

Connecting you to the right coverage

Dental and vision

2023 Individual and Family Plans



Plans off the Marketplace

Anthem Essential Choice PPO,
Anthem Dental Net 3000D plans and
Blue View Vision plans

For plans effective January 1, 2023 



Helping you feel covered, protected, and confident

Our plans for individuals and families are designed to help protect both your health and your finances. With a range of options suited to different budgets, we can connect you to the coverage that's right for you.

Why connected care matters

Regular dental checkups are about more than keeping your mouth healthy. They can help dentists identify health conditions like heart disease and diabetes.¹

Likewise, eye exams can help eye doctors find early signs of diabetes, high blood pressure, high cholesterol, and other serious health issues beyond your vision.²

That's why we want to make it easier for you to access the dental and vision care you need. ▶

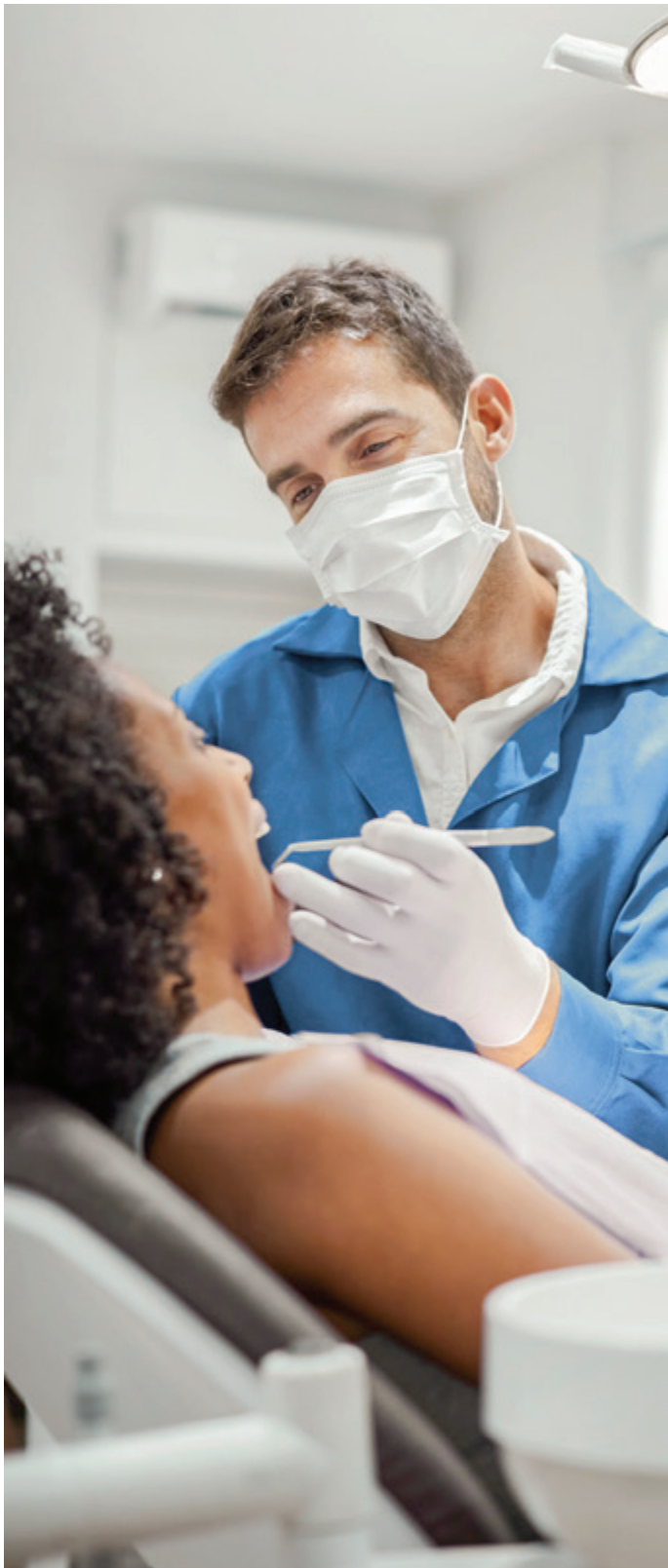
Purchasing a plan

To help protect your overall health, you can buy dental and vision plans on their own all year round without having to wait until the next open enrollment period.

¹Centers for Disease Control and Prevention: *Oral Health Conditions* (accessed April 2022): [cdc.gov/oralhealth/conditions/index.html](https://www.cdc.gov/oralhealth/conditions/index.html).

²Your Sight Matters: 7 Health Problems Eye Exams Can Detect (accessed April 2022): yoursightmatters.com.

Dental plan benefits



When you choose Anthem, you can use one of the largest dental networks in the country. That means you're likely to find a dentist close to your home or work, or even be able to see a dentist you already know and trust.

