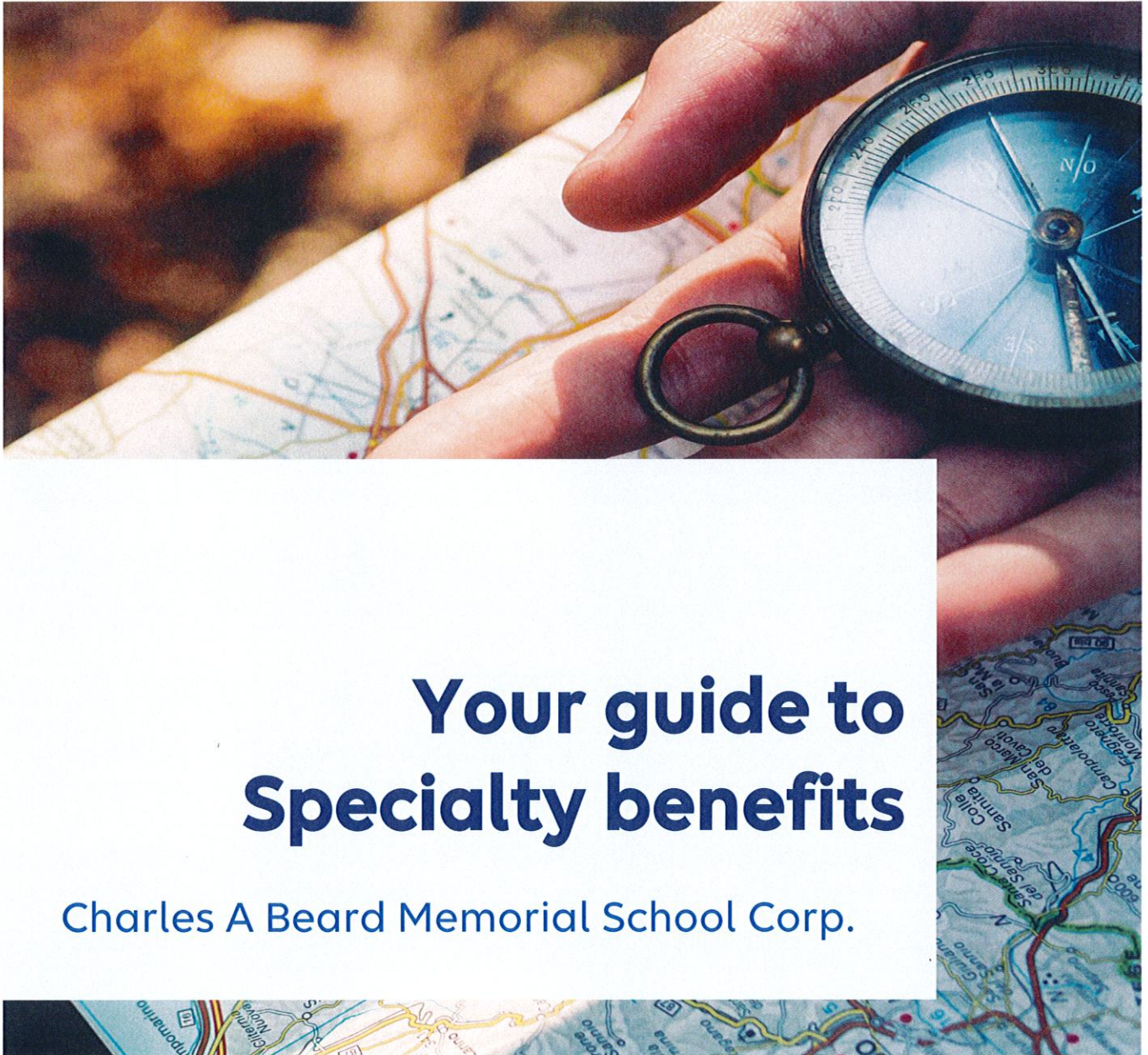




Your guide to Specialty benefits

Charles A Beard Memorial School Corp.

Dental
Vision

Time to choose your plan

A great way to start is to focus on what's important to you

Open enrollment is the time to explore your benefits, programs, and resources that can support your health and well-being all year long.

