



The IDA Insurance Trust is a multiple employer welfare arrangement. The multiple employer welfare arrangement may not be subject to all of the insurance laws and regulations of the Indiana. State insurance guaranty funds are not available for the IDA Insurance Trust.

2019 Blue View Vision Benefit Comparison

Benefits	Low Plan		High Plan		Frequency
	Network / Non-Network		Network / Non-Network		
Routine Eye Exam: Comprehensive Eye Exam	\$10 Copay	Up to \$42	\$10 Copay	Up to \$42	Once every calendar year
Eyeglass Frames:	\$130 allowance, then 20% off any balance	Up to \$45	\$150 allowance, then 20% off any balance	Up to \$45	One every two calendar years
Eyeglass Lenses: Single Vision Lenses: Bifocal Lenses: Trifocal Lenses:	\$25 Copay \$25 Copay \$25 Copay	(allowance amount) Up to \$40 Up to \$60 Up to \$80	\$10 Copay \$10 Copay \$10 Copay	(allowance amount) Up to \$40 Up to \$60 Up to \$80	Once every calendar year
Eyeglass Lens Enhancements: *Transition Lenses (for child under age 19): *Standard polycarbonate (for a child under age 19) *Factory scratch coating:	\$0 Copay \$0 Copay \$0 Copay	No allowance when obtained out-of-network	\$0 Copay \$0 Copay \$0 Copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
Contact Lenses: *Elective conventional (non-disposable); OR *Elective disposable; OR *Non-Elective (medically necessary)	\$130 allowance, then 15% off any balance \$130 (no additional discount) Covered in full	Up to \$105 allowance Up to \$105 allowance Up to \$210 allowance	\$150 allowance, then 15% off of any balance \$150 (no additional discount) Covered in full	Up to \$105 allowance Up to \$105 allowance Up to \$210 allowance	Once every calendar year

Blue View Vision: Low Plan Pricing (monthly cost):
 Employee Only: \$6.90/mo.
 Employee & Spouse: \$13.80/mo.
 Employee & Child(ren): \$14.15/mo.
 Family: \$21.05/mo.

Blue View Vision: High Plan Pricing (monthly cost):
 Employee Only: \$8.36/mo.
 Employee & Spouse: \$16.72/mo.
 Employee & Child(ren): \$17.14/mo.
 Family: \$25.50/mo.

Please note: This information is intended to be a brief outline of plan benefits. A more detailed description of benefits is available upon request.

* When obtaining covered eyewear from a Blue View Vision provider, members may choose to add any of the listed lens enhancements at no extra cost.

** 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.