Plus, you'll receive 100% coverage for preventive care, like regular dental cleanings, exams, and X-rays, when you go to a dentist in your plan. There are no waiting periods with preventive care, so those benefits can be used right away. Anthem has strong network discounts — our members save more by visiting one of our network dentists with our 38% average national network discount.*

Our Essential Choice PPO dental plans have higher annual benefit maximums. These plans allow you to carry over part of your unused benefits to the next year, with the potential to double your annual maximum benefit amount over time. Essential Choice PPO dental plans also feature shorter waiting periods than traditional plans for basic and major services, and our Incentive plan does not have any waiting periods.

Important health plan terms to know

Monthly premiums: your payments for plan benefits

Levels of coverage: the types of benefits covered

Deductibles: the amount of expenses you have to pay out of pocket every calendar year before your plan begins to pay for benefits

Benefit waiting period: the period of time you have to wait until your plan starts covering benefits

Copays: a fee you pay for each provider visit

Coinsurance: the amount you pay for healthcare services; usually a certain percentage of the cost after your deductible has been paid

* Anthem Network Discount report, 2022.

Dental plan benefits

We offer a variety of individual and family plan options, including:

Anthem Essential Choice PPO dental plans

You can choose among these five plan options, which offer different monthly premiums, annual benefit maximums, and levels of coverage.*

- **Bronze** — covers preventive care and basic services, including nonsurgical gum treatments and tooth removal
- **Silver** — covers major services, like root canals, oral surgery, crowns, bridges, and dentures; also covers cosmetic teeth whitening
- **Gold** — covers all of the above, with lower out-of-pocket costs for basic services; has a higher annual maximum benefit (\$1,500) than the Bronze and Silver plans
- **Platinum** — covers all of the above, plus dental implants and orthodontics for children; has a higher annual maximum benefit (\$2,000) than the Bronze, Silver, and Gold plans
- **Incentive** — innovative plan with no waiting periods for any services; offers rewards for receiving preventive care by increasing the benefits for basic and major services the next year; at \$2,500, has the highest annual maximum benefit of any plan

Anthem Dental Net 3000D plan

With the Anthem Dental Net 3000D plan, you can have dental coverage with no annual maximums, deductibles, or benefit waiting periods. The plan also has set copays for nearly 500 specific procedures, so you know what to expect when it comes to your out-of-pocket costs.

Plan features include:

- Approximately 500 covered dental procedures
- No annual maximum benefit
- No deductible
- No waiting periods
- Easy-to-understand copays
- Enhanced preventive care
- No claim forms
- Choice of general dentist and specialists



To compare dental plan benefits, [see our detailed charts](#).

* All five plans cover tooth-colored fillings on back teeth.

Dental plan resources



Lower your out-of-pocket costs

You will save the most money if you see a dentist in your plan's network. Those dentists have agreed to accept rates negotiated by your plan, so you can save money on the services you need, when you need them — including during any waiting periods and after you reach your annual maximum benefit.

Find a dentist

To find dental care near you, go to [anthem.com/ca/find-care](https://www.anthem.com/ca/find-care).

Helping you stay connected

Through technology and innovation, we are working hard to improve health outcomes, control costs, and enhance your overall care experience.

All our plans come with online tools to make it easier for you to find care, get your benefit information, and learn about different health topics. Once you become a member, you can simply log in to [anthem.com/ca](https://www.anthem.com/ca) to use:

Ask a Hygienist

Email questions to licensed dental professionals and receive quick, private, and personalized advice at no extra cost.

Dental Cost Estimator

Estimate your costs for dental procedures and services in your ZIP code before receiving care.

Dental Health Assessment

Answer a few questions to get feedback about your dental health status.

TeleDentists[®]

Get virtual dental care, including emergency exams and medication prescriptions, as needed.

Dental care when you're away from home

If you travel outside the U.S., you have access to emergency dental services through the International Emergency Dental Program, which comes with all our plans.*

With one call, you can get help finding an English-speaking dentist when you have an urgent dental care need. You can even request translation services when you call the dentist's office. Services received through this program will not count toward your yearly limit, if your plan has one.

* The International Emergency Dental Program is managed by DeCare Dental. DeCare Dental is an independent company offering dental management services to Anthem Blue Cross.

Connected care and discounts

The Sydney Health app

Our app brings valuable health plan information together in one place — to put you in control and make staying on top of your care more convenient.

With SydneySM Health, you can:

- View digital ID cards and plan, prescription, or claims information.
- Use interactive chat for health questions.
- Find nearby care.
- Compare costs for healthcare services.
- Take advantage of the Symptom Assessment tool.

Once you enroll in one of our plans, Sydney Health is available for free download on the App Store[®] or Google Play[™].

You will need a smartphone, tablet, or other personal device to get started.