This guide was created to help you understand our plans. It also has tips, tools, and resources that can help you reach your health and wellness goals when you become a member.

The following benefits will be effective through Anthem:

- Dental
- Vision

**For questions during enrollment please contact
800-687-3178 between 8:00 a.m. - 6:00 p.m. EST
Monday - Friday.**

Summary of Benefits

Anthem Dental Essential Choice

Charles A. Beard Memorial School Corp.
Anthem Blue Cross and Blue Shield Dental Complete Network



HIGH PLAN

WELCOME TO YOUR DENTAL PLAN!

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health!

Powerful and easily accessible member tools.

- **Ask a Hygienist:** Dental members can simply email their dental questions to a team of licensed dental professionals who in turn will respond in about 24 hours.
- **Dental Health Risk Assessment:** We want our dental members to better understand their oral health and their risk factors for tooth decay, gum disease and oral cancer. This easy to use online tool can help them do this.
- **Dental Care Cost Estimator:** In order to help our dental member better understand the cost of their dental care, we offer access to a user-friendly, web-based tool that provides estimates on common dental procedures and treatments when using a network dentist.
- **More Capabilities:** With our latest mobile application, members can find a network dentist as well as view their claims. Our application is available for both Android and Apple phones.

Dentists in your plan network.

- You'll save money when you visit a dentist in your plan network because Anthem Blue Cross and Blue Shield (Anthem) and the dentist have agreed on pricing for covered services. Dentists who are not in your plan network have not agreed to pricing, and may bill you for the difference between what Anthem pays them and what the dentist usually charges.
- To find a dentist by name or location, go to anthem.com or call dental customer service at the number listed on the back of your ID card.

Ready to use your dental benefits?

- Choose a dentist from the network
- Make an appointment
- Show the office staff your member ID card
- Pay any deductible or copay that is part of your plan

Need to contact us?

See the back of your ID card for who to call, write or email us.

Your dental benefits at a glance

The following benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your policy.

	In-Network	Out-of-Network
Coverage Year	Calendar Year	
Annual Benefit Maximum		
• Per insured person	\$1,000	\$1,000
• Diagnostic & Preventive Services are applied to the Annual Maximum		
Annual Maximum Carryover	Yes	Yes
Orthodontic Lifetime Benefit Maximum		
• Per eligible child	\$1,000	\$1,000
Annual Deductible		
• Per insured person	\$25	\$25
• Family maximum	3x single member deductible	3x single member deductible
Deductible Waived for Diagnostic/Preventive Services	Yes	Yes
Out-of-Network Reimbursement:	90th percentile	

Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Diagnostic and Preventive Services - Periodic oral exam - Limited to 2 per 12 months - Teeth cleaning (prophylaxis) - Limited to two per 12 months combined with periodontal maintenance - Bitewing X-rays - Limited to one set per 12 months - Full-Mouth or Panoramic X-rays - Limited to one per 60 months - Fluoride application - Limited to one per 12 months through age 18 - Sealant application - Limited to one per 60 months through age 18 - Space maintainer insertion - Limited to one per tooth space per lifetime through age 18	100% Coinsurance	80% Coinsurance	No Waiting Period
Basic (Restorative) Services - Consultation (second opinion); only with X-rays and no other services - Limited to one per 12 months - Amalgam (silver-colored) filling - Limited to one per tooth surface per 24 months - Composite (tooth-colored) filling - Limited to one per tooth surface per 24 months - posterior (back) fillings paid as an amalgam (silver-colored filling) - Brush Biopsy (cancer test) - Not covered	80% Coinsurance	80% Coinsurance	No Waiting Period
Endodontics (Non-Surgical) - Root Canal (permanent teeth only) - Limited to one per tooth per lifetime; permanent teeth only	50% Coinsurance	50% Coinsurance	No Waiting Period
Endodontics (Surgical) - Apicoectomy and apexification - Limited to one per tooth per lifetime; permanent teeth only	50% Coinsurance	50% Coinsurance	No Waiting Period
Periodontics (Non-Surgical) - Periodontal maintenance - Limited to four per 12 months combined with teeth cleanings - Scaling and root planning; when the tooth pocket has a depth of four millimeters or greater - Limited to one per quadrant per 24 months	50% Coinsurance	50% Coinsurance	No Waiting Period
Periodontics (Surgical) - Periodontal surgery (osseous, gingivectomy, graft procedures) - Limited to one per quadrant per 36 months	50% Coinsurance	50% Coinsurance	No Waiting Period
Oral Surgery (Simple) - Simple extraction - Limited to one per tooth per lifetime	50% Coinsurance	50% Coinsurance	No Waiting Period
Oral Surgery (Complex) - Surgical extraction - Limited to one per tooth per lifetime	50% Coinsurance	50% Coinsurance	No Waiting Period
Major (Restorative) Services - Crowns, onlays, veneers - Limited to one per tooth per 84 months	50% Coinsurance	50% Coinsurance	No Waiting Period
Prosthodontics - Dentures and bridges - Limited to one per tooth per 84 months - Implant placement - Not Covered - Implant prosthodontics - Limited to one per tooth per 84 months as a non-implant crown, bridge, and/or denture	50% Coinsurance	50% Coinsurance	No Waiting Period
Repairs/Adjustments - Crown, denture, bridge repairs - Limited to one per 12 months not within 6 months of placement - Denture and bridge adjustments: - Limited to two per tooth per 12 months not within 6 months of placement	80% Coinsurance	80% Coinsurance	No Waiting Period

