Kentucky Associations

Anthem

Specialty Business Group (All Groups Voluntary Plans)

Effective for groups with new and renewal dates between January 1, 2026 through December 31, 2028

The following Vision Association rates apply to groups with an effective date within the range listed above.

Blue View Vision℠ - Group size 2+

Option	Code	Plan Type	Copay Exam	Copay Eyeglass Lenses	Frequency Limits (months) Exam Only	Non-Network Reimbursement* Schedule
Option J ☐	4LMV	Full Service	$5.00	$10.00	12/12/24/12	Standard
Option K ☒	4M6X	Full Service	$10.00	$20.00	12/12/24/12	Standard
Option L ☐	4MM3	Full Service	$20.00	$20.00	12/12/24/12	Standard
Option M ☐	4TT1	Materials Only	N/A	$0	N/A	Standard

Notes: No Cost Share (NCS) means no deductible, copayment or coinsurance up to the maximum allowable amount. However, a member may be responsible for any balance due after the plan payment, including, but not limited to, benefits that reflect No Cost Share.

Voluntary Paid 4-Tier Rates				
Plans	Employee	Employee + Spouse	Employee + Child(ren)	Family
Option J ☐	$9.62	$16.83	$18.28	$27.90
Option K ☒	$8.99	$15.74	$17.09	$26.07
Option L ☐	$8.47	$14.82	$16.08	$24.53
Option M ☐	$6.02	$12.03	$13.68	$21.48

10% Broker Commission

Anthem Vision Summary of Benefits

Vision Examination: Each member is entitled to a vision examination by a Blue View Vision Provider.

Frames: Maximum allowable amount of **$130** retail for frames purchased from Network provider.

Contact Lenses**
Elective – Members have a **$130** plan allowance per benefit period toward cosmetic contact lenses in lieu of the frames and lens benefits. If the member chooses contact lenses greater than the plan allowance, the member is responsible for the difference.

Non-elective – contact lenses which are prescribed for the following conditions:

- Following cataract surgery;
- Extreme visual acuity or other functional problems that cannot be corrected by spectacle lenses. Covered up to **$210** in network.

Blue View Vision Additional Savings
Through Blue View Vision's Additional Savings Program, you can visit network providers to receive additional discounts off the retail prices of most frames, lenses, conventional contacts, a number of sunglasses and eyewear accessories after benefits have been exhausted.

You may use this savings as often as you like during your enrollment in the Blue View Vision plan.

- Fixed fee pricing on lens options
- Other add-ons and services 20% off retail
- 20% discount on the balance over the frame allowance
- 15% discount on the balance over the conventional contact lens allowance

Additional purchases

- 40% discount off complete second pair of glasses
- 20% discount off frames and eyeglass lenses purchased separately
- 20% discount off eyewear accessories such as lens treatments, specialized lenses, non-prescription sunglasses, and more.

**Non-network reimbursement represents Plan's allowance towards eligible benefits and may not cover all charges*
***See Membership Certificate for definitions of Elective and Non-elective Contact Lenses*