Welcome to Blue View Vision Insight!

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 Insight

University of California Student Health Insurance Plan (UC SHIP) 2015/16

Your Blue View Vision Insight network

Blue View Vision Insight 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 Insight also includes convenient retail locations, many with evening and weekend hours, including LensCrafters®, Sears Optical®, Target Optical®, JCPenney® Optical and most Pearle Vision® locations.

Locate a Provider: To help ensure you choose a provider who participates in your plan, be sure to select Blue View Vision Insight when using our Find a Doctor feature on www.anthem.com/ca.

1) Go to www.anthem.com/ca and select Find a Doctor
2) When asked what are you looking for? select Vision
3) Under select type of visit choose Routine eye exam and eyewear (note: this is the default selection)
4) For about the provider enter the name of a provider or leave this field blank
5) Under where are you looking? enter a City and State or Zip Code
6) For what insurance plan would you like to use? select Blue View Vision Insight from the drop down menu, then click the search button

Your Blue View Vision Insight Plan at-a-Glance

<table>
<thead>
<tr>
<th>Vision Plan Benefits</th>
<th>In-Network</th>
<th>Out-Of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Eye Exam</td>
<td>$10 copay, then covered in full</td>
<td>$49 allowance</td>
</tr>
<tr>
<td>Eyeglass Frames</td>
<td>$120 allowance, then 20% off any remaining balance</td>
<td>$50 allowance</td>
</tr>
<tr>
<td>Eyeglass Lenses (Standard)</td>
<td>$25 copay, then covered in full</td>
<td>$35 allowance</td>
</tr>
<tr>
<td></td>
<td>$25 copay, then covered in full</td>
<td>$49 allowance</td>
</tr>
<tr>
<td></td>
<td>$25 copay, then covered in full</td>
<td>$74 allowance</td>
</tr>
<tr>
<td>Eyeglass Lens Enhancements</td>
<td>$0 after eyeglass lens copay</td>
<td>No allowance on lens enhancements when obtained out-of-network</td>
</tr>
<tr>
<td>Contact Lenses – once every benefit year</td>
<td>$120 allowance, then 15% off any remaining balance</td>
<td>$92 allowance</td>
</tr>
<tr>
<td>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.</td>
<td>$120 allowance (no additional discount)</td>
<td>$92 allowance</td>
</tr>
<tr>
<td></td>
<td>Covered in full</td>
<td>$250 allowance</td>
</tr>
</tbody>
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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-preservation lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

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

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.
OPTIONAL SAVINGS AVAILABLE FROM IN-NETWORK PROVIDERS ONLY

<table>
<thead>
<tr>
<th>Optional Savings</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>
</tr>
</tbody>
</table>

**Eyeglass lens upgrades**
- When obtaining eyewear from a Blue View Vision Insight 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**
    - **Standard**                                           | $45       |
    - **Premium Tier 1**                                    | $57       |
    - **Premium Tier 2**                                    | $68       |
  - **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                               |

**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.
  - **Standard contact lens fitting**                       | Up to $55                                           |
  - **Premium contact lens fitting**                        | 10% off retail price                                |

**Conventional Contact Lenses**
- **Discount applies to materials only**                   | 15% off retail price                                |

**Laser vision correction surgery**
- **LASIK refractive surgery**                             | For more information, go to anthem.com/ca/specialoffers and select vision care. |
  - **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 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 45040-7111

Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit Student Health Services to obtain a referral to a participating eye care physician from the medical network.

If you have questions about your benefits or need help finding a provider, visit anthem.com/ca or call us at 1-866-940-8306.

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.

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