Group Name: Berry College BLUE VIEW VISION PLAN DESIGN

SION PLAN BENEFITS		IN-NETWORK	OUT-OF-NETWORK
Routine eye exam		\$10 copay	\$30 Allowance
Once every calendar year		\$10 copay	400 Allowallee
Eyeglass frames			
One pair every two calendar years		\$140 allowance, 20% off any remaining balance	\$70 Allowance
Eyeglass lenses			
One pair every calendar year in standard plastic with cho	vice of the following options:		
• Single vision lenses		\$20 copay	\$25 Allowance
• Bifocal lenses		\$20 copay	\$40 Allowance
• Trifocal lenses		\$20 copay	\$60 Allowance
• Lenticular lenses		\$20 copay	\$125 Allowance
Eyeglass lens enhancements			
When obtaining covered eyewear from a Blue View Visio	n provider,		
members may choose to add any of the following lens er	nhancements at		
no extra cost.			
• Transiti@ns: Lenses (for a child under age 19)		\$0 copay	No allowance on lens
• Standard Polycarbonate (for a child under age 19)		\$0 copay	enhancements when
• Factory Scratch Coating		\$0 copay	obtained out-of-network
Contact lenses	• Elective Conventional Lenses; or	\$130 allowance, 15% off any	\$104 Allowance
Once every calendar year	Elective Conventional Lenses, of	remaining balance	φ104 Allowance
Instead of eyeglass lenses	• Elective Disposable Lenses; or	\$130 allowance	\$104 Allowance
		(no additional discount)	φ104 Allowallce
	Non-Elective Contact Lenses	Covered in full	\$200 Allowance

ADDITIONAL SAVINGS AVAILABLE FROM IN-NETWORK PROVIDERS		In-network Member Cost (after any applicable copay)	
Retinal Imaging	• At member's option can be performed at time of eye exam	Not more than \$39	
Eyeglass lens upgrades	• Transitions lenses (Adults)	\$75	
When obtaining eyewear from a Blue View Vision	• Standard Polycarbonate (Adults)	\$0	
provider, members may choose to upgrade their new	• Tint (Solid and Gradient)	\$15	
eyeglass lenses at a discounted cost. Eyeglass lens	• UV Coating	\$15	
copayment applies.	• Progressive Lenses		
	• Standard	\$65	
	• Premium Tier 1	\$85	
	• Premium Tier 2	\$95	
	• Premium Tier 3	\$110	
	Anti-Reflective Coating		
	• Standard	\$0	
	• Premium Tier 1	\$12	
	• Premium Tier 2	\$23	
	• Other Add-ons and Services	20% off retail price	
Additional Pairs of Eyeglasses	Complete Pairs	40% off retail price	
Anytime from any Blue View Vision network provider	• Eyeglass materials purchased separately	20% off retail price	
Eyewear Accessories	• Items such as non-prescription sunglasses, lens cleaning	20% off retail price	
	supplies, contact lens solutions, eyeglass cases, etc.	-	
Contact lens fit and follow-up	• Standard contact lens fitting	Up to \$55	
Available following a comprehensive eye exam	• Premium contact lens fitting	10% off retail price	
Conventional Contact Lenses After covered benefits have been used	• Discount applies to materials only	15% off retail price	

Other discount offers on LASIK surgery and much more available through the Blue Cross and Blue Shield of Georgia 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.

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