Dental Services (continued)	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Child Orthodontic Services ○ Through age 18	50% coinsurance	50% coinsurance	No waiting periods
Temporomandibular Joint Disorder (TMJ) ● X-rays, splints, and surgical procedures including arthroscopy and orthotic devices ○ Not Covered	Not Covered	Not Covered	N/A
Cosmetic Teeth Whitening ○ Not covered	Not Covered	Not Covered	N/A
NOTE: Cosmetic benefits, such as teeth bleaching, in an insurance policy may have income tax implications for both employer groups and plan members. For example, the dollar value of the cosmetic benefit may be considered part of an individual's taxable income. For more information concerning the tax ramifications of cosmetic insurance benefits, please consult a legal or tax advisor.			
Additional Services and Programs	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Anthem Whole Health Connection® - Dental ● For members with certain health conditions, additional dental benefits are available without a deductible, office visit copay, nor waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable).	Included	Included	No waiting period
Accidental Dental Injury Benefit ● Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, office visit copay, member coinsurance, nor waiting periods apply.	Included	Included	No waiting period
Extension of Benefits ● Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered.	Included	Included	No waiting period
International Emergency Dental Program ● Provides emergency dental benefits while working or traveling abroad from licensed, English-speaking dentists. Eligible covered services will be paid 100% with no deductibles, office visit copay, member coinsurance, nor waiting periods and won't reduce the member coverage year annual maximum (if applicable).	Included	Included	No waiting period
Kids Plus ● For members through age 12 covered services excluding orthodontia services, receive the corresponding coinsurance up to the coverage year annual maximum (if applicable). No deductibles, office visit copay, nor waiting periods apply. All other benefit limitations and exclusions apply. For additional coverage details, please refer to your policy.	Not Included	Not Included	Not applicable

Additional Limitations & Exclusions

Below is a partial listing of non-covered services under your dental plan. Please see your policy for a full list.

Services provided before or after the term of this coverage - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

Orthodontics (unless included as part of your dental plan benefits) including orthodontic braces, appliances and all related services

Cosmetic dentistry (unless included as part of your dental plan benefits) provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

Drugs and medications including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

Analgesia, analgesic agents, and anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

Waiting periods for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan. There

is a 12 month waiting period for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

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 policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail.

Summary of Benefits

Anthem Dental Essential Choice



Charles A. Beard Memorial School Corp.
Anthem Blue Cross and Blue Shield Dental Complete Network

LOW PLAN

WELCOME TO YOUR DENTAL PLAN!

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health!

Powerful and easily accessible member tools.

- **Ask a Hygienist:** Dental members can simply email their dental questions to a team of licensed dental professionals who in turn will respond in about 24 hours.
- **Dental Health Risk Assessment:** We want our dental members to better understand their oral health and their risk factors for tooth decay, gum disease and oral cancer. This easy to use online tool can help them do this.
- **Dental Care Cost Estimator:** In order to help our dental member better understand the cost of their dental care, we offer access to a user-friendly, web-based tool that provides estimates on common dental procedures and treatments when using a network dentist.
- **More Capabilities:** With our latest mobile application, members can find a network dentist as well as view their claims. Our application is available for both Android and Apple phones.

