Blue View Vision℠ BVV

Your Blue View Vision network
Blue View 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 Optical℠, 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.

VISION PLAN BENEFITS

Routine eye exam once every calendar year

Eyeglass frames
Once every two calendar years you may select an eyeglass frame and receive an allowance toward the purchase price

Eyeglass lenses (Standard)
Once every calendar year 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
- Standard Anti-Reflective Coating

Contact lens fit and follow-up
A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.

Contact lenses – once every calendar year
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

IN-NETWORK

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Eye Exam</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Standard Plastic Single Vision Lenses</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Standard Plastic Bifocal Lenses</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Standard Plastic Trifocal Lenses</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Premium Contact Lens Fitting</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Standard Contact Lens Fitting</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Elective Conventional Lenses</td>
<td>$130 allowance, then 20% off any remaining balance</td>
</tr>
<tr>
<td>Elective Disposable Lenses</td>
<td>$130 allowance, then 15% off any remaining balance</td>
</tr>
<tr>
<td>Non-Elective Contact Lenses</td>
<td>$130 allowance</td>
</tr>
<tr>
<td>Factory Scratch Coating</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Standard Anti-Reflective Coating</td>
<td>$0 copay</td>
</tr>
</tbody>
</table>

OUT-OF-NETWORK

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Eye Exam</td>
<td>$35 allowance</td>
</tr>
<tr>
<td>Standard Plastic Single Vision Lenses</td>
<td>$45 allowance</td>
</tr>
<tr>
<td>Standard Plastic Bifocal Lenses</td>
<td>$45 allowance</td>
</tr>
<tr>
<td>Standard Plastic Trifocal Lenses</td>
<td>$45 allowance</td>
</tr>
<tr>
<td>Premium Contact Lens Fitting</td>
<td>$35 allowance</td>
</tr>
<tr>
<td>Standard Contact Lens Fitting</td>
<td>$35 allowance</td>
</tr>
<tr>
<td>Elective Conventional Lenses</td>
<td>$75 allowance</td>
</tr>
<tr>
<td>Elective Disposable Lenses</td>
<td>$75 allowance</td>
</tr>
<tr>
<td>Non-Elective Contact Lenses</td>
<td>$90 allowance</td>
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1 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.
2 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.

Your contact lens allowance can only be applied toward the first purchase of contacts you make during a benefit period. Any unused amount remaining cannot be used for subsequent purchases made during 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. 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.
OPTIONAL SAVINGS AVAILABLE FROM IN-NETWORK PROVIDERS ONLY

<table>
<thead>
<tr>
<th>Retinal Imaging</th>
<th>In-network Member Cost (after any applicable copay)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retinal Imaging - at member’s option can be performed at time of eye exam</td>
<td>Not more than $39</td>
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Eyeglass lens upgrades

When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.

- Transitions lenses (Adults) $75
- Standard Polycarbonate (Adults) $40
- Tint (Solid and Gradient) $15
- UV Coating $15
- Progressive Lenses
  - Standard $65
  - Premium Tier 1 $85
  - Premium Tier 2 $95
  - Premium Tier 3 $110
- Anti-Reflective Coating
  - Premium Tier 1 $12
  - Premium Tier 2 $23
- Other Add-ons and Services 20% off retail price

Additional Pairs of Eyeglasses

Anytime from any Blue View Vision network provider

- Complete Pair 40% off retail price
- Eyeglass materials purchased separately 20% off retail price

Eyewear Accessories

- Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 20% off retail price

Conventional Contact Lenses

- Discount applies to materials only 15% off retail price

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.

- For this and other great offers, login to member services, select discounts, then Vision, Hearing & Dental

Laser vision correction surgery

LASIK refractive surgery.

- For this offer and more like it, login to member services, select discounts, then Vision, Hearing & Dental

Discount per eye

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 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 eye 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 the number on the back of your ID card.

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 and insured person’s coverage is in force.

This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member’s policy, which shall control in the event of a conflict with this overview. Discounts referenced are not covered benefits under this vision plan and therefore are not included in the member’s policy. Frame discounts may not apply to some frames where the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Discounts are subject to change without notice. This benefit overview is only one piece of your entire enrollment package.