

# BlueVision

*A plan for healthy eyes, healthy lives*

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.

## How the plan works

### How do I find a provider?

To find a provider, go to [carefirst.com](http://carefirst.com) and utilize the *Find a Provider* feature or call Davis Vision at **800-783-5602** for a list of network providers closest to you. Be sure to 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?

Simply call your provider and schedule an appointment. Identify yourself as a CareFirst BlueCross BlueShield 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.

### What if I go out-of-network?

BlueVision offers an allowance for a routine eye exam, eyeglasses, and contact lenses at a non-Davis Vision provider. You will be responsible for paying the entire amount of the service fees up-front. Out-of-network benefits are limited to an allowed benefit. After the services, you can submit your claim to Davis Vision for reimbursement. You can find the claim form by going to [carefirst.com](http://carefirst.com), locate *For Members*, then click on *Forms, Vision, Davis Vision*.

### Can I get contacts and eyeglasses in the same benefit period?

With BlueVision, the benefit covers one pair of eyeglasses or a supply of contact lenses per benefit period at a discounted price<sup>1</sup>.

### Mail order replacement contact lenses

[DavisVisionContacts.com](http://DavisVisionContacts.com) offers members the flexibility to shop for replacement contact lenses online after benefits are spent. This website offers a wide array of contact lenses, easy, convenient purchasing online and quick shipping direct to your door.



Need more information?  
Visit [carefirst.com](http://carefirst.com) or call  
800-783-5602.

<sup>1</sup> As of 4/1/14, some providers in Maryland and Virginia may no longer provide these discounts.

# Summary of Benefits

(12-month benefit period)

In-Network	You Pay
<b>EYE EXAMINATIONS</b>	
Routine Eye Examination with dilation (per benefit period)	\$10
<b>FRAMES<sup>1</sup></b>	
Priced up to \$70 retail	\$40
Priced above \$70 retail	\$40, plus 90% of the amount over \$70
<b>SPECTACLE LENSES<sup>1</sup></b>	
Single Vision	\$35
Bifocal	\$55
Trifocal	\$65
Lenticular	\$110
<b>LENS OPTIONS<sup>1,2</sup> (add to spectacle lens prices above)</b>	
Standard Progressive Lenses	\$75
Premium Progressive Lenses (Varilux®, etc.)	\$125
Ultra Progressive Lenses (digital)	\$140
Polarized Lenses	\$75
High Index Lenses	\$55
Glass Lenses	\$18
Polycarbonate Lenses	\$30
Blended invisible bifocals	\$20
Intermediate Vision Lenses	\$30
Photochromic Lenses	\$35
Scratch-Resistant Coating	\$20
Standard Anti-Reflective (AR) Coating	\$45
Ultraviolet (UV) Coating	\$15
Solid Tint	\$10
Gradient Tint	\$12
Plastic Photosensitive Lenses	\$65
<b>CONTACT LENSES<sup>1</sup></b>	
Contact Lens Evaluation and Fitting	85% of retail price
Conventional	80% of retail price
Disposable/Planned Replacement	90% of retail price
DavisVisionContacts.com Mail Order Contact Lens Replacement Online	Discounted prices
<b>LASER VISION CORRECTION<sup>1</sup></b>	
Up to 25% off allowed amount or 5% off any advertised special <sup>3</sup>	

Out-of-Network	You Pay
Routine Eye Examination with dilation (per benefit period)	Plan pays \$33, you pay balance

- <sup>1</sup> CareFirst BlueChoice does not underwrite lenses, frames and contact lenses in this program. This portion of the Plan is not an insurance product. As of 4/1/14, some providers in Maryland and Virginia may no longer provide these discounts.
- <sup>2</sup> Special lens designs, materials, powers and frames may require additional cost.
- <sup>3</sup> Some providers have flat fees that are equivalent to these discounts.

**Exclusions**

The following services are excluded from coverage:

- 1. Diagnostic services, except as listed in What's 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's 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 may still apply.

Benefits issued under policy form numbers: MD/CF/VISION (R. 10/11) • DC/CF/VISION (R. 1/06) • VA/CF/VISION (R. 1/06) • CFMI/Vision Rider (10/11) • MD/BCOO/VISION (R. 10/11) • DC/BCOO/VISION (R. 1/06) • VA/BCOO/VISION (R. 1/06) and any amendments.