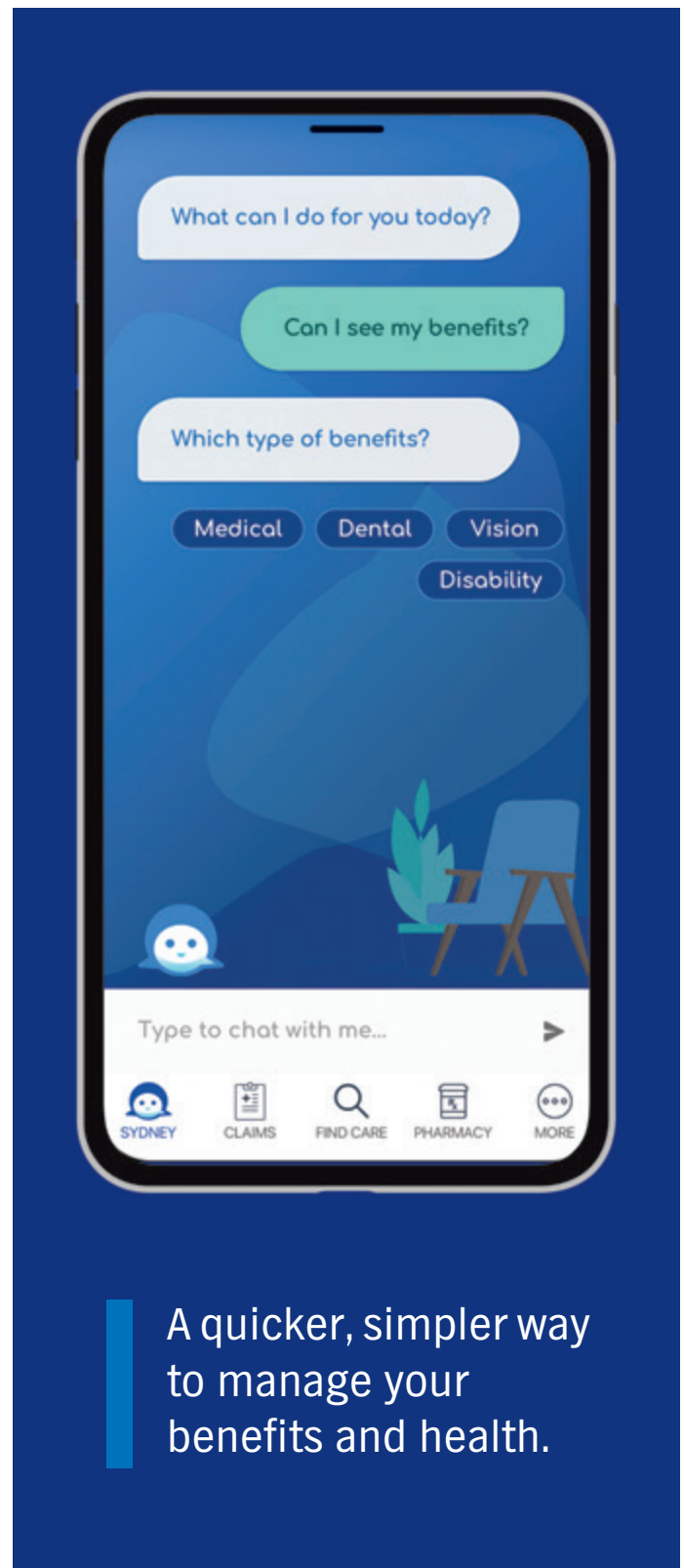
Discounts that make a difference

Through SpecialOffers@AnthemSM, you can also receive discounts on at-home teeth-straightening aligners and other health and wellness products and services that may not be covered under your plan.

A focus on whole-person health

The Anthem Whole Health Connection[®] program links your Anthem plans together — to give your doctors a more complete picture of your health.*

This makes managing all aspects of your care simpler, smarter, and more cost-effective. It also allows for truly meaningful connections, improved outcomes, and stronger relationships between you and your care team.



A quicker, simpler way to manage your benefits and health.

*Anthem Whole Health Connection is included at no extra charge for employees with Anthem health and wellness coverage and one or more of the following plans from us: pharmacy, dental, vision, disability, and supplemental health.

Blue View Vision plan benefits

With Blue View Vision, choose from more than 40,000 eye doctors and other eye care providers at over 30,000 locations.¹ You can go to an independent eye doctor or popular retailers, such as LensCrafters[®] and Target Optical[®]. Our network is one of the largest in the country, so you'll be able to receive your eye care, glasses, and other accessories just about anywhere. Plus, you'll have 24/7 access to online stores, including 1-800 CONTACTS[®].

