FS A.0.0.130.999 Access Network

Group Name: East Kentucky Power Cooperative

Welcome to your Blue View Vision plan!

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at www.anthem.com, or the Sydney app. You may also call member services for assistance at 1-866-723-0515

Out-of-Network – If you choose to, you may instead receive covered benefits outside of the network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

Blue View Vision plan benefits	In-Network	Out-of-Network	Frequency
Routine Eye Exam			
A comprehensive eye examination	$0 copay	Up to $100 reimbursement	Once every calendar year
Eyeglass Frames			
One pair of eyeglass frames	$130 allowance, then 20% off any balance	Up to $130 reimbursement	One every calendar year
Eyeglass Lenses ***(in addition to contact lenses)***			
One pair of standard plastic prescription lenses:			
○ Single vision lenses	$0 copay	Up to $100 reimbursement	One every calendar year
○ Bifocal lenses	$0 copay	Up to $125 reimbursement	
○ Trifocal lenses	$0 copay	Up to $150 reimbursement	
○ Lenticular lenses	$0 copay	Up to $175 reimbursement	
Contact Lenses ***(in addition to eyeglass lenses) (declining balance)***			
○ Elective conventional (non-disposable); OR	$999 allowance, 15% off any balance	Up to $999 reimbursement	Once every calendar year
○ Elective disposable; OR	$999 allowance (no additional discount)	Up to $999 reimbursement	
○ Non-elective (medically necessary)	Covered in full	Up to $250 reimbursement	

This Blue View Vision plan is a primary vision care benefit plan intended to cover only routine eye care services. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This is a preliminary overview of your vision plan benefits based on the vision proposal issued to the group. It is subject to change pending issuance of the employer group policy and certifcate. A formal Summary of Benefits will be issued reflecting the final terms and conditions of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the employer group policy, which shall control in the event of a conflict with this overview.

EXCLUSIONS & LIMITATIONS (not a comprehensive list - please refer to the member certificate of coverage for a complete list):

Combined Offers. Not to be combined with any offer, coupon, or in-store advertisement

Excess Amounts. Amounts in excess of covered vision expense.

Not Specifically Listed. Services not specifically listed in this plan as covered services

Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts, plano lenses or lenses with no refractive power.

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

OUT-OF-NETWORK

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network benefits and discounts will not apply. You will be responsible for payment of services and/or eyewear materials at the time of service. 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. To download a claim form, log in at www.anthem.com, or from the home page menu under Support, select Forms, click change State to choose yoour state, and then scroll down to Claims and select the Blue View Vision Out-Of-Network Claim form. You may also call members services at 1-866-723-0515 to request a claim form.

FAX: 866-293-7373 **EMAIL:** oonclaims@eyewearspecialoffers.com **MAIL:** Blue View Vision, Attn: OON claims, PO Box 8504, Mason, OH 45040-7111

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2026 Biweekly Rates

Employee Only	$6.43
Employee & Spouse	$14.11
Employee & Child(ren)	$13.95
Family	$22.74

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Proposed Blue View Vision plan design

Additional savings available from Access in-network providers

When obtaining covered eyewear from a Blue View Vision provider, members may choose to upgrade their new eyeglass lenses at a discounted cost. Costs shown are after any applicable eyeglass lens copayment.

Blue View Vision plan benefits	In-Network Member Copay	Out-of-Network	Frequency
Eyeglass Lens Enhancements			
○ Transitions Lenses (pediatric)	$0	N/A	Same as covered eyeglass lenses
○ Standard polycarbonate (pediatric)	$0	N/A	
○ Factory scratch coating (pediatric)	$0	N/A	
○ Transitions Lenses (adults)	$75	N/A	
○ Standard polycarbonate (adults)	$0	N/A	
○ Factory scratch coating (adults)	$0	N/A	
○ Progressive Lenses*			Same as covered eyeglass lenses
○ Standard	$0	Up to $125 reimbursement	
○ Premium Tier 1	$0	Up to $125 reimbursement	
○ Premium Tier 2	$0	Up to $125 reimbursement	
○ Premium Tier 3	$0	Up to $125 reimbursement	
○ Premium Tier 4	$0	Up to $125 reimbursement	
○ Anti-Reflective Coating†			Same as covered eyeglass lenses
○ Standard	$45	N/A	
○ Premium Tier 1	$57	N/A	
○ Premium Tier 2	$68	N/A	
○ Premium Tier 3	$85	N/A	
○ Tint (Solid and Gradient)	$15	N/A	Same as covered eyeglass lenses
○ UV Coating	$15	N/A	
○ Other lens upgrades and add-ons	20% off retail price	N/A	
○ Retinal Imaging (obtained at same time as covered eye exam)	Up to $0	N/A	
○ Standard contact lens fitting and follow-up after comprehensive eye exam**	Up to $0	Up to $35 reimbursement	
○ Premium contact lens fitting and follow-up after comprehensive eye exam‡	Up to $0	Up to $35 reimbursement	
○ Additional supplies of conventional contact lenses after benefits have been used	15% off retail price	N/A	
○ Additional complete pairs of eyeglasses	40% off retail price	N/A	
○ Eyeglass materials purchased separately	20% off retail price	N/A	
○ Other items including most non-prescription sunglasses, eyewear accessories such as lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail price	N/A	

** Please ask your provider for his/her recommendation as well as the available progressive brands by tier*

† Please ask your provider for his/her recommendation as well as the available anti-reflective brands by tier.

*** Standard fitting inludes spherical clear lenses for conventional wear and planned replacements. Examples include, but are not limited to disposable and frequent replacement.*

‡ Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limtied to toric and multifocal.

Discounts are subject to change without notice. Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers, except where state law prevents discounting of products and services that are not covered benefits under this plan. Discounts on frames will not apply if the manufacturer has imposed a no discount on sales at retail and independent provider locations. Some of our in-network providers include:

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION OPTICAL GLASSES.COM contactsdirect 1800contacts Ray-Ban befitting OAKLEY

Savings on items like additional eyewear after your benefits have been used, non-prescription sunglases, hearing aids, and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at www.anthem.com, select discounts, then Vision, Hearing & Dental. Discounts cannot be combined with any other offer or used in conjunction with your covered benefits.