

BlueVision Plus Summary of Benefits

We're not an eyewear plan. We're an eye care plan.

Prince George's County Government—Base

Benefit	In-Network You Pay	Out-of-Network You Pay
EYE EXAMINATIONS (once per 12-month benefit period)		
Routine Eye Examination with dilation	\$10 copay	Plan pays \$55, 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 \$150, you pay balance minus 20% discount ^{3,4}	Plan pays \$70, you pay balance
SPECTACLE LENSES (once per 12-month benefit period)		
Basic Single Vision	\$10 copay	Plan pays \$50, you pay balance
Basic Bifocal	\$10 copay	Plan pays \$75, you pay balance
Basic Trifocal	\$10 copay	Plan pays \$100, you pay balance
Lenticular (post-cataract)	\$10 copay	Plan pays \$125, 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 with prior approval ⁶	Plan pays \$230, you pay balance
Davis Vision Contact Lens Collection ¹	No copay	Not applicable
Other (Non-Collection) Contact Lenses	Plan pays up to \$150, you pay balance minus 15% discount ^{3,4}	Plan pays \$150, 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	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}	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/Ulimate)	\$35/\$48/\$60/\$85
Tinting of Plastic Lenses (Solid/Gradient)	\$0	Progressive Lenses (Standard/Premium/ Ultra/Ulimate)	\$0/\$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	\$12	Plastic Photochromic Lenses	\$65
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 Prior approval for medically necessary contacts is not required for DC.

MD GHMSI: MD/CF/GC (R. 7/10) • MD/CF/EOC/D-V (R. 10/11) • MD/CF/DOCS-V (R. 10/11) • MD/CF/SOB-V (R. 10/11) • MD/CF/ELIG (R. 1/08) • and any amendments.
Ridered: CFMI/VISION RIDER (10/11) • MD/BCOO/VISION (R. 10/11) • MD/CF/ VISION (R. 10/11).

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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 occur⁵.

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.

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.



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

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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.