Plan features

Our plans are designed to give you options. They all have:

- Coverage for yearly eye exams.
- Add-ons, including factory scratch coating on eyeglass lenses, at no extra cost.
- Discounts for other add-ons, including Transitions[®] lenses, premium progressive lenses, and premium antireflective coatings.
- Value-added savings,² including 15% to 40% off most extra pairs of glasses, contact lenses, lens treatments, specialized lenses, and various accessories — even after you've used all of your covered benefits.
- Discounts through SpecialOffers@AnthemSM, for LASIK and other products and services that promote health and well-being.

Bundled plan

This plan is only available with a medical and/or dental plan. It cannot be purchased as a stand-alone plan.

Stand-alone plans

If you'd like to buy vision coverage separate from medical and dental, we offer the following plan options:

Individual and family plans

You can choose from these three plans:

- Value
- Plus
- Enhanced

Our comprehensive plans include options for adding the latest lens enhancements for members over age 19.

You can choose from these five plans:

- Progressive Select
- Premier
- Progressive Preferred
- Ultra
- Basic

Pediatric vision benefits

Our Bundled, Value, Plus, and Enhanced plans cover exams, lenses, and frames for children. These add-ons are also available at no extra charge:

- Transitions lenses, to protect eyes from ultraviolet rays
- Polycarbonate lenses, with scratch coating to protect lenses

Savings example

When you have a Blue View Vision plan from Anthem, it can often pay for itself.

	Retail	Member copay	Member cost	Member saves
Exam	\$80	\$20	\$20	\$60
Frame	\$130	None	\$0	\$130
Bifocal lenses	\$80	\$20	\$20	\$60
Scratch coating	\$22	None	\$0	\$22
Progressive premium tier 1	\$140	None	\$85	\$55
Polycarbonate lenses	\$55	None	\$40	\$15
Antireflective premium tier 2	\$100	None	\$68	\$32
Transition lenses	\$110	None	\$75	\$35
Total	\$717			\$409



To compare vision plan benefits, see our detailed charts.

¹ NetMinder data, May 2020.

² Laws in some states may prohibit in-network providers from discounting products and services that are not covered benefits.





For plans
effective
January 1, 2023

Your trusted partner in health

We're here to help you make the best decision for you, your family, and your budget – with guidance, support, and resources every step of the way.

You can sign up today for our dental and vision plans

Apply online: To shop and compare plans, go to anthem.com/ca and select Individual & Family.

Apply on paper: You will need to fill out and sign the application. Then, give it to your Authorized Agent or mail it to us at the address on the form.

▶ **Let us connect you to the right individual coverage.**



This is only a brief description of some plan terms and benefits. Please refer to your Agreement for more complete details, including benefits, limitations, and exclusions.

Sydney Health is offered through an arrangement with Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2020-2022.

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Dental and vision

Benefit charts

2023 Individual and Family Plans

Plans off the Marketplace

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plans, and Blue View Vision
plans

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Anthem Essential Choice PPO plans

Cost shares show what the member pays	Essential Choice Bronze	Essential Choice Silver	Essential Choice Gold	Essential Choice Platinum	Essential Choice Incentive
	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network
Diagnostic and preventive	No waiting period	No waiting period	No waiting period	No waiting period	No waiting period
Cleaning, exams, x-rays	0% / 20% coinsurance	0% / 0% coinsurance	0% / 20% coinsurance	0% / 0% coinsurance	0% / 0% coinsurance
Basic services	3-month waiting period	3-month waiting period	3-month waiting period	3-month waiting period	No waiting period
Fillings	50% / 50% coinsurance	50% / 50% coinsurance	20% / 40% coinsurance	20% / 20% coinsurance	40% / 40% coinsurance <i>Rewards yearly preventive care by lowering the coinsurance by 10% the following year, up to 20% coinsurance on Basic and 50% on Major.</i>
Brush biopsy	Covered	Covered	Covered	Covered	Covered
Complex and major services (includes teeth whitening)	Not covered	6-month waiting period	6-month waiting period	6-month waiting period	No waiting period
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)	Not covered	50% / 50% coinsurance	50% / 50% coinsurance	50% / 50% coinsurance	70% / 70% coinsurance <i>Rewards yearly preventive care by lowering the coinsurance by 10% the following year, up to 20% coinsurance on Basic and 50% on Major.</i>
Prosthetics (crowns, dentures, bridges)	Not covered	50% / 50% coinsurance	50% / 50% coinsurance	50% / 50% coinsurance	70% / 70% coinsurance <i>Rewards yearly preventive care by lowering the coinsurance by 10% the following year, up to 20% coinsurance on Basic and 50% on Major.</i>
Orthodontia (children covered up to age 19)	Not covered	Not covered	Not covered	\$150 deductible, then 50% coinsurance <i>\$1,000 lifetime maximum for orthodontia (\$500 per year), after 12 month waiting period.</i>	\$150 deductible, then 50% coinsurance <i>\$1,000 lifetime maximum for orthodontia (\$500 per year).</i>
Dental network	Dental Prime	Dental Prime	Dental Prime	Dental Prime	Dental Prime
Deductible (per person, unless otherwise noted)	\$50 per person, \$150 per family <i>Deductible is waived for diagnostic and preventive services received in our network.</i>	\$50 per person, \$150 per family <i>Deductible is waived for diagnostic and preventive services received in our network.</i>	\$50 per person, \$150 per family <i>Deductible is waived for diagnostic and preventive services received in our network.</i>	\$50 per person, \$150 per family <i>Deductible is waived for diagnostic and preventive services received in our network.</i>	\$50 per person, \$150 per family <i>Deductible is waived for diagnostic and preventive services received in our network.</i>
Annual maximum (per person)	\$1,000	\$1,000	\$1,500	\$2,000	\$2,500
Annual out-of-pocket limit	None	None	None	None	None
International emergency dental program	Included	Included	Included	Included	Included



