CareFirst
Family of health care plans

BlueVision Plus Summary of Benefits

Fairfax County Public Schools

12-month benefit period

Benefit	In-Network You Pay	Out-of-Network You Pay
EYE EXAMINATIONS (once per 12-month benefit period)		
Routine Eye Examination with dilation	$20 copay	Plan pays $40, you pay balance
FRAMES (once per 24-month benefit period)		
Davis Vision Frame Collection[1]	No copay for over 200 frames	Not applicable
Non-Collection Frame	Plan pays up to $200, you pay balance minus 20% discount[3,4]	Plan pays $45, you pay balance
SPECTACLE LENSES (once per 12-month benefit period)		
Basic Single Vision	$0 copay	Plan pays $40, you pay balance
Basic Bifocal	$0 copay	Plan pays $60, you pay balance
Basic Trifocal	$0 copay	Plan pays $80, you pay balance
Lenticular (post-cataract)	$0 copay	Plan pays $80, you pay balance
CONTACT LENSES (initial supply; once per 12-month benefit period, in lieu of frames and spectacle lenses)		
Medically Necessary Contacts	No copay[6]	Plan pays $225, you pay balance
Davis Vision Contact Lens Collection[1]	No copay	Not applicable
Other (Non-Collection) Contact Lenses	Plan pays up to $200, you pay balance minus 15% discount[3,4]	Plan pays $115, you pay balance
CONTACT LENS EVALUATION, FITTING AND FOLLOW-UP CARE (once per 12-month benefit period)		
Davis Vision Collection[1], Standard Contact Lenses & Medically Necessary Contact Lenses	No copay—medically necessary $40 copay—Davis Vision Collection and Standard	Not applicable
Specialty Contact Lenses that are non-collection, including, but not limited to, toric, multi- focal and gas permeable lenses	Plan pays up to $60, you pay balance minus 15% discount[3,4,] plus $40 copay	Not applicable

Value Add and Discounts[3,4] (fixed fee)			
LENS OPTIONS[3,4] (add to spectacle prices above)			
Digital Single Vision	$30	Anti-Reflective (AR) Coating (Standard/Premium/Ultra/Ultimate)	$35/$48/$60/$85
Tinting of Plastic Lenses (Solid/Gradient)	$0	Progressive Lenses (Standard/Premium/ Ultra/Ultimate)	$50/$90/$140/$175
Scratch-Resistant Coating	$0	High-Index Lenses (1.67/1.74)	$55/$120
Polycarbonate Lenses (Children/Adults)[2]	$0/$30	Polarized Lenses	$75
Ultraviolet Coating	$0	Plastic Photochromic Lenses	$0
Blue Light Coating	$15	Scratch Protection Plan: Single Vision/ Multifocal Lenses	$20/$40
ADDITIONAL DISCOUNTED SERVICES[3,4]			
Retinal Imaging—Member Charge	$39		
Laser Vision Correction[3]	Up to 25% off allowed amount or 5% off any advertised special[3]		

[1] Collection is available at most participating independent provider offices. Collection is subject to change.
[2] Polycarbonate lenses are covered for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.
[3] These discounts are not considered covered benefits under the Plan. This portion of the Plan is not an insurance product. Additional plan discounts may not be available at all provider locations in all states. Please confirm that discounts are accepted when making your appointment. Discounts are not insurance and subject to change without notice.
[4] Available additional discounts not applicable at Glasses.com, 1-800 Contacts, Walmart locations, Sam's Club locations, or Costco locations or where limited by law or manufacturer restrictions.
[5] Reena Mukamal, "20 Surprising Health Problems an Eye Exam Can Catch," American Academy of Ophthalmology, aao.org.
[6] Effective 1/1/26, prior approval is no longer required.

Benefits issued under policy form numbers: Non-rider/Freestanding:
MD: CFMI/51+/GC (R. 1/13) • CFMI/LG/2021 GC AMEND (1/21) • CFMI/EOC/D-V (R. 10/11) • CFMI/VISION DOCS (R. 7/21) CFMI/VISION SOB (R. 7/21) • CFMI/DOL APPEAL (R. 9/11) • CFMI/DB/SPOUSE (10/12) • CFMI/DOM PARTNER (R. 9/11) • CFMI/ELIG/D-V (7/09) • CFMI HEALTH GUARANTY 1/22 • CFMI–DISCLOSURE 10/15 MD/CF/GC (R. 1/13) • MD/CF/LG/2021 GC AMEND (1/21) • MD/CF/EOC/D-V (R. 10/11) • MD/CF/DOCS-V (R. 7/21) • MD/CF/SOB-V (R. 7/21) • MD/GHMSI/DOL APPEAL (R. 9/11) • MD/CF/SPOUSE (10/12) • MD/CF/PARTNER (R. 9/11) • MD/CF/ELIG (R. 1/08) • MD NCA–HEALTH GUARANTY 1/22• GHMSI-DISCLOSURE 10/15
DC: DC/CF/GC (R. 1/13) • DC/CF/LG/2021 GC AMEND (1/21) • DC/CF/EOC/D-V (1/12) • DC/CF/DOCS-V (R. 7/21) • DC/CF/SOB-V (R. 7/21) • DC/CF/ELIG (9/04) • DC/GHMSI/DOL APPEAL (R. 1/22) • DC/CF/PARTNER (R. 7/09) • DC GHMSI – HEALTH GUARANTY 5/21
VA: VA/CF/GC (R. 1/13) • VA/CF/LG/2021 GC AMEND (1/21) • VA/CF/EOC/D-V (1/12) • VA/CF/DOCS-V (R. 7/21) • VA/CF/SOB-V (R. 7/21) • VA/CF/ELIG (R. 1/12) • VA/GHMSI/DOL APPEAL (R. 1/20) • VA/CF/PARTNER (R. 10/11) • VA/GHMSI/HEALTH GUARANTY 7/18 Ridered: CFMI/BLUEVISION PLUS RIDER (7/21) • MD/CF/BLUEVISION PLUS RIDER (7/21) • MD/CFBC/BLUEVISION PLUS RIDER (7/21) • DC/CF/BLUEVISION PLUS RIDER (7/21) • DC/CFBC/BLUEVISION PLUS RIDER (7/21) • VA/CF/BLUEVISION PLUS RIDER (7/21) • VA/CFBC/BLUEVISION PLUS RIDER (7/21)