Dentists in your plan network.

- You'll save money when you visit a dentist in your plan network because Anthem Blue Cross and Blue Shield (Anthem) and the dentist have agreed on pricing for covered services. Dentists who are not in your plan network have not agreed to pricing, and may bill you for the difference between what Anthem pays them and what the dentist usually charges.
- To find a dentist by name or location, go to anthem.com or call dental customer service at the number listed on the back of your ID card.

Ready to use your dental benefits?

- Choose a dentist from the network
- Make an appointment
- Show the office staff your member ID card
- Pay any deductible or copay that is part of your plan

Need to contact us?

See the back of your ID card for who to call, write or email us.

Your dental benefits at a glance

The following benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your policy.

	In-Network	Out-of-Network
Coverage Year	Calendar Year	
Annual Benefit Maximum		
● Per insured person	\$1,000	\$1,000
● Diagnostic & Preventive Services are applied to the Annual Maximum		
Annual Maximum Carryover	Yes	Yes
Orthodontic Lifetime Benefit Maximum		
● Per eligible child	\$1,000	\$1,000
Annual Deductible		
● Per insured person	\$50	\$50
● Family maximum	3x single member deductible	3x single member deductible
Deductible Waived for Diagnostic/Preventive Services	Yes	Yes
Out-of-Network Reimbursement:	90th percentile	

Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Diagnostic and Preventive Services	80% Coinsurance	70% Coinsurance	No Waiting Period
• Periodic oral exam ◦ Limited to 2 per 12 months • Teeth cleaning (prophylaxis) ◦ Limited to two per 12 months combined with periodontal maintenance • Bitewing X-rays ◦ Limited to one set per 12 months • Full-Mouth or Panoramic X-rays ◦ Limited to one per 60 months • Fluoride application ◦ Limited to one per 12 months through age 18 • Sealant application ◦ Limited to one per 60 months through age 18 • Space maintainer insertion ◦ Limited to one per tooth space per lifetime through age 18			
Basic (Restorative) Services	80% Coinsurance	60% Coinsurance	No Waiting Period
• Consultation (second opinion); only with X-rays and no other services ◦ Limited to one per 12 months • Amalgam (silver-colored) filling ◦ Limited to one per tooth surface per 24 months • Composite (tooth-colored) filling ◦ Limited to one per tooth surface per 24 months - posterior (back) fillings paid as an amalgam (silver-colored filling) • Brush Biopsy (cancer test) ◦ Not covered			
Endodontics (Non-Surgical)	50% Coinsurance	40% Coinsurance	No Waiting Period
• Root Canal (permanent teeth only) ◦ Limited to one per tooth per lifetime; permanent teeth only			
Endodontics (Surgical)	50% Coinsurance	40% Coinsurance	No Waiting Period
• Apicoectomy and apexification ◦ Limited to one per tooth per lifetime; permanent teeth only			
Periodontics (Non-Surgical)	50% Coinsurance	40% Coinsurance	No Waiting Period
• Periodontal maintenance ◦ Limited to four per 12 months combined with teeth cleanings • Scaling and root planning; when the tooth pocket has a depth of four millimeters or greater ◦ Limited to one per quadrant per 24 months			
Periodontics (Surgical)	50% Coinsurance	40% Coinsurance	No Waiting Period
• Periodontal surgery (osseous, gingivectomy, graft procedures) ◦ Limited to one per quadrant per 36 months			
Oral Surgery (Simple)	50% Coinsurance	40% Coinsurance	No Waiting Period
• Simple extraction ◦ Limited to one per tooth per lifetime			
Oral Surgery (Complex)	50% Coinsurance	40% Coinsurance	No Waiting Period
• Surgical extraction ◦ Limited to one per tooth per lifetime			
Major (Restorative) Services	50% Coinsurance	40% Coinsurance	No Waiting Period
• Crowns, onlays, veneers ◦ Limited to one per tooth per 84 months			
Prosthodontics	50% Coinsurance	40% Coinsurance	No Waiting Period
• Dentures and bridges ◦ Limited to one per tooth per 84 months • Implant placement ◦ Not Covered • Implant prosthodontics ◦ Limited to one per tooth per 84 months as a non-implant crown, bridge, and/or denture			
Repairs/Adjustments	80% Coinsurance	60% Coinsurance	No Waiting Period
• Crown, denture, bridge repairs ◦ Limited to one per 12 months not within 6 months of placement • Denture and bridge adjustments: ◦ Limited to two per tooth per 12 months not within 6 months of placement			