Dental HMO Option

With the Dental Net 3000D, you will have affordable dental coverage with no annual maximums, no deductibles and no benefit waiting periods. You will also know what out-of-pocket costs to expect because there are set copays on hundreds of procedures. Plan features include:

- Coverage for approximately 500 dental procedures
- No annual maximum benefit
- No deductible
- No waiting periods
- Easy-to-understand copayments
- Enhanced preventive care
- No claim forms
- A choice of general dentist and specialists

Services	Copays
Office visits	\$10
Diagnostic and preventive services	
Exams	\$0
X-rays	\$0
Cleanings	\$0
Flouride applications	\$0
Sealants	\$0
Restorative services	
Fillings (one surface resin composite, anterior)	\$20
Fillings (one surface resin composite, posterior)	\$65
Crowns (resin based composite, indirect)	\$55
Endodontic services	
Root canals (anterior)	\$90
Periodontal services	
Scaling and root planing (1 to 3 teeth)	\$35
Prosthetic services	
Dentures (complete upper or lower)	\$215
Crown (porcelain fused to high noble metal)	\$225
Oral surgery	
Extraction (Erupted tooth or exposed roots)	\$5
Removal of impacted tooth (completely boney)	\$90
Orthodontic services	
Comprehensive treatment children	\$1,695
Comprehensive treatment, adults	\$1,895

The services listed in the above chart are a sample of some of the most frequently asked-about procedures. For complete coverage details, please refer to your policy booklet.

Blue View Vision plans

The Blue View Vision Bundled plan can only be purchased with a medical and/or dental plan. All other Blue View Vision plans listed on these pages can be purchased with or without a medical and/or dental plan.

	Blue View Vision Bundled		Blue View Vision Enhanced		Blue View Vision Plus		Blue View Vision Value	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Eye exam (with dilation as needed)	\$20 copay	\$30 Reimbursement	\$10 copay	\$30 Reimbursement	\$10 copay	\$30 Reimbursement	\$20 copay	\$30 Reimbursement
Frequency	Once every 12 months	Once every 12 months	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year
Standard plastic (CR39) lenses								
Single vision	\$20 copay	\$25 Reimbursement	\$10 copay	\$25 Reimbursement	\$20 copay	\$25 Reimbursement	\$20 copay	\$25 Reimbursement
Bifocal	\$20 copay	\$40 Reimbursement	\$10 copay	\$40 Reimbursement	\$20 copay	\$40 Reimbursement	\$20 copay	\$40 Reimbursement
Trifocal	\$20 copay	\$55 Reimbursement	\$10 copay	\$55 Reimbursement	\$20 copay	\$55 Reimbursement	\$20 copay	\$55 Reimbursement
Frequency	Once every 24 months	Once every 24 months	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year
Lens add-ons								
Factory Scratch	\$0 copay	Not covered	\$0 copay	Not covered	\$0 copay	Not covered	\$0 copay	Not covered
Tint	\$15 copay	Not covered	\$15 copay	Not covered	\$15 copay	Not covered	\$15 copay	Not covered
Standard anti-reflective coating	\$45 copay	Not covered	\$45 copay	Not covered	\$45 copay	Not covered	\$45 copay	Not covered
Standard progressive lens <i>The copay is in addition to bifocal copay.</i>	\$65 copay	\$40 Reimbursement	\$65 copay	\$40 Reimbursement	\$65 copay	\$40 Reimbursement	\$65 copay	\$40 Reimbursement
Polycarbonate								
Members under age 19	\$0 copay	Not covered	\$0 copay	Not covered	\$0 copay	Not covered	\$0 copay	Not covered
Members age 19 and over	\$40 copay	Not covered	\$40 copay	Not covered	\$40 copay	Not covered	\$40 copay	Not covered
Transitions								
Members under age 19	\$0 copay	Not covered	\$0 copay	Not covered	\$0 copay	Not covered	\$0 copay	Not covered
Members age 19 and over	\$75 copay	Not covered	\$75 copay	Not covered	\$75 copay	Not covered	\$75 copay	Not covered
Frequency	Once every 24 months	Once every 24 months	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year
Frames	\$130 allowance	\$45 Reimbursement	\$150 allowance	\$45 Reimbursement	\$130 allowance	\$45 Reimbursement	\$130 allowance	\$45 Reimbursement
Frequency	Once every 24 months	Once every 24 months	Once every calendar year	Once every calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
Contact lenses								
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.								
Elective (conventional and disposable)	\$80 allowance	\$60 Reimbursement	\$150 allowance	\$60 Reimbursement	\$130 allowance	\$60 Reimbursement	\$80 allowance	\$60 Reimbursement
Nonelective	\$0 copay	\$210 Reimbursement	\$0 copay	\$210 Reimbursement	\$0 copay	\$210 Reimbursement	\$0 copay	\$210 Reimbursement
Frequency	Once every 24 months	Once every 24 months	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year

