

Group Name: East Kentucky Power Cooperative  
Proposed Blue View Vision plan design

Blue View Vision plan benefits

Routine Eye Exam

A comprehensive eye examination

In-Network

\$0 copay

Out-of-Network

Up to \$100 reimbursement

Frequency

Once every calendar year

Eyeglass Frames

One pair of eyeglass frames

\$130 allowance, then 20% off any balance

Up to \$130 reimbursement

One every calendar year

Eyeglass Lenses *(instead of contact lenses)*

One pair of standard plastic prescription lenses:  
• Single vision lenses  
• Bifocal lenses  
• Trifocal lenses  
• Lenticular lenses

\$0 copay  
\$0 copay  
\$0 copay  
\$0 copay

Up to \$100 reimbursement  
Up to \$125 reimbursement  
Up to \$150 reimbursement  
Up to \$175 reimbursement

One every calendar year

Contact Lenses *(instead of eyeglass lenses) (declining balance)*

• Elective conventional (non-disposable); OR  
• Elective disposable; OR  
• Non-elective (medically necessary)

\$999 allowance, 15% off any balance  
\$999 allowance (no additional discount)  
Covered in full

Up to \$999 reimbursement  
Up to \$999 reimbursement  
Up to \$250 reimbursement

Once every calendar year

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**Additional savings available from Access in-network providers**

When obtaining covered eyewear from a Blue View Vision provider, members may choose to upgrade their new eyeglass lenses at a discounted cost. Costs shown are after any applicable eyeglass lens copayment.

Blue View Vision plan benefits	In-Network Member Copay	Out-of-Network	Frequency
<b>Eyeglass Lens Enhancements</b>			
<ul style="list-style-type: none"><li>Transitions Lenses (pediatric)</li><li>Standard polycarbonate (pediatric)</li><li>Factory scratch coating (pediatric)</li><li>Transitions Lenses (adults)</li><li>Standard polycarbonate (adults)</li><li>Factory scratch coating (adults)</li></ul>	\$0 \$0 \$0 \$75 \$0 \$0	N/A N/A N/A N/A N/A N/A	Same as covered eyeglass lenses
<ul style="list-style-type: none"><li>Progressive Lenses<ul style="list-style-type: none"><li>Standard</li><li>Premium Tier 1</li><li>Premium Tier 2</li><li>Premium Tier 3</li><li>Premium Tier 4</li></ul></li></ul>	\$0 \$0 \$0 \$0 \$0	Up to \$125 reimbursement Up to \$125 reimbursement Up to \$125 reimbursement Up to \$125 reimbursement Up to \$125 reimbursement	Same as covered eyeglass lenses
<ul style="list-style-type: none"><li>Anti-Reflective Coating<ul style="list-style-type: none"><li>Standard</li><li>Premium Tier 1</li><li>Premium Tier 2</li><li>Premium Tier 3</li></ul></li></ul>	\$45 \$57 \$68 \$85	N/A N/A N/A N/A	Same as covered eyeglass lenses
<ul style="list-style-type: none"><li>Tint (Solid and Gradient)</li><li>UV Coating</li><li>Other lens upgrades and add-ons</li></ul>	\$15 \$15 20% off retail price	N/A N/A N/A	Same as covered eyeglass lenses
<ul style="list-style-type: none"><li>Retinal Imaging (obtained at same time as covered eye exam)</li></ul>	Up to \$39	N/A	
<ul style="list-style-type: none"><li>Standard contact lens fitting and follow-up after comprehensive eye exam</li><li>Premium contact lens fitting and follow-up after comprehensive eye exam</li></ul>	Up to \$0 10% off retail price	Up to \$35 reimbursement Up to \$35 reimbursement	
<ul style="list-style-type: none"><li>Additional supplies of conventional contact lenses after benefits have been used</li><li>Additional complete pairs of eyeglasses</li><li>Eyeglass materials purchased separately</li><li>Other items including most non-prescription sunglasses, eyewear accessories such as lens cleaning supplies, contact lens solutions, eyeglass cases, etc.</li></ul>	15% off retail price 40% off retail price 20% off retail price 20% off retail price	N/A N/A N/A N/A	

**Other discount offers on LASIK surgery and much more available through Anthem's SpecialOffers program.**

This information is intended to be a brief outline of plan benefits. The most detailed description of benefits, exclusions, and restrictions can be found in the Certificate of Coverage. Discounts are subject to change without notice. Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the plan. Discounts will not apply when a manufacturer has imposed a no discount policy on the item.

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