



Protect your eyes and your overall health

With a vision plan from Anthem Student Advantage

It isn't always easy to find an affordable vision care plan, but your eyesight is important. Now, through Anthem Student Advantage, you can access high-quality eye care at a cost that may work for you. Regular vision care is important as checkups can detect early warning signs of serious health problems, when they are easier to treat. That means taking care of your eyes can help protect your overall health.

Who is eligible?

All students and their dependents can enroll in an individual vision plan. Students must manually sign up each Fall during open enrollment, which ends 9/6/24.

Convenient access to the care you need

- **SydneySM Health app.** Find providers in your network and view your claims right from your mobile device.
- **More doctors and locations:** With over 38,000 eye doctors at more than 27,000 locations, it's easy to find an eye care professional close to home or school.
- **National networks:** Blue View VisionSM has one of the nation's largest vision networks. You can access independent optometrists, ophthalmologists and opticians, Glasses.com, ContactsDirect, 1-800 CONTACTS, and national optical retailers including LensCrafters®, Pearle Vision® and Target Optical®.

Vision benefits at a glance*

| School session - Full year | Student | Student & Spouse | Student & Child(ren) | Student, Spouse & Child(ren) |
|---|---------|------------------|----------------------|------------------------------|
| Domestic Students 8/15/2024 - 8/14/2025 | \$68.97 | \$137.94 | \$137.94 | \$164.13 |
| International Students 8/1/2024 - 7/31/2025 | \$68.97 | \$137.94 | \$137.94 | \$164.13 |

| Benefit information | In network | Out of network |
|---|---|--------------------------|
| Routine eye exam (Once every plan year) | \$20 copay | Up to \$42 reimbursement |
| Eyeglass frames (Once every two plan years) | \$100 allowance, then 20% off any balance | Up to \$45 reimbursement |
| Eyeglass lenses, single vision (Instead of contact lenses, once every plan year) | \$20 copay | Up to \$40 reimbursement |
| Contact lenses – conventional* (Instead of eyeglass lenses, once every plan year) | \$100 allowance, then 15% off any balance | Up to \$95 reimbursement |
| Contact lenses – disposable* (Instead of eyeglass lenses, once every plan year) | \$100 allowance | Up to \$95 reimbursement |

*Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.

*This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.
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