

VISION BENEFITS

You can purchase vision coverage for yourself and your eligible family members from Blue View Vision. You'll receive a higher benefit if you use Blue View Vision providers. Your Blue View Vision care copays and reimbursement amounts are listed below.

Questions about what's covered?

Visit the website: anthem.com/ca
 Call customer service: 866-723-0515
 Group number: Same as your medical plan group number

Service	Blue View Vision Network Provider	Out-of-Network Provider
Eye exams Covered once every 12 months	You pay \$10 copay	Plan reimburses up to \$50
Prescription Glasses or Contacts for Vision Correction		
GLASSES		
Lenses Covered once every 12 months	You pay: <ul style="list-style-type: none"> Standard lenses: \$10 copay Progressive lenses: Additional \$50 copay Anti-reflective lenses: Additional \$40 copay If you select lens options that exceed the allowance, you pay the difference 	Plan reimburses up to: <ul style="list-style-type: none"> Single vision: \$50 Lined bifocals: \$75 Lined trifocals: \$100 Lenticular: \$125
Frames Covered once every 24 months	Plan pays up to \$170, then 20% of remaining balance <ul style="list-style-type: none"> If you select frames that exceed the allowance, you pay the difference Nonprescription sunglasses are not covered 	Plan reimburses up to \$80
OR		
CONTACT LENSES Covered once every 12 months instead of glasses (lenses and frames)		
Professional fitting and evaluation <i>Standard: Conventional lenses (see below) and disposable single vision soft contact lenses</i> <i>Premium: Any other type of lens, including toric, multifocal, postsurgical, gas permeable and extended wear</i>	Charges based on type of lenses prescribed. You pay: <ul style="list-style-type: none"> Standard lenses: \$55 copay Premium lenses: 90% of provider's retail fee 	Not covered
Contact lenses <i>Conventional: Lenses that are taken out each night and reused the next day</i>	<ul style="list-style-type: none"> All types of lenses: Plan pays up to \$170 Conventional lenses: Plan pays an additional 15% of remaining balance 	Plan reimburses up to \$105

Using your Blue View Vision plan

- If enrolled in vision, you'll be sent an Anthem ID card. If you're also enrolled in an Anthem medical plan, you'll receive one card for both medical and vision.
- Find a network provider at anthem.com/ca
- When you make an appointment with a network provider, tell them you're covered by Blue View Vision and give them your Anthem ID number, then take your card with you to your appointment.
- Get your out-of-pocket charges reimbursed using the healthcare flexible spending account (see [page 28](#)).

Monthly Vision Premiums: July 1, 2023–June 30, 2024

	You Pay	Cedars-Sinai Pays
Employee Only	\$8.70	\$0.00
Employee and Spouse/ Domestic Partner	\$17.42	\$0.00
Employee and Children	\$18.63	\$0.00
Family	\$29.78	\$0.00