Blue View Vision plans

The Blue View Vision Bundled plan can only be purchased with a medical and/or dental plan. All other Blue View Vision plans listed on these pages can be purchased with or without a medical and/or dental plan.

	Blue View Progressive Preferred		Blue View Progressive Select		Blue View Vision Basic		Blue View Vision Premier	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Eye exam (with dilation as needed)	\$10 copay	\$30 Reimbursement	\$10 copay	\$30 Reimbursement	\$20 copay	\$30 Reimbursement	\$10 copay	\$30 Reimbursement
Frequency	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year
Standard plastic (CR39) lenses								
Single vision	\$10 copay	\$25 Reimbursement	\$20 copay	\$25 Reimbursement	\$20 copay	\$25 Reimbursement	\$20 copay	\$25 Reimbursement
Bifocal	\$10 copay	\$40 Reimbursement	\$20 copay	\$40 Reimbursement	\$20 copay	\$40 Reimbursement	\$20 copay	\$40 Reimbursement
Trifocal	\$10 copay	\$55 Reimbursement	\$20 copay	\$55 Reimbursement	\$20 copay	\$55 Reimbursement	\$20 copay	\$55 Reimbursement
Frequency	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year
Lens add-ons								
Factory Scratch	\$0 copay	Not covered	\$0 copay	Not covered	\$0 copay	Not covered	\$0 copay	Not covered
Tint	\$5 copay	Not covered	\$5 copay	Not covered	\$15 copay	Not covered	\$5 copay	Not covered
Standard anti-reflective coating	\$15 copay	Not covered	\$15 copay	Not covered	\$15 copay	Not covered	\$15 copay	Not covered
Standard progressive lens <i>The copay is in addition to bifocal copay.</i>	\$30 copay	\$40 Reimbursement	\$30 copay	\$40 Reimbursement	\$65 copay	\$40 Reimbursement	\$65 copay	\$40 Reimbursement
Polycarbonate								
Members under age 19	\$40 copay	Not covered	\$40 copay	Not covered	\$40 copay	Not covered	\$40 copay	Not covered
Members age 19 and over	\$10 copay	Not covered	\$10 copay	Not covered	\$10 copay	Not covered	\$10 copay	Not covered
Transitions								
Members under age 19	\$65 copay	Not covered	\$65 copay	Not covered	\$65 copay	Not covered	\$65 copay	Not covered
Members age 19 and over	\$20 copay	Not covered	\$20 copay	Not covered	\$20 copay	Not covered	\$20 copay	Not covered
Frequency	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year
Frames	\$150 allowance	\$45 Reimbursement	\$130 allowance	\$45 Reimbursement	\$150 allowance	\$45 Reimbursement	\$180 allowance	\$45 Reimbursement
Frequency	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year
Contact lenses								
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.								
Elective (conventional and disposable)	\$150 allowance	\$60 Reimbursement	\$130 allowance	\$60 Reimbursement	\$150 allowance	\$60 Reimbursement	\$180 allowance	\$60 Reimbursement
Nonelective	\$0 copay	\$210 Reimbursement	\$0 copay	\$210 Reimbursement	\$0 copay	\$210 Reimbursement	\$0 copay	\$210 Reimbursement
Frequency	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year

Blue View Vision plans

The Blue View Vision Bundled plan can only be purchased with a medical and/or dental plan. All other Blue View Vision plans listed on these pages can be purchased with or without a medical and/or dental plan.

