

Blue View Plus Vision Summary

Plan for Small Groups

This Summary of Vision Benefits outlines the vision benefits available to you through the Blue View Vision Plan. This is a summary of your vision benefit. Please review your benefit certificate for plan details. For eligibility definitions please contact your group administrator.

Anthem's Provider Network: Blue View Vision contracts with many providers, which includes independent optometrists and ophthalmologists as well as retail locations. **Anthem** members have access to approximately 32,000 conveniently located providers nationwide. Members may call Blue View Vision toll-free (866) 723-0515 or visit www.anthem.com any time for provider locations. Schedule an appointment with your Blue View Vision provider; identify yourself as a Blue View Vision member for fast, paperless determination and confirmation of benefits.

Network Provider: Maximum benefits are achieved when members access their benefits from an Blue View Participating Provider. Copayment(s) may apply to in-network benefits.

Non-Network Provider Reimbursements: Members may go to a non-participating (non-network) provider and pay the provider directly for services and materials. Members may then submit an original itemized invoice and a copy of the prescription along with the Member's I.D. number to Blue View Vision for reimbursement according to the Non-Network Reimbursement schedule identified in this Summary of Vision Benefits.

Value Added Savings: Blue View Vision providers offer you discount pricing, which is significantly below retail. You receive substantial savings (15%-40% or more) on additional eyewear pair purchases, contact lenses, lens treatments, specialized lenses and various sundry items.

Copayment(s): Copayment amounts are applicable to Network Provider examinations.

Blue View Vision Benefits	Member Benefit From Network Provider	Non-Network Reimbursement**
Vision Examination: Covered up to a comprehensive level exam with dilation as necessary from Network Provider. Availability : Once every 12 months*	\$15.00 Copayment	Up to \$49.00
Lenses: A choice of glass or plastic (CR39) lenses in single vision, and bifocal or trifocal (FT 25-28); lenses up to 55 mm; and all ranges of prescriptions. Single Vision Lenses Bifocal Lenses (pair) Progressive Lenses (pair) Trifocal Lenses (pair) Availability: Once every 12 months*	No Copayment No Copayment Covered up to the bifocal amount for standard progressive lenses. Member pays the difference No Copayment	Up to \$35.00 Up to \$49.00 Up to \$49.00 Up to \$74.00
Frames Availability : Once every 12 months*	Up to \$120.00 Member receives 20% discount on price in excess of \$120.00 maximum	Up to \$50.00
Contact Lenses***: Elective Conventional Disposable Non-elective Availability : Once every 12 months*	Contact Lens allowance applies to fit, follow-up and materials Up to \$115.00 Member receives 15% discount on price in excess of \$115.00 maximum. Up to \$115.00 No Copayment	Up to \$92.00 Up to \$92.00 Up to \$250.00

*From your last date of service

** 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.

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Limitations and Exclusions:

This is a primary vision care benefit and is intended to cover only eye examinations and corrective eyewear. Covered materials that are lost or broken will be replaced only at normal service intervals indicated in the Plan Design; however, these materials and any items not covered below may be purchased at Preferred Pricing from a Blue View Vision Provider. In addition, benefits are payable only for expenses incurred while the Group and individual Member coverage is in force.

- Orthoptics or vision training and any supplemental testing.
- Plano (non- prescription) lenses.
- Two pair of eyeglasses in lieu of bifocals or trifocals.
- Medical or surgical treatment of the eyes.
- An eye exam or corrective eyewear required by an employer as a condition of employment.
- Any injury or illness covered under Workers' Compensation or similar law, or which is work related.
- Sub-normal vision aids.
- Plain or prescription sunglasses or tinted lenses, and no-line bifocals and blended lenses.
- Charges in excess of Usual and Customary for services and materials.
- Experimental or non-conventional treatments or devices.
- Safety eyewear.
- Spectacle lens styles, materials, treatments or "add-ons" not shown in the Summary of Vision Benefits.