

Your Anthem Benefits



Spencer Owen Community Schools
Anthem Dental Traditional (group size 100+)
Summary of Benefits, Effective October 1, 2018

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, exclusions, qualifications, limitations, terms and provisions of the Dental Certificate.

BENEFITS	MEMBER'S RESPONSIBILITY
Annual Deductible (Single/Family)	None
Annual Maximum	\$1,000
Class I PREVENTIVE Services Include exams, oral evaluations, x-rays (bitewing and complete series), cleaning and scaling, space maintainers and other selected diagnostic and preventive services (Limits may apply) Please refer to your certificate for additional information.	Covered in Full
Class II BASIC SERVICES Class II A General Services Include palliative (emergency) treatment, consultations, general anesthesia, intravenous sedation, office visits for observation, amalgam and composite restorations and pin retention procedures Class II B Specialty Services Include root canal therapy, apexification/recalcification, therapeutic pulpotomy, oral surgery, simple and surgical tooth extractions, periodontic services, gingivectomy, osseous surgery and other selected endodontic, oral surgery and periodontal services. (Limits may apply) Please refer to your certificate for additional information.	Covered in Full Covered in Full
Class III MAJOR SERVICES Prosthodontic Services Include onlays, crowns, dentures, bridges and repair of dentures and bridgework, implants and other selected periodontal services Missing Tooth Services for the replacement of teeth (tooth) lost prior to the member's effective date of coverage under this plan. <ul style="list-style-type: none"> Removable prosthodontics (partials or dentures) Fixed prosthodontics (bridges) for the replacement of teeth (or tooth) A waiting period and/or limits may apply. Please refer to your certificate for additional information.	Covered in Full Covered
Class IV ORTHODONTIC (no deductible) Orthodontic Services Dependent child to age 19. Include examination, records, minor treatment of tooth guidance, repositioning (straightening) of the teeth, interceptive or comprehensive orthodontic treatment, post-treatment stabilization. A waiting period and/or limits may apply. Please refer to your certificate for additional information	50% Child
Separate Orthodontic Lifetime Maximum	\$1,000

Blue View VisionSM

Spencer Owen Community Schools
Plan FS.B.10.20.130.130



Effective 10/01/2018

Welcome to your Blue View Vision 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®, Target Optical®, Sears Optical®, JCPenney® Optical and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. 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.

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	\$10 copay	Up to \$42 allowance	Once every calendar year
Eyeglass Frames			
One pair of eyeglass frames	\$130 allowance, then 20% off any remaining balance	Up to \$45 allowance	Once every two calendar years
Eyeglass Lenses (instead of contact lenses)			
One pair of standard plastic prescription lenses:			
<input type="checkbox"/> Single vision lenses	\$20 copay	Up to \$40 allowance	Once every calendar year
<input type="checkbox"/> Bifocal lenses	\$20 copay	Up to \$60 allowance	
<input type="checkbox"/> Trifocal lenses	\$20 copay	Up to \$80 allowance	
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.			
<input type="checkbox"/> Transitions Lenses (for a child under age 19)	\$0 copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
<input type="checkbox"/> Standard polycarbonate (for a child under age 19)	\$0 copay		
<input type="checkbox"/> Factory scratch coating	\$0 copay		
Contact Lenses (instead of eyeglass lenses)			
Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.			
<input type="checkbox"/> Elective conventional (non-disposable)	\$130 allowance, then 15% off any remaining balance	Up to \$105 allowance	Once every calendar year
OR			
<input type="checkbox"/> Elective disposable	\$130 allowance (no additional discount)	Up to \$105 allowance	
OR			
<input type="checkbox"/> Non-elective (medically necessary)	Covered in full	Up to \$210 allowance	

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. 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.

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. Plano sunglasses and accompanying frames.

Safety Glasses. Safety glasses 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. Plano 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)**

Retinal Imaging - at member's option can be performed at time of eye exam	Not more than \$39
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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.

<input type="checkbox"/> Transitions lenses (Adults)	\$75
<input type="checkbox"/> Standard Polycarbonate (Adults)	\$40
<input type="checkbox"/> Tint (Solid and Gradient)	\$15
<input type="checkbox"/> UV Coating	\$15
<input type="checkbox"/> Progressive Lenses ¹	
<input type="checkbox"/> Standard	\$65
<input type="checkbox"/> Premium Tier 1	\$85
<input type="checkbox"/> Premium Tier 2	\$95
<input type="checkbox"/> Premium Tier 3	\$110
<input type="checkbox"/> Anti-Reflective Coating ²	
<input type="checkbox"/> Standard	\$45
<input type="checkbox"/> Premium Tier 1	\$57
<input type="checkbox"/> Premium Tier 2	\$68
<input type="checkbox"/> Other Add-ons	20% off retail price

Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider	<input type="checkbox"/> Complete Pair	40% off retail price
	<input type="checkbox"/> Eyeglass materials purchased separately	20% off retail price

Eyewear Accessories	<input type="checkbox"/> Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail price
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Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	<input type="checkbox"/> Standard contact lens fitting ³	Up to \$55
	<input type="checkbox"/> Premium contact lens fitting ⁴	10% off retail price

Conventional Contact Lenses	<input type="checkbox"/> Discount applies to materials only	15% off retail price
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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.

³ Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

⁴ Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

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

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