Vision Plan

Cintas offers you and your family vision coverage provided by Anthem Blue View Vision Insight Plus, which provides you with access to one of the nation's largest vision networks. The Plan provides coverage for a routine eye exam along with glasses or contact lenses. You can choose from many private practice doctors, local optical stores and national retail stores including LensCrafters®, Target Optical® and most Pearle Vision® locations. You can even use your in-network benefits to order eyewear online at **Glasses.com** and **ContactsDirect.com**.

IN-NETWORK VISION CARE COSTS

This chart details the costs for in-network vision care. For out-of-network care, you can be reimbursed up to a certain dollar amount for most services.

	ANTHEM BLUE VIEW VISION INSIGHT PLUS	
PROVIDER TYPE	PLUS PROVIDER	ANY OTHER IN-NETWORK PROVIDER
Routine Eye Exam (once every calendar year)	$0 copay	$10 copay
Eyeglass Frames (once every calendar year)	You pay 80% after $185 allowance	You pay 80% after $135 allowance
Eyeglass Lenses Instead of Contact Lenses (once every calendar year)	$10 copay (includes single vision, bifocal and trifocal lenses)	
Free Eyeglass Lens Enhancements (once every calendar year)	$0 copay for transition lenses and standard polycarbonate for children under age 19, as well as factory scratch coating and standard progressive lenses for any age	
Eyeglass Lens Upgrades		
Transitions for age 19 and over	$75	
Standard polycarbonate for age 19 and over	$40	
Tint (solid and gradient)	$15	
UV Coating	$15	
Progressive Lenses[1]	Premium Tier 1: $20 Premium Tier 2: $30 Premium Tier 3: $45 Premium Tier 4: 20% off retail price	
Anti-Reflective Coating[1]	Standard: $45 Premium Tier 1: $57 Premium Tier 2: $68 Premium Tier 3: 20% off retail price	
Other Add-ons (i.e., high index lenses, anti-fog coating)	20% off retail price	
Additional Pairs of Eyeglasses	**Complete pair:** 40% off retail price, then $100 allowance **Eyeglass materials purchased separately:** 20% off retail price	**Complete pair:** 40% off retail price, then $50 allowance **Eyeglass materials purchased separately:** 20% off retail price
Contact Lenses[2] Instead of Eyeglass Lenses (once every calendar year)		
Elective Conventional (non-disposable) **OR** Elective Disposable **OR** Non-elective (medically necessary)	You pay 85% after $135 allowance $135 allowance (no additional discount) Covered in full	
Contact Lens Fit and Follow-up	**Standard contact lens fitting[3]:** Up to $40 **Premium contact lens fitting[4]**: 10% off retail price	
Eyewear Accessories (items such as non-prescription sunglasses, lens cleaning supplies, contact lens, solutions, eyeglass cases, etc.)	20% off retail price	
Retinal Imaging	Not more than $39	

2027 VISION PREMIUMS

	ANTHEM BLUE VIEW VISION INSIGHT PLUS
Partner Only	$1.29
Partner + Spouse	$3.33
Partner + Child(ren)	$3.21
Partner + Family	$3.72

[1] Please ask your provider for his/her recommendation as well as the available brands by tier.

[2] 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.

[3] Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

[4] Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.