# **BlueVision Plus**

### 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/frederick** 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?

Staying in-network gives you the best benefit, but BlueVision Plus does offer an out-of-network allowance schedule as well. In this case, you may see any provider you wish, but you will be responsible for all payments up-front. You will also be responsible for filing the claim with Davis Vision for reimbursement and paying any balances over the allowed benefit to the non-participating provider. You can find the claim form by going to carefirst.com/frederick, locate For Members, then click on Forms, Vision, Davis Vision.

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

With BlueVision Plus, the benefit covers one pair of eyeglasses or a supply of contact lenses per benefit period.

### Mail order replacement contact lenses

**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/frederick** or call 800-783-5602.

# **BlueVision Plus Summary of Benefits**

Frederick County Public Schools

In-network  FREQUENCY—ONCE EVERY:  Eye Examination inclusive of Dilation (when professionally indicated)  Spectacle Lenses  12 Months  13 Months  14 Months  15 Months  16 Months  17 Months  18 Months  19 Months  19 Months  10 Months  10 Months  10 Months  11 Months  12 Months  12 Months  12 Months  13 Months  14 Months  15 Months  16 Months  17 Months  18 Months  18 Months  19 Months  19 Months  10 Months  10 Months  10 Months  10 Months  11 Months  12 Months  12 Months  13 Months  14 Months  15 Months  16 Months  17 Months  18 Months  18 Months  18 Months  19 Months  19 Months  10 Months	
Eye Examination inclusive of Dilation (when professionally indicated)  Spectacle Lenses  12 Months  12 Months  Frame  12 Months  13 Months  14 Months  15 Months  16 Months  17 Months  18 Months  19 Months  19 Months  10 Months  10 Months  10 Months  11 Months  12 Months  12 Months  12 Months  13 Months  14 Months  15 Months  16 Months  17 Months  18 Months  18 Months  19 Months  10 Months  10 Months  10 Months  10 Months  10 Months  11 Months  12 Months  12 Months  13 Months  14 Months  15 Months  16 Months  17 Months  18 Months  18 Months  19 Months  10	
indicated)  Spectacle Lenses 12 Months 12 Months  Frame 12 Months 12 Months  Contact Lens Evaluation, Fitting & Follow-Up Care (in lieu of eyeglasses) 12 Months 12 Months  Contact Lenses (in lieu of eyeglasses) 12 Months 12 Months  COPAYMENTS  Eye Examination \$0 \$0  Spectacle Lenses \$0 \$0	
Frame 12 Months 12 Months  Contact Lens Evaluation, Fitting & Follow-Up Care (in lieu of eyeglasses) 12 Months 12 Months  Contact Lenses (in lieu of eyeglasses) 12 Months 12 Months  COPAYMENTS  Eye Examination \$0 \$0  Spectacle Lenses \$0 \$0	
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of eyeglasses)         12 Months         12 Months           COPAYMENTS         ***         ***           Eye Examination         \$0         \$0           Spectacle Lenses         \$0         \$0	
COPAYMENTS           Eye Examination         \$0         \$0           Spectacle Lenses         \$0         \$0	
Eye Examination\$0\$0Spectacle Lenses\$0\$0	
Spectacle Lenses \$0 \$0	
Contact Long Evaluation, Fitting & Follow Lin Care (in lique #0	
Contact Lens Evaluation, Fitting & Follow-Up Care (in lieu of eyeglasses) \$0 \$0	
EYEGLASS BENEFIT—FRAME	
Frame Allowance (Retail):  Up to \$150 OR Up to \$200 at Visionworks ***** Plus a 20% discount on any overage**  Up to \$200 OR Up to \$250 at Visionworks **** Plus a 20% discount on any overage**	
Davis Vision Frame Collection *** (in lieu of Allowance):	
■ Fashion level Covered Covered	
■ Designer level Covered Covered	
■ Premier level Covered Covered	
EYEGLASS BENEFIT—SPECTACLE LENSES	
Single Covered Covered	
Bifocal Covered Covered	
Trifocal Covered Covered	
Clear plastic single-vision, bifocal, trifocal or lenticular lenses (any Rx) Covered Covered	
Oversized Lenses Covered Covered	
Tinting of Plastic Lenses (Solid / Gradient) Covered Covered	
Scratch-Resistant Coating Covered Covered	
Blended Segment Lenses \$20 \$20	
Photochromic Lenses \$20 \$20	
Intermediate Lenses \$30 \$30	
Polycarbonate Lenses (Children **** / Adults) Covered Covered	
Ultraviolet Coating Covered Covered	
Anti-Reflective (AR) Coating (Standard/Premium/Ultra) Covered/Covered/\$60 Covered/Covered/\$60	
Progressive Lenses (Standard/Premium/Ultra) Covered/Covered Covered/Covered	ered
High-Index Lenses \$55 \$55	
Polarized Lenses \$75 \$75	
Plastic Photochromic Lenses \$65 \$65	
Scratch Protection Plan: Single Vision   Multifocal Lenses \$20 \$40 \$20 \$40	
CONTACT LENS BENEFIT (IN LIEU OF EYEGLASSES)	
Contact Lenses: Materials Allowance	discount on any
■ Evaluation, Fitting & Follow-Up Care—Standard Lens Types (in lieu of eyeglasses)  15% Discount **  15% Discount **	
■ Evaluation, Fitting & Follow-Up Care—Specialty Lens Types (in lieu of eyeglasses)  15% Discount **  15% Discount **	
Collection Contact Lenses *** (in lieu of Allowance): Materials	
■ Disposable 4 boxes/multi-packs 8 boxes/multi-packs	
■ Planned Replacement 2 boxes/multi-packs 4 boxes/multi-packs	
Evaluation, Fitting & Follow-up Care Covered Covered	
Visually Required Contact Lenses (with prior approval)	
■ Materials, Evaluation, Fitting & Follow-Up Care Covered Covered	

### **BlueVision Plus**

Out-of-network Reimbursement Schedule	Adults Aged 20 or Older	Children Aged 19 or Under
	Up to	Up to
Eye Examination	\$45	\$50
Frame	\$30	\$50
Single Vision Lenses	\$42	\$60
Bifocal/Progressive Lenses	\$67	\$80
Trifocal Lenses	\$90	\$96
Lenticular Lenses	\$157	\$157
Elective Contact Lenses	\$105	\$125
Visually Required CL	\$221	\$221

#### One-year eyeglass breakage warranty included

- \*\* Additional discounts not applicable at Walmart or Sam's Club locations or where limited by law or manufacturer restrictions.
- \*\*\* Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.
- \*\*\*\* Polycarbonate lenses are covered for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

