

Vision

Small Group Network and Non-network Options

Ohio Small Group – Network Options

Anthem Blue Vision Exam Plus Discount

<i>Frequency Limits (months)</i>				<i>Copays</i>	
Plan	Exam	Lenses	Frames	Exam	Materials
1	12	None	None	\$5	Discount

Anthem Blue Vision PPO

<i>Frequency Limits (months)</i>				<i>Copays</i>	
Plan	Exam	Lenses	Frames	Exam	Materials
3	12	24	24	\$10	\$20
4	12	12	24	\$10	\$20
5	12	12	24	\$5	\$10
7	12	12	12	\$5	\$10

Network Benefits

For plans 3,4,5,7

<i>Benefit Maximum</i>	
Service	Amount
Frame	up to \$120
Contacts - elective - non-elective*	up to \$105 up to \$250

Coverage for Anthem Blue Vision PPO includes choice of lenses/frames or contacts. Depending on the plan, restrictions may apply.

Non-network Benefits

For plans 3,4,5,7 only

<i>Benefit Maximum</i>	
Service	Amount
Exam	up to \$35
Single vision lenses	up to \$25
Bifocal lenses	up to \$40
Progressive lenses	up to \$40
Trifocal lenses	up to \$55
Lenticular	up to \$80
Frame	up to \$45
Contacts - elective - non-elective*	up to \$105 up to \$210

*Contact lenses which Anthem has approved following cataract surgery or for extreme visual acuity or other functional problems

that cannot be corrected by spectacle lenses

Vision administration services are provided by Health Management Systems, Inc.

The availability of the programs and services listed may vary by product. Please consult your broker or agent for additional information.

The benefit descriptions contained in this brochure are intended to be a brief outline of coverage and are not intended to be a legal contract.

The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

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