

# CareFirst Vision

*A plan for healthy eyes, healthy lives*

## MONTGOMERY COUNTY PUBLIC SCHOOLS—ACTIVES



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 **www.carefirst.com** 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 CareFirst Vision 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 **www.carefirst.com**, locate *For Members*, then click on *Forms, Vision, Davis Vision*.

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

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

#### Mail order replacement contact lenses

Free membership and access to a mail order replacement contact lens service provides a fast and convenient way to purchase replacement contact lenses at significant savings. For more information, please call 1-855-589-7911 or visit **www.davisvisioncontacts.com**.



Need more information?  
Please visit  
**www.carefirst.com**  
or call **800-783-5602**.

## Summary of Benefits *(18-month benefit period)*

In-Network	You Pay
<b>EYE EXAMINATIONS</b>	
Routine Eye Examination with dilation (per benefit period)	Plan pays up to \$50 allowance Optometrist; \$66 Ophthalmologist; you pay balance.
<b>FRAMES</b>	
All Frames	Plan pays up to \$40 allowance, you pay balance
<b>SPECTACLE LENSES</b>	
Basic Single Vision (including lenticular lenses)	Plan pays up to \$40 allowance, you pay balance
Basic Bifocal	Plan pays up to \$70 allowance, you pay balance
Basic Trifocal	Plan pays up to \$90 allowance, you pay balance
In-Network	You Pay
<b>CONTACT LENSES <i>(initial supply)</i></b>	
Medically Necessary Contacts	Plan pays up to \$230 allowance with prior approval, you pay balance
Davis Vision Contact Lens Collection	Plan pays up to \$80 allowance, you pay balance
In-Network	You Pay
<b>LENS OPTIONS<sup>1</sup> <i>(add to spectacle lens prices above)</i></b>	
Standard Progressive Lenses	\$65
Premium Progressive Lenses (Varilux®, etc.)	\$105
Polarized Lenses	\$75
High Index Lenses	\$60
Polycarbonate Lenses for children, monocular and high prescription	No copay
Polycarbonate Lenses for all other patients	\$35
Scratch-Resistant Coating	included
Standard Anti-Reflective (AR) Coating	\$40
Premium AR Coating	\$55
Ultra AR Coating	\$69
Ultraviolet (UV) Coating	\$15
Tinting	No copay
Plastic Photosensitive Lenses	\$70

In-Network	You Pay
<b>CONTACT LENSES<sup>1</sup> <i>(mail order)</i></b>	
DV Contacts Mail Order Contact Lens Replacement Online	Up to 40% off retail price
<b>LASER VISION CORRECTION<sup>1</sup></b>	Up to 25% off allowed amount or 5% off any advertised special <sup>2</sup>

Out-of-Network	You Pay
Routine Eye Examination with dilation (per benefit period)	Plan pays \$50 Optometrist; \$66 Ophthalmologist; you pay balance
Frames	Plan pays \$40, you pay balance
Single Lenses	Plan pays \$40, you pay balance
Bifocal Lenses	Plan pays \$70, you pay balance
Trifocal Lenses	Plan pays \$90, you pay balance
Lenticular (post-cataract) Eyeglass Lenses	Plan pays \$240, you pay balance
Medically Necessary Contacts	Plan pays \$230, you pay balance

<sup>1</sup> These services or supplies are not considered covered benefits under the Plan. This portion of the Plan is not an insurance product. As of 4/1/14, some providers in Maryland may no longer provide these discounts.

<sup>2</sup> Some providers have flat fees that are equivalent to these discounts.

### Exclusions

The following services are excluded from coverage:

1. Diagnostic services, except as listed in *What's Covered* under the Evidence of Coverage.
2. Medical care or surgery. Covered services related to medical conditions of the eye may be covered under the Evidence of Coverage.
3. Prescription drugs obtained and self-administered by the Member for outpatient use unless the prescription drug is specifically covered under the Evidence of Coverage or a rider or endorsement purchased by your Group and attached to the Evidence of Coverage.
4. Services or supplies not specifically approved by the Vision Care Designee where required in *What's Covered* under the Evidence of Coverage.
5. Orthoptics, vision training and low vision aids.
6. Replacement, within the same benefit period of frames, lenses or contact lenses that were lost.
7. Non-prescription glasses, sunglasses or contact lenses.
8. Vision Care services for cosmetic use.



CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. are both independent licensees of the Blue Cross and Blue Shield Association. ® Registered trademark of the Blue Cross and Blue Shield Association. ® Registered trademark of CareFirst of Maryland, Inc.