Dental Services (continued)	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Child Orthodontic Services ○ Through age 18	50% coinsurance	50% coinsurance	No waiting periods
Temporomandibular Joint Disorder (TMJ) ● X-rays, splints, and surgical procedures including arthroscopy and orthotic devices ○ Not Covered	Not Covered	Not Covered	N/A
Cosmetic Teeth Whitening ○ Not covered	Not Covered	Not Covered	N/A
<i>NOTE: Cosmetic benefits, such as teeth bleaching, in an insurance policy may have income tax implications for both employer groups and plan members. For example, the dollar value of the cosmetic benefit may be considered part of an individual's taxable income. For more information concerning the tax ramifications of cosmetic insurance benefits, please consult a legal or tax advisor.</i>			
Additional Services and Programs	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Anthem Whole Health Connection® - Dental ● For members with certain health conditions, additional dental benefits are available without a deductible, office visit copay, nor waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable).	Included	Included	No waiting period
Accidental Dental Injury Benefit ● Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, office visit copay, member coinsurance, nor waiting periods apply.	Included	Included	No waiting period
Extension of Benefits ● Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered.	Included	Included	No waiting period
International Emergency Dental Program ● Provides emergency dental benefits while working or traveling abroad from licensed, English-speaking dentists. Eligible covered services will be paid 100% with no deductibles, office visit copay, member coinsurance, nor waiting periods and won't reduce the member coverage year annual maximum (if applicable).	Included	Included	No waiting period
Kids Plus ● For members through age 12 covered services excluding orthodontia services, receive the corresponding coinsurance up to the coverage year annual maximum (if applicable). No deductibles, office visit copay, nor waiting periods apply. All other benefit limitations and exclusions apply. For additional coverage details, please refer to your policy.	Not Included	Not Included	Not applicable

Additional Limitations & Exclusions

Below is a partial listing of non-covered services under your dental plan. Please see your policy for a full list.

Services provided before or after the term of this coverage - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

Orthodontics (unless included as part of your dental plan benefits) including orthodontic braces, appliances and all related services

Cosmetic dentistry (unless included as part of your dental plan benefits) provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

Drugs and medications including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

Analgesia, analgesic agents, and anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

Waiting periods for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan. There

is a 12 month waiting period for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

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 policy. **In the event of a discrepancy between the information in this summary and the policy, your policy will prevail.**



**Your Anthem PPO plan gives you
something to smile about**

Keeping up with dental checkups is just as important as you age as it was when you were a kid. Regular checkups not only help keep your teeth and gums healthy, but they also can spot early signs of other health conditions.¹ That means going to the dentist can lead to better overall health.

Your dental benefits at a glance

Your Anthem dental benefits include:

- 100% coverage for most preventive and diagnostic care, such as routine cleanings and X-rays, when you see a dentist in your plan's network.
- Coverage for services such as extra periodontal cleanings for gum health if you're part of certain care management programs.
- Virtual dental care through The TeleDentists®.
- Discounts on health-related products and services from SpecialOffersSM.
- Clear aligners for mild-to-moderate teeth straightening through your dental office or Ortho@Home.

Why it helps to use dentists in your plan's network

Going to a dentist in your plan's network can save you time and money. These dentists have agreed to provide care at discounted rates. If they charge more than what your dental plan pays, they can't bill you for the difference. They'll also file claims for you.

How to get a cost estimate from your dentist

If you need a major procedure, you can ask your dentist to submit a pretreatment estimate to Anthem. This estimate will give you a sense of what's covered under your plan and what you may have to pay out of pocket. It's especially useful if you need major procedures such as dentures, crowns, and gum disease treatment.²

For more information
or to find a dentist

- Use the SydneySM Health mobile app, or visit **anthem.com**.
- Call Member Services at the number on your ID card.



