65 \$85 \$95 \$110	
	<ul style="list-style-type: none"> ● Anti-Reflective Coating² <ul style="list-style-type: none"> ● Standard ● Premium Tier 1 ● Premium Tier 2 	\$45 \$57 \$68	
	<ul style="list-style-type: none"> ● Other Add-ons 	20% off retail price	
	Additional Pairs of Safety Eyeglasses Anytime from any Blue View Vision network provider.		
	<ul style="list-style-type: none"> ● Complete Pair ● Eyeglass materials purchased separately 		20% off retail price 20% off retail price
	Eyewear Accessories	<ul style="list-style-type: none"> ● Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 	20% off retail price

¹ Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

² Please ask your provider for his/her recommendation as well as the available coating brands by tier.

Discounts are subject to change without notice. Discounts are not 'covered benefits' under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where state law prevents discounting of products and services that are not covered benefits under the plan. Discounts on frames will not apply if the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Some of our in-network providers include:



ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM *

Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at anthem.com, select discounts, then Vision, Hearing & Dental.

* Discounts cannot be used in conjunction with your covered benefits.

OUT-OF-NETWORK

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at anthem.com, or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at 1-866-723-0515 to request a claim form.

To Fax: 866-293-7373

To Email: oonclaims@eyewearspecialoffers.com

To Mail: Blue View Vision

Attn: OON Claims

P.O. Box 8504

Mason, OH 45040-7111