BlueVision Plus Summary of Benefits

Did you know that eye exams allow eye care professionals to take a non-invasive look inside the body? An eye care professional can detect up to 20 chronic medical conditions during an eye exam, from diabetes and heart disease to hypertension and cognitive dysfunction, even before symptoms occur[5].

How the plan works

Plan highlights

Davis Vision® administers BlueVision Plus. Our vision plans provide an affordable way for members to receive their annual eye exams. And if you need corrective lenses, we have you covered there too.

National network

BlueVision Plus offers a national network of optometrist, ophthalmologist and opticians. This includes private practices, retailers, and online retailers such as Visionworks, Walmart, Costco, Warby Parker and Glasses.com.

How do I find a provider?

To find a provider, go to **carefirst.com** and use the Find a Provider feature or call Davis Vision for a list of network providers closest to you at 800-783-5602.

Be sure to ask your provider if they participate with the Davis Vision network before receiving care.

How do I receive care from a network provider?

Call your provider and schedule an appointment. Identify yourself as a CareFirst BlueVision Plus member and provide the doctor with your identification number, as well as your date of birth. Then go to your appointment and receive care. 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 some out-of-network coverage. However, you will be responsible for all payments upfront and need to file a claim with Davis Vision for reimbursement. You must also pay any balances over the allowed benefit to the non-participating provider. Find the claim form at **carefirst.com:** locate *For Members*, then click on *Forms, Vision, Davis Vision.*

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

No. BlueVision Plus covers one pair of eyeglasses OR a supply of contact lenses per benefit period.

When do I get my ID card?

Member ID cards are mailed to your home after enrollment. You can also access your member ID card—along with other claims and benefit information—at My Account or on the CareFirst mobile app. Visit **carefirst.com/myaccount** to register.

Other benefits

- **Access to in-network online retail partners:** Glasses.com, Visionworks.com, WarbyParker.com and 1800Contacts.com
- **Mail order replacement contact lenses:** By accessing davisvision.com, members can easily order replacement contact lenses at significant savings and have them shipped directly to their doorstep.
- **Hearing aid discounts** through YourHearing Network
- **Free LASIK consultation**
  - **Under $1,000/eye for conventional LASIK** (usually $1,677/eye)
  - **40-50% off** the national average price
  - **1,000 locations nationwide**

Exclusions

The following services are excluded from coverage:

1. Diagnostic services, except as listed above.
2. Medical care or surgery. Services related to medical conditions of the eye may be covered by a separate health benefit plan for medical services.
3. Prescription drugs obtained and self-administered by the Member for outpatient use.
4. Services or supplies not specifically approved by the Vision Care Designee where required in the Description of Covered Services.
5. Orthoptics, vision training and low vision aids.
6. Non-prescription (plano) lenses and/or glasses, sunglasses, contact lenses, safety glasses, or goggles or glasses for sports programs.
7. Except as otherwise provided in the Evidence of Coverage, Vision Care services that are strictly cosmetic in nature, including but not limited to, charges for personalization or characterization of prosthetic appliances.
8. Routine vision exam services, frames, spectacle lenses, and/or contact lenses received outside of the continental United States of America.
9. Replacement of frames, spectacle lenses, and/or contact lenses as a result of loss or theft.
10. Replacement of frames, spectacle lenses, and/or contact lenses within the same Benefit Period.
11. Services and materials not meeting accepted standards of optometric practice. Standards are consistent with clinical guidelines published by the Eye American Optometric Association and the American Academy of Ophthalmology.
12. Services and materials resulting from the Member's failure to comply with professionally prescribed treatment.
13. Services and supplies not specifically listed in the Description of Covered Services as covered Vision Care.
14. State or territorial taxes on vision services performed.
15. Special lens designs or coatings other than those described in the Evidence of Coverage.
16. Two pairs of eyeglasses in lieu of bifocals.
17. Insurance of contact lenses.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.