How to find a dentist when you need care

- To find a dentist in your plan's network, log in at **anthem.com** or use the Sydney Health mobile app. Then, use the **Find Care** tool.
- After you choose a dentist, make an appointment with their office.
- At your appointment, show the office staff your member ID card.
- After your visit, pay your plan deductible or copay.

If you ever need urgent or emergency dental care, call your primary care dentist first. If you don't have a primary care dentist or they are not available, you can contact The TeleDentists for a virtual dental visit. Their information is available on our website through the **Find Care** tool.

If you have questions about your benefits, we're here to help:

- Call the Member Services number on your member ID card.
- Visit **anthem.com**.
- Download the Sydney Health mobile app to chat online with a Member Services representative.

An estimate before treatment can help you plan ahead

You can ask your dentist to submit a pretreatment estimate to Anthem before you receive dental care. This estimate will help give you an idea of what's covered under your plan and what you may be responsible for paying. It's especially helpful if you are considering major procedures such as dentures, crowns, and gum disease treatment.

Online tools provide access to everything you may need

When you use the **anthem.com** website or our Sydney Health app, you can:

- Find a dentist in your plan's network.
- Access your electronic ID card, print a card, or request an email with your card.
- See your dental plan benefits, including how much you have paid toward your deductible.
- Find out the cost of a treatment with our Dental Care Cost Estimator.
- Receive a health score for your gums and teeth by using our Dental Health Assessment tool.
- Email questions and receive answers from a dental hygienist through our Ask a Hygienist tool.
- Find the status of a claim.

Your Anthem plan provides benefits and tools to help take care of more than just your teeth.

1 Academy of General Dentistry. Know Your Teeth: Oral Warning Signs (Accessed June 2020): knowyourteeth.com.
2 A pretreatment estimate is not a guaranty of benefits or a guarantee of payment of benefits.

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Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightChoiceSM Managed Care, Inc. (RIT). Healthy AllianceSM Life Insurance Company (HALIC) and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI) underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in PDS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or PDS policies. WCIC underwrites or administers Well-Being HMO or PDS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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 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 Blue View Vision. 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.

Your vision plan includes coverage for routine eye exams and prescription eyewear from your choice of eye care providers.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY	
Routine Eye Exam				
A comprehensive eye examination	\$10 Copay	Reimbursed Up To \$42	Once every calendar year	
Eyeglass Frames				
One pair of eyeglass frames	\$130 Allowance, then 20% off any remaining balance	Reimbursed Up To \$45	Once every other calendar year	
Eyeglass Lenses (instead of contact lenses)				
One pair of standard plastic prescription lenses - Single vision lenses - Bifocal lenses - Trifocal lenses	\$20 Copay \$20 Copay \$20 Copay	Reimbursed Up To \$40 Reimbursed Up To \$60 Reimbursed Up To \$80	Once every calendar year	
Eyeglass Lens Enhancements				
When obtaining covered eyewear from a Blue View Vision provider, you may choose to 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	\$0 Copay \$0 Copay \$0 Copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses	
Contact Lenses (instead of eyeglass lenses)				
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.				
- Elective conventional (non-disposable) OR - Elective disposable OR - Non-elective (medically necessary)	\$130 Allowance, then 15% off any remaining balance \$130 Allowance (no additional discount) Covered in full	Reimbursed Up To \$105 Reimbursed Up To \$105 Reimbursed Up To \$210	Once every calendar year	

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. 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 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. This benefit overview is only one piece of your entire enrollment package.

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.

Sunglasses. Plano 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 BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY (Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage.)		In-Network Member Cost (after any applicable copay)
Retinal Imaging - at member's option, can be performed at time of eye exam		Not More Than \$39
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.	- Transitions lenses (Adults) - Standard Polycarbonate (Adults) - Tint (Solid and Gradient) - UV Coating - Progressive Lenses¹ - Standard - Premium Tier 1 - Premium Tier 2 - Premium Tier 3 - Premium Tier 4 - Anti-Reflective Coating² - Standard - Premium Tier 1 - Premium Tier 2 - Premium Tier 3 - Other Add-ons (i.e. high index lenses, anti-fog coating)	\$75 \$40 \$15 \$15 \$55 \$85 \$95 \$110 \$175 \$45 \$57 \$68 \$85 20% off retail price
Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider	- Complete Pair - Eyeglass materials purchased separately	40% off retail price 20% off retail price
Eyewear Accessories	Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail
Conventional Contact Lenses (non-disposable type)	- Discount applies to materials only	15% 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 fitting³ - Premium contact lens fitting⁴	Up to \$55 10% off retail price

¹ Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

² Please ask your provider for his/her recommendation as well as the available anti-reflective brands by tier.

³ Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

⁴ Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

Cannot be combined with any other offer. 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^{oo}

contactsdirect

1800contacts

Ray-Ban

befitting

OAKLEY

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

OUT-OF-NETWORK

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and 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 anthem.com, or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at 1-866-723-0515 to request a claim form.

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

Get Help in Your Language

Curious to know what all this says? We would be too. Here's the English version:

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

Spanish

Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

Arabic

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجانًا. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة (TTY/TDD: 711).

Burmese

ဤအချက်အလက်များနှင့် အကူအညီကို သင့်ဘာသာစကားဖြင့် အခမဲ့ ရရှိခွင့် သင့်တွင်ရှိပါသည်။ အကူအညီ ရယူရန် သင့် ID ကဒ်ပေါ်ရှိ အဖွဲ့ဝင်အတွက် ဝန်ဆောင်မှုများ ဌာန၏ နံပါတ်သို့ ခေါ်ဆိုပါ။ (TTY/TDD: 711)

Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。 (TTY/TDD: 711)

Dutch

U hebt het recht om deze informatie en hulp gratis in uw taal te krijgen. Bel het ledendienstnummer op uw ID-kaart voor ondersteuning. (TTY/TDD: 711)

French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

German

Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Rufen Sie die auf Ihrer ID-Karte angegebene Servicenummer für Mitglieder an, um Hilfe anzufordern. (TTY/TDD: 711)

Hindi

आपके पास यह जानकारी और मदद अपनी भाषा में मुफ्त में प्राप्त करने का अधिकार है। मदद के लिए अपने ID कार्ड पर सदस्य सेवाएँ नंबर पर कॉल करें। (TTY/TDD: 711)

Japanese

この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。 (TTY/TDD: 711)

Korean

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Pennsylvania Dutch

Du hoscht die Recht selle Information un Hilfe in dei Schprooch mitaus Koscht griege. Ruf die Member Services Nummer uff dei ID Kaarte fer Hilfe aa. (TTY/TDD: 711)

Punjabi

ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Russian

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

Tagalog

May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

Vietnamese

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Eye exams do more than check your vision

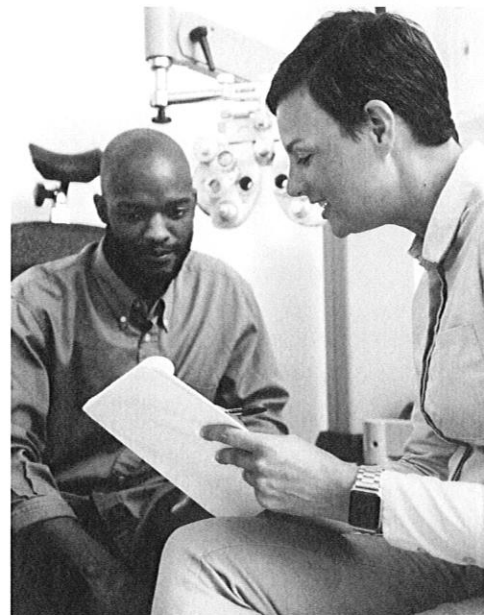
They can also be good for your overall health

Even with good eyesight, regular eye exams help keep your eyes healthy and catch other health conditions early. These conditions can include:¹

- **Glaucoma.** Pressure in the eye, which can harm the optic nerve.
- **Macular degeneration.** Changes in the retina that result in the slow loss of eyesight.
- **Cataracts.** Clouding in the eye lens, which can blur vision.
- **High blood pressure.**² Also known as hypertension and happens when the force of blood against artery walls is consistently too high.
- **Certain cancers.**² Cancers can include eye melanoma (in the cells of the eye) and brain tumors.
- **Diabetes.**² The body doesn't manage insulin (a hormone that turns sugar into energy) the right way, causing insulin resistance and leading to higher-than-normal blood sugar levels.

