Custom Plan for Butler University

January 1, 2017

Blue View Vision℠

Your Blue View Vision network
Blue View Vision offers you one of the largest vision care networks in the industry, with a wide selection of experienced ophthalmologists, optometrists, and opticians. Blue View Vision’s network also includes convenient retail locations, many with evening and weekend hours, including 1-800-CONTACTS, LensCrafters®, Sears Optical℠, Target Optical®, JCPenney® Optical and most Pearle Vision® locations. Best of all – when you receive care from a Blue View Vision participating provider, you can maximize your benefits and money-saving discounts.

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)
- Standard plastic lenticular lenses (1 pair)

Eyeglass lens enhancements
When obtaining covered eyewear from a Blue View Vision provider, you may 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

- Elective Conventional Lenses; or
- Elective Disposable Lenses; or
- Non-Elective Contact Lenses

IN-NETWORK

$10 copay, then covered in full
$130 allowance, then 20% off any remaining balance
$20 copay, then covered in full
$20 copay, then covered in full
$20 copay, then covered in full

OUT-OF-NETWORK

$42 allowance
$45 allowance
$40 allowance
$60 allowance
$80 allowance
$100 allowance

Contact lenses – once every 12 months

$135 allowance, then 15% off any remaining balance
$135 allowance
$135 allowance
$210 allowance

EXCLUSIONS & LIMITATIONS (not a complete list)

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

### 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.

<table>
<thead>
<tr>
<th>Lens Type</th>
<th>In-network Member Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transitions® Lenses (Adults)</td>
<td>$75</td>
</tr>
<tr>
<td>Standard Polycarbonate (Adults)</td>
<td>$40</td>
</tr>
<tr>
<td>Tint (Solid and Gradient)</td>
<td>$15</td>
</tr>
<tr>
<td>UV Coating</td>
<td>$15</td>
</tr>
<tr>
<td>Progressive Lenses</td>
<td></td>
</tr>
<tr>
<td>Standard</td>
<td>$65</td>
</tr>
<tr>
<td>Premium Tier 1</td>
<td>$85</td>
</tr>
<tr>
<td>Premium Tier 2</td>
<td>$95</td>
</tr>
<tr>
<td>Premium Tier 3</td>
<td>$110</td>
</tr>
<tr>
<td>Anti-Reflective Coating</td>
<td></td>
</tr>
<tr>
<td>Standard</td>
<td>$45</td>
</tr>
<tr>
<td>Premium Tier 1</td>
<td>$57</td>
</tr>
<tr>
<td>Premium Tier 2</td>
<td>$68</td>
</tr>
<tr>
<td>Other Add-ons and Services</td>
<td>20% off retail price</td>
</tr>
</tbody>
</table>

### Additional Pairs of Eyeglasses

Anytime from any Blue View Vision network provider.

<table>
<thead>
<tr>
<th>Quantity</th>
<th>In-network Member Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Pair</td>
<td>40% off retail price</td>
</tr>
<tr>
<td>Eyeglass materials purchased separately</td>
<td>20% off retail price</td>
</tr>
</tbody>
</table>

### Eyewear Accessories

<table>
<thead>
<tr>
<th>Item Description</th>
<th>In-network Member Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.</td>
<td>20% off retail price</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Lens Type</th>
<th>In-network Member Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard contact lens fitting</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Premium contact lens fitting</td>
<td>10% off retail price</td>
</tr>
</tbody>
</table>

### Conventional Contact Lenses

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>In-network Member Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discount applies to materials only</td>
<td>15% off retail price</td>
</tr>
</tbody>
</table>

### Laser vision correction surgery

LASIK refractive surgery

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>In-network Member Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discount per eye</td>
<td>For more information, go to anthem.com/specialoffers and select vision care.</td>
</tr>
</tbody>
</table>

Members can take advantage of savings opportunities from dozens of vendors on a variety of products and services, including LASIK vision surgery, hearing services and aids, wellness products, weight loss programs, fitness memberships, elder care services, and much more.

---

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.

---

### 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 45404-7111

---

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 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 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.

---

Transitions and the swirl are registered trademarks of Transitions Optical, Inc. Photocromatic performance is influenced by temperature, UV exposure and lens material.

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® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Ohio: Community Insurance Company. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies; Compare Health Services Insurance Corporation (Compare), which underwrites or administers the HMO policies; and Compare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are the registered marks of the Blue Cross and Blue Shield Association.