

Hancock County Government

2018 Vision Summary

	Anthem Blue View Vision
PREMIUMS (Per EE/MO)	
Employee	\$6.38
Employee + Spouse	\$11.16
Employee + Child(ren)	\$12.11
Family	\$18.49
Network	Blue View Vision
Effective Date	1/1/2018
Premium/Fee Guarantee	3 years
BENEFITS: Network/Non-Network	
Exam Co-pay	\$10
Eye Exam (In/Out)	100% after copay / up to \$42
Material Co-pay	\$20
Single lenses	100% after copay / up to \$40
Bifocal lenses	100% after copay / up to \$60
Trifocal lenses	100% after copay / up to \$80
Frames only	Up to \$150 / up to \$45
Contact lenses (elective)	Up to \$140 / up to \$105
Contact lenses (medical necessity)	100% / up to \$210
Frequency - Exam	12 Months
Frequency - Lenses	12 Months
Frequency - Frames	24 Months