WELCOME TO BLUE VIEW VISION!
Good news—your vision plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what’s covered, your discounts, and much more!

Blue View VisionSM Option 25
Your Blue View Vision network
Anthem Blue Cross and Blue Shield vision members have access to one of the nation’s largest vision networks. Blue View Vision is the only vision plan that gives members the ability to use their in-network benefits at 1-800 CONTACTS, or choose a private practice eye doctor, or go in store to LensCrafters®, Sears OpticalSM, Target Optical®, JCPenney® Optical and most Pearle Vision® locations.

Out-of-network: If you choose to, you may receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement of your out-of-network allowance. In-network benefits and discounts will not apply.

YOUR BLUE VIEW VISION PLAN AT-A-GLANCE

VISION PLAN BENEFITS

Routine eye exam once every 12 months

Eyeglass frames
Once every 24 months you may select an eyeglass frame and receive an allowance toward the purchase price

Eyeglass lenses (Standard)
Once every 12 months you may receive any one of the following lens options:
- Standard plastic single vision lenses (1 pair)
- Standard plastic bifocal lenses (1 pair)
- Standard plastic trifocal lenses (1 pair)

Eyeglass lens enhancements
When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.
- Transitions® Lenses (for a child under age 19)
- Standard Polycarbonate (for a child under age 19)
- Factory Scratch Coating

Contact lenses – once every 12 months
Prefer contact lenses over glasses? You may choose contact lenses instead of eyeglass lenses and receive an allowance toward the cost of a supply of contact lenses.
- Elective Conventional Lenses; or
- Elective Disposable Lenses; or
- Non-Elective Contact Lenses

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.

BLUE VIEW VISION MEMBER EXCLUSIVE!
You may use your in-network benefit to order your contact lenses from 1-800 CONTACTS offers a huge in-stock inventory, unbeatable prices, outstanding customer service and free shipping. Just call 1-800 CONTACTS or go to 1800contacts.com for fast and easy ordering of your contact lenses.

EXCLUSIONS & LIMITATIONS (not a comprehensive list)

Combined Offers. Not to be combined with any offer, coupon, or in-store advertisement.

Excess Amounts. Amounts in excess of covered vision expense.

Sunglasses. Sunglasses and accompanying frames.

Safety Glasses. Safety glasses and accompanying frames.

Not Specifically Listed. Services not specifically listed in this plan as covered services.

Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

Orthoptics. Orthoptics or vision training and any associated supplemental testing.

Transitions and the swirl are registered trademarks of Transitions Optical, Inc.
Discount cannot be used in conjunction with your covered benefits.

A standard contact lens fitting includes spherical clear contact lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

Out-of-network
If you choose an out-of-network provider, please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. When visiting an out-of-network provider, discounts do not apply and you are responsible for payment of services and/or eyewear materials at the time of service.

To Fax: 866-293-7373
To Email: oonclaims@eyewearspecialoffers.com
To Mail: Blue View Vision
Attn: OON Claims
P.O. Box 8504
Mason, OH 45040-7111

Blue View Vision is for routine care only. If you need medical treatment for your eyes, visit a participating eye care physician from your medical network. If you have questions about your benefits or need help finding a provider, visit anthem.com or call us at 1-866-723-0515.

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Benefits are payable only for expenses incurred while the group is underwritten. If you have questions about your benefits or need help finding a provider, visit anthem.com or call us at 1-866-723-0515.

Anthem Blue Cross and Blue Shield is the trade name of: In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Health Plan of Missouri, Inc. RightCHOICE® Health Plan of Missouri, Inc. RightCHOICE® Health Plan of Missouri, Inc. RightCHOICE® Health Plan of Missouri, Inc. RightCHOICE® Health Plan of Missouri, Inc. RightCHOICE® Health Plan of Missouri, Inc.

<table>
<thead>
<tr>
<th>Additional Pairs of Eyeglasses</th>
<th>Anytime from any Blue View Vision network provider</th>
<th>• Complete Pair</th>
<th>40% off retail price</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• Eyeglass materials purchased separately</td>
<td>20% off retail price</td>
</tr>
<tr>
<td>Eyewear Accessories</td>
<td></td>
<td>• Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.</td>
<td>20% off retail price</td>
</tr>
<tr>
<td>Contact lens fit and follow-up</td>
<td>A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.</td>
<td>• Standard contact lens fitting</td>
<td>Up to $55</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Premium contact lens fitting</td>
<td>10% off retail price</td>
</tr>
<tr>
<td>Conventional Contact Lenses</td>
<td>• Discount applies to materials only</td>
<td>15% off retail price</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• For this offer and more like it, login to member services, select discounts, then Vision, Hearing &amp; Dental</td>
<td>Discount per eye</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• For this other great offers, login to member services, select discounts, then Vision, Hearing &amp; Dental</td>
<td>Save $20 on orders of $100 or more and get free shipping</td>
</tr>
</tbody>
</table>

1 Please ask your provider for his/her recommendation as well as the progressive brands by tier.
2 Please ask your provider for his/her recommendation as well as the coating brands by tier.
3 A standard contact lens fitting includes spherical clear contact lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.
4 A premium contact lens fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.
5 Discount cannot be used in conjunction with your covered benefits.

Some OF THE ADDITIONAL SAVINGS AVAILABLE THROUGH OUR SPECIAL OFFERS PROGRAM

1-800 CONTACTS
After your benefits for the coverage period have been used, you can save on contact lenses with this offer.3

<table>
<thead>
<tr>
<th>Laser vision correction surgery</th>
<th>LASIK refractive surgery</th>
<th>• For this offer and more like it, login to member services, select discounts, then Vision, Hearing &amp; Dental</th>
<th>Discount per eye</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• For this other great offers, login to member services, select discounts, then Vision, Hearing &amp; Dental</td>
<td>Save $20 on orders of $100 or more and get free shipping</td>
</tr>
</tbody>
</table>

SOME OF THE ADDITIONAL SAVINGS AVAILABLE THROUGH OUR SPECIAL OFFERS PROGRAM

1 Please ask your provider for his/her recommendation as well as the progressive brands by tier.
2 Please ask your provider for his/her recommendation as well as the coating brands by tier.
3 A standard contact lens fitting includes spherical clear contact lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.
4 A premium contact lens fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.
5 Discount cannot be used in conjunction with your covered benefits.

OUT-OF-NETWORK
If you choose an out-of-network provider, please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. When visiting an out-of-network provider, discounts do not apply and you are responsible for payment of services and/or eyewear materials at the time of service.

To Fax: 866-293-7373
To Email: oonclaims@eyewearspecialoffers.com
To Mail: Blue View Vision
Attn: OON Claims
P.O. Box 8504
Mason, OH 45040-7111

Blue View Vision is for routine care only. If you need medical treatment for your eyes, visit a participating eye care physician from your medical network. If you have questions about your benefits or need help finding a provider, visit anthem.com or call us at 1-866-723-0515.

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Benefits are payable only for expenses incurred while the group is underwritten. If you have questions about your benefits or need help finding a provider, visit anthem.com or call us at 1-866-723-0515.