

ANTHEM VISION SUMMARY PLAN DESCRIPTION

This Summary Plan Description outlines the vision benefits available to you through the Anthem 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: Anthem Vision contracts with many providers which include independent optometrists and ophthalmologists as well as retail locations. Anthem members have access to approximately 10,000 conveniently located providers nationwide. Members may call Anthem Vision toll-free (800) 231-2583 or visit www.anthem.com any time for provider locations. Schedule an appointment with your Anthem provider; identify yourself as an Anthem member for fast, paperless determination and confirmation of benefits.

Network Provider: Maximum benefits are achieved when members access their benefits from an *Anthem* 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 *Anthem Vision* for reimbursement according to the Non-Network Reimbursement schedule identified in this Summary Plan Description.

Value Added Savings: *Anthem Providers* agree to Preferred Pricing that is significantly below retail. Members are able to achieve substantial savings on additional pair purchases, contact lenses, lens treatments, specialized lenses and various sundry items. Members may save approximately 20% to 40% or more off retail when they visit an *Anthem* Provider.

Copayment(s): Copayment amounts are applicable to Network Provider examinations and materials. Separate copayments may be charged for examinations and materials. Materials consist of lenses and frames or contact lenses. Separate copayments for lenses and frames will not apply if these services are received at the same time.

<i>Anthem Vision Benefits</i>	Member Benefit from Network Provider	Non-Network Reimbursement**
<i>Vision Examination:</i> Each member is entitled to a comprehensive vision examination by an Anthem Provider. <i>Availability : Once every 12 months*</i>	\$25.00 Copayment	Up to \$35.00
<i>Lenses:</i> 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) Lenticular <i>Availability : Once every 12 months*</i>	\$25.00 Materials copayment applies to lenses and frames \$25.00 Copayment \$25.00 Copayment \$25.00 Copayment – Maximum Allowable Amount equal to bifocal amount. Member pays difference. \$25.00 Copayment \$25.00 Copayment	Up to \$25.00 Up to \$40.00 Up to \$40.00 Up to \$55.00 Up to \$80.00
<i>Frames:</i> Maximum Allowable Amount of \$120.00 (retail) for frames purchased from Network Provider. Member pays Preferred Price in excess of Maximum Allowable Amount. <i>Availability : Once every 24 months*</i>	\$25.00 Copayment	Up to \$45.00
<i>Contact Lenses***:</i> Elective - Members have a \$105.00 plan allowance per benefit period toward cosmetic contact lenses <i>in lieu of the frame and lens benefits</i> . If the member chooses contact lenses greater than the plan allowance, the member is responsible for the difference. Medically Necessary <i>Availability : Once every 12 months*</i>	\$25.00 Copayment Plan provides 10% discount on disposable lenses and 15% on other traditional lenses. \$25.00 Copayment	Up to \$80.00 Up to \$210.00

**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 Medically Necessary Contact Lenses.*

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 an Anthem 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; or 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 Plan Description.