2027	Anthem BLUE CROSS - BLUE VIEW VISION PLAN		Anthem Group 720423
Monthly Premium	Tier	Rates are effective from 1/1/2025 to 12/31/2027	
$6.86	Individual		
$13.72	Employee/Spouse		
$14.06	Parent/Child(ren)		
$20.92	Family		
SERVICES	DETAIL	IN NETWORK	OUT OF NETWORK
Examination	1 every 12 months	$10 copay, then covered in full	Not Applicable
Eyeglass Frames	A person may select an eyeglass frame and receive an allowance toward the purchase price, once every 12 months.	$130 allowance, then 20% off remaining balance	Up to $45 allowance
Eyeglass Lenses (Standard)	Receive 1 pair of any one type of lenses, once every 12 months: standard plastic single vision lenses, standard plastic bifocal lenses, or standard plastic trifocal lenses.	Single, Bifocal or Trifocal: Covered In Full After Copayment	Single Vision - up to $25 allowance; Bifocal Lenses - up to $40 allowance; Trifocal Lenses - up to $55 allowance.
	UV Coating	$15 copayment	Not available out of network
	Tint (Solid Gradient)	$15 copayment	Not available out of network
	Standard Polycarbonate	$40 copayment	Not available out of network
	Transition Lenses for Adults	$75 copayment	Not available out of network
	Standard Antireflective Coating	$45 copayment	Not available out of network
	Premium Tier 1 Antireflective Coating	$57 Copayment	Not available out of network
	Premium Tier 2 Antireflective Coating	$68 copayment	Not available out of network
	Other Add-Ons and Services	20% off retail price	Not available out of network
Progressive Lenses	Standard Progressive	$65.00	Not Applicable
	Premium Tier 1	$85.00	Not Applicable
	Premium Tier 2	$95.00	Not Applicable
	Premium Tier 3	$110.00	Not Applicable
Contact Lenses	A person choosing contact lenses will receive an allowance toward cost of a supply of those lenses, once every 12 months. Allowance must be used at the time of initial service. No amount over the allowance may be carried forward to subsequent materials in the same or following benefit year.		
	Elective Conventional Lenses	$130 allowance, then 15% off remaining balance	Up to $105 allowance
	Elective Disposable Lenses	$130 allowance (no additional discount)	Up to $105 allowance
	Non-elective Contact Lenses	Covered in full.	Up to $210 allowance
Dependant Age Limits	CHILD TO 26; STUDENT TO 26.		