	Blue View Vision Ultra	
	In-network	Out-of-network
Eye exam (with dilation as needed)	\$10 copay	\$30 Reimbursement
Frequency	Once every calendar year	Once every calendar year
Standard plastic (CR39) lenses		
Single vision	\$10 copay	\$25 Reimbursement
Bifocal	\$10 copay	\$40 Reimbursement
Trifocal	\$10 copay	\$55 Reimbursement
Frequency	Once every calendar year	Once every calendar year
Lens add-ons		
Factory Scratch	\$0 copay	Not covered
Tint	\$5 copay	Not covered
Standard anti-reflective coating	\$15 copay	Not covered
Standard progressive lens <i>The copay is in addition to bifocal copay.</i>	\$65 copay	\$40 Reimbursement
Polycarbonate		
Members under age 19	\$40 copay	Not covered
Members age 19 and over	\$10 copay	Not covered
Transitions		
Members under age 19	\$65 copay	Not covered
Members age 19 and over	\$20 copay	Not covered
Frequency	Once every calendar year	Once every calendar year
Frames	\$200 allowance	\$45 Reimbursement
Frequency	Once every calendar year	Once every calendar year
Contact lenses		
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.		
Elective (conventional and disposable)	\$200 allowance	\$60 Reimbursement
Nonelective	\$0 copay	\$210 Reimbursement
Frequency	Once every calendar year	Once every calendar year

Limits and Exclusions

Exclusions - Blue View Vision

- Services not listed in the “Your Vision Benefits” section of the Agreement.
- Sunglasses. Sunglass lenses or accompanying frames.
- Any amounts in excess of the maximum benefits stated in the Agreement.
- Premium contact lenses fittings.
- Cosmetic lens options not specifically listed in the “What is Covered” section of the Agreement.
- Any non-prescription lenses, eyeglasses or contacts, or plano lenses or lenses that have no refractive power.
- Any diagnostic testing or medical or surgical treatment of the eyes, including any eye surgery solely or primarily for the purpose of correcting refractive defects of the eye, such as nearsightedness (myopia) and/or astigmatism. We also will not cover any contact lenses or eyeglasses required as a result of this surgery.
- Any lost or broken lenses or frames, unless you have reached a new benefit period.
- Services received before your effective date or after your coverage ends.
- Services for which you are not legally obligated to pay, for which you are not charged, or for which no charge is made in the absence of insurance coverage.

Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation law or similar law, even if you do not claim those benefits. If there is a dispute or substantial uncertainty as to whether benefits may be recovered for those conditions pursuant to any workers' compensation law or similar law, we will provide the benefits of this plan for such condition, subject to our right to a lien or other recovery applicable law.

Any services actually given to you by a local, state, or federal government agency, or by a public school system or school district, except when payment under this plan is expressly required by federal or state law. We will not cover payment for these services if you are not required to pay for them or they are given to you for free.

- Treatment or services rendered by non-licensed providers and treatment or services for which the provider of services is not required to be licensed.
- Services of relatives.
- Orthoptics or vision training and any associated supplemental testing.
- Missed or cancelled appointments.
- Services or supplies combined with any other offer, coupon or in-store advertisement.

Get help in your language

Language Assistance Services



Curious to know what all this says? We would be too. Here's the English version:

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at 1-888-254-2721. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

Spanish

IMPORTANTE: ¿Puede leer esta carta? De lo contrario, podemos hacer que alguien lo ayude a leerla. También puede recibir esta carta escrita en su idioma. Para obtener ayuda gratuita, llame de inmediato al 1-888-254-2721. (TTY/TDD: 711)

Arabic

مهم: هل يمكنك قراءة هذه الرسالة؟ إذا لم تستطع، فيمكننا الاستعانة بشخص ما ليساعدك على قراءتها. كما يمكنك أيضًا الحصول على هذا الخطاب مكتوبًا بلغتك. للحصول على المساعدة المجانية، يُرجى الاتصال فورًا بالرقم 1-888-254-2721. (TTY/TDD: 711)

Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Կարողանո՞ւմ եք ընթերցել այս նամակը: Եթե ոչ, մենք կարող ենք տրամադրել ինչ-որ մեկին, ով կօգնի Ձեզ՝ կարդալ այն: Կարող ե՞ք նաև այս նամակը Ձեզ գրավոր տարբերակով տրամադրել: Անվճար օգնություն ստանալու համար կարող եք անհապաղ զանգահարել 1-888-254-2721 հեռախոսահամարով: (TTY/TDD: 711)

Chinese

重要事項：您能看懂這封信函嗎？如果您看不懂，我們能夠找人協助您。您有可能可以獲得以您的語言而寫的本信函。如需免費協助，請立即撥打1-888-254-2721。(TTY/TDD: 711)

Farsi

مهم: آیا می‌توانید این نامه را بخوانید؟ اگر نمی‌توانید، می‌توانیم شخصی را به شما معرفی کنیم تا در خواندن این نامه شما را کمک کند. همچنین می‌توانید این نامه را به صورت مکتوب به زبان خودتان دریافت کنید. برای دریافت کمک رایگان، همین حالا با شماره 1-888-254-2721 تماس بگیرید. (TTY/TDD: 711)

