# Proposal for Blue View Vision<sup>SM</sup> FS.B.10.20.150.150

CareSTL Health 10/01/2019 226+ Eligible Employees



As part of one of the largest health carriers in the United States, Blue View Vision will give your employees a vision plan that really does care for their health. We recognize the importance of overall health management. In fact, when our medical and vision plans are packaged together, our members' entire health care team can work together to share information, even identify gaps in care. That's a real advantage and it's something that strongly differentiates us from stand-alone vision carriers. After all we're not just a vision plan, we're Anthem.

# Vision care doctors are often the first to identify chronic health conditions

During an exam, vision care doctors are able to see signs of a number of eye and other health conditions. This can lead to early detection of major health problems before they become more serious.

# When your employees have our medical and vision plans...



- Network doctors can see relevant medical diagnoses, lab results and prescription drug history in a secure and HIPAA-compliant online format
- Doctors have access to patient health profiles and can view care alerts in advance of the appointment, so they're better informed
- Nearly 100% of the vision care doctors we surveyed said having this data results in better care

# Enrollment and referrals into care management programs

Vision claims data is included in the risk categories that can trigger enrollment in disease management programs. Whether enrolled in a program or not, members can always access our nurse hotline 24/7.



### What else makes us better?

#### **Combined administration**

We can offer the power of packaging multiple product lines, such as health and vision. This allows for the convenience of one bill, one ID card, and one point of contact.

## Award winning customer service

BenchmarkPortal bestows their Center of Excellence Certification, one of the most esteemed recognitions in the customer service arena, only to call centers that rank in the top 10% of those surveyed. Our members can reach the award winning customer care center – staffed by U.S. based representatives – 7 days a week.



#### **Provider Network**

Over **36,000 doctors** at more than **27,000 locations** nationwide, with independent doctors, convenient retail stores and online options that are **all in-network**, makes it easy for employees to take care of their vision needs and they can even do it outside of work hours. Plus, retail or independent, **every** network provider is contracted to extend the same valuable discounts to our members.











JCPenney | optical

**GLASSES** 

**contacts**direct

1800 contacts

Monthly Tier 4 Rates 3 year rate guarantee				
☐Employer Paid	⊠Voluntary	Net Commission		
Employee Only: \$5.34				

Employee + Spouse: \$10.68 Employee + Child(ren): \$11.44 Employee + Family: \$18.27

Accepted on behalf of Group	

Print Name Signature Date

### **CareSTL Health**

### **Proposed Blue View Vision plan design**

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	\$150 allowance, then 20% off any balance	Up to \$45 allowance	Once every two calendar years	
Eyeglass Lenses (instead of contact lenses)  One pair of standard plastic prescription lenses:				
<ul><li>Single vision lenses</li><li>Bifocal lenses</li><li>Trifocal lenses</li></ul>	\$20 copay \$20 copay \$20 copay	Up to \$40 allowance Up to \$60 allowance Up to \$80 allowance	Once every calendar year	
Eyeglass Lens Enhancements <sup>1</sup>				
<ul> <li>Transitions Lenses (for a child under age 19)</li> <li>Standard polycarbonate (for a child under age 19)</li> <li>Factory scratch coating</li> </ul>	\$0 copay \$0 copay \$0 copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses	
Contact Lenses <sup>2</sup> (instead of eyeglass lenses)				
<ul> <li>Elective conventional (non-disposable); OR</li> <li>Elective disposable; OR</li> <li>Non-elective (medically necessary)</li> </ul>	\$150 allowance, then 15% off any balance \$150 allowance (no additional discount) Covered in full	Up to \$105 allowance Up to \$105 allowance Up to \$210 allowance	Once every calendar year	

<sup>&</sup>lt;sup>1</sup>When obtaining covered eyewear from a Blue View Vision provider, members may choose to add any of the listed lens enhancements at no extra cost.

## Additional savings available from 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.

Description	Member cost	Description	Member cost
<ul> <li>Progressive Lenses</li> <li>Standard</li> <li>Premium Tier 1</li> <li>Premium Tier 2</li> <li>Premium Tier 3</li> </ul> Anti-Reflective Coating <ul> <li>Standard</li> <li>Premium Tier 1</li> <li>Premium Tier 2</li> </ul> UV Coating <ul> <li>Tint (Solid and Gradient)</li> </ul>	\$65 \$85 \$95 \$110 \$45 \$57 \$68 \$15 \$15	<ul> <li>Transitions lenses (Adults)</li> <li>Standard Polycarbonate lenses (Adults)</li> <li>Other lens upgrades and add-ons</li> <li>Retinal Imaging (obtained at same time as covered eye exam)</li> <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> <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>	\$75 \$40 20% off retail price Up to \$39 Up to \$55 10% off retail price 15% off retail price 40% off retail price 20% off retail price

#### Other discount offers on LASIK surgery and much more are 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.

Transitions and the swirl are registered trademarks of Transitions Optical, Inc.

Anthem Blue Cross and Blue Shield is the trade name of: In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky; Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administers non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Ohio: Community Insurance Company. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemvites or administers PPO and indemvites or administers HMO or POS policies (WCIC). Compcare Health Services Insurance Corporation (Compcare) or Wisconsin (BCBSWI), underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

<sup>&</sup>lt;sup>2</sup> 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.