Hindi

महत्वपूर्ण: क्या आप यह पत्र पढ़ सकते हैं? अगर नहीं, तो हम आपको इसे पढ़ने में मदद करने के लिए किसी को उपलब्ध करा सकते हैं। आप यह पत्र अपनी भाषा में लिखवाने में भी सक्षम हो सकते हैं। निःशुल्क मदद के लिए, कृपया 1-888-254-2721 पर तुरंत कॉल करें। (TTY/TDD: 711)

Hmong

TSEEM CEEB: Koj puas muaj peev xwm nyeem tau daim ntawv no? Yog hais tias koj nyeem tsis tau, peb muaj peev xwm cia lwm tus pab nyeem rau koj mloog. Tsis tas li ntawd tej zaum koj kuj tseem yuav tau txais daim ntawv no sau ua koj hom lus thiab. Txog rau kev pab dawb, thov hu tam sim no rau tus xov tooj 1-888-254-2721. (TTY/TDD: 711)

Japanese

重要: この書簡を読めますか？もし読めない場合には、内容を理解するための支援を受けることができます。また、この書簡を希望する言語で書いたものを入手することもできます。次の番号にいますぐ電話して、無料支援を受けてください。1-888-254-2721 (TTY/TDD: 711)

Khmer

សំខាន់៖ តើអ្នកអាចអានលិខិតនេះទេ? បើមិនអាចទេ យើងអាចឲ្យនរណាម្នាក់អានវាជូនអ្នក។
អ្នកក៏អាចទទួលលិខិតនេះដោយសរសេរជាភាសារបស់អ្នកផងដែរ។ ដើម្បីទទួលជំនួយឥតគិតថ្លៃ
សូមហៅទូរស័ព្ទភ្លាមៗទៅលេខ 1-888-254-2721។ (TTY/TDD: 711)

Korean

중요: 이 서신을 읽으실 수 있으십니까? 읽으실 수 없을 경우 도움을 드릴 사람이 있습니다. 귀하가 사용하는 언어로 쓰여진 서신을 받으실 수도 있습니다. 무료 도움을 받으시려면 즉시 1-888-254-2721로 전화하십시오. (TTY/TDD: 711)

Punjabi

ਮਹੱਤਵਪੂਰਨ: ਕੀ ਤੁਸੀਂ ਇਹ ਪੱਤਰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇ ਨਹੀਂ, ਤਾਂ ਅਸੀਂ ਇਸ ਨੂੰ ਪੜ੍ਹਨ ਵਿੱਚ ਤੁਹਾਡੀ ਮਦਦ ਲਈ ਕਿਸੇ ਨੂੰ ਬੁਲਾ ਸਕਦਾ ਹਾਂ ਤੁਸੀਂ ਸ਼ਾਇਦ ਪੱਤਰ ਨੂੰ
ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਲਿਖਿਆ ਹੋਇਆ ਵਧੀ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਮੁਫਤ ਮਦਦ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ ਫੋਨ 1-888-254-2721 ਤੇ ਕਾਲ ਕਰੋ।
(TTY/TDD: 711)

Russian

ВАЖНО. Можете ли вы прочитать данное письмо? Если нет, наш специалист поможет вам в этом. Вы также можете получить данное письмо на вашем языке. Для получения бесплатной помощи звоните по номеру 1-888-254-2721. (TTY/TDD: 711)

Tagalog

MAHALAGA: Nababasa ba ninyo ang liham na ito? Kung hindi, may taong maaaring tumulong sa inyo sa pagbasa nito. Maaari ninyo ring makuha ang liham na ito nang nakasulat sa ginagamit ninyong wika. Para sa libreng tulong, mangyaring tumawag kaagad sa 1-888-254-2721. (TTY/TDD: 711)

Thai

หมายเหตุสำคัญ: ท่านสามารถอ่านจดหมายฉบับนี้หรือไม่ หากท่านไม่สามารถอ่านจดหมายฉบับนี้
เราสามารถจัดหาเจ้าหน้าที่มาอ่านให้ท่านฟังได้ ท่านยังอาจให้เจ้าหน้าที่ช่วยเขียนจดหมายในภาษาของท่านอีกด้วย
หากต้องการความช่วยเหลือโดยไม่มีค่าใช้จ่าย โปรดโทรติดต่อที่หมายเลข 1-888-254-2721 (TTY/TDD: 711)

Vietnamese

QUAN TRỌNG: Quý vị có thể đọc thư này hay không? Nếu không, chúng tôi có thể bố trí người giúp quý vị đọc thư này. Quý vị cũng có thể nhận thư này bằng ngôn ngữ của quý vị. Để được giúp đỡ miễn phí, vui lòng gọi ngay số 1-888-254-2721. (TTY/TDD: 711)

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1- 800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.