Preventive vision care for every age, at every stage

- **Infants and toddlers.** Make sure your child's eyes are screened during regular checkups with the pediatrician.
- **Children and teens.** Vision screenings with a pediatrician or eye doctor are recommended every 1 to 2 years.
- **Adults.** Adults should have a complete eye exam every year. At age 40, in addition to the standard exam, get a baseline eye disease screening. You may need extra visits if you develop any eye conditions as you age.



The effect of diabetes on your eyes

One in four people with diabetes don't know they have it,³ so they don't receive the treatment and protection they need. **Sixty percent of people with diabetes** also don't receive a yearly eye exam,⁴ putting their vision at risk.

Diabetes can also make your eyes sensitive to light and damage the retina, which is called diabetic retinopathy.

Proper vision care can stop more than 90% of vision loss and blindness caused by diabetic retinopathy, making regular eye exams even more important for people with diabetes.⁵



4 things you can do for your eyes

- 1. Have a complete eye exam every year.** This may include dilation, where the pupil is dilated or made bigger, so the retina can be checked for signs of eye disease and other health conditions.
- 2. Protect your eyes from harmful ultraviolet (UV) rays.**

Over time, the sun's UV rays can damage eyesight through cataracts and age-related macular degeneration. UV rays can also cause skin cancer around the eyelid or a sunburn on the eye surface.

 - Wear sunglasses that block 100% of UV rays, even on cloudy days.
 - Choose contact lenses that filter out UV rays or Transitions® lenses for your glasses, which are regular lenses indoors but turn as dark as sunglasses outdoors. They block 100% of UVA and UVB rays. Covered dependents under age 19 can get them at no cost.
- 3. Shield your eyes from everyday bright light and glare.** They can make it harder to see and end up straining and tiring your eyes. If you wear glasses, choose lenses that automatically adjust the tint based on the light around you. You can also move lamps, TVs, and computer screens around to reduce glare.
- 4. Eat your fruits and vegetables.** They can help keep your eyes healthy and lower your risk of eye disease.⁶
 - **Orange-colored vegetables and fruits contain vitamin A.** Without enough vitamin A, your eyes can't stay moist. Choose carrots, sweet potatoes, cantaloupe, and apricots.
 - **Fruits and vegetables with vitamin C have antioxidants.** They can help prevent or delay age-related macular degeneration and cataracts. Choose citrus fruits, red bell peppers, and tomatoes.
 - **Leafy green vegetables also support your eye health.** The antioxidants in leafy green vegetables help the macula, the part of the eye that provides our most detailed vision. Choose kale, romaine, broccoli, and peas.



Make time for a vision checkup

Eye exams can be as important for your overall health as they are for the health of your eyes. If it's been more than a year since your last vision exam, schedule one today. To find an eye doctor in your plan's network, use the Find Care feature in the SydneySM Health app or at [anthem.com](https://www.anthem.com).

⁶ American Academy of Ophthalmology. "Nutrition and Eye Health." <https://www.aao.org/eye-health/life-styles/nutrition>. Accessed April 1, 2022.

⁷ American Academy of Ophthalmology. "The Facts, Stats, and Impacts of Diabetes." <https://www.aao.org/eye-health/life-styles/diabetes>. Accessed April 1, 2022.

⁸ American Academy of Ophthalmology. "Diabetes and Eye Health." <https://www.aao.org/eye-health/life-styles/diabetes>. Accessed April 1, 2022.

⁹ American Academy of Ophthalmology. "Diabetes and Eye Health." <https://www.aao.org/eye-health/life-styles/diabetes>. Accessed April 1, 2022.

¹⁰ American Academy of Ophthalmology. "Diabetes and Eye Health." <https://www.aao.org/eye-health/life-styles/diabetes>. Accessed April 1, 2022.

¹¹ American Academy of Ophthalmology. "Diabetes and Eye Health." <https://www.aao.org/eye-health/life-styles/diabetes>. Accessed April 1, 2022.

¹² American Academy of Ophthalmology. "Diabetes and Eye Health." <https://www.aao.org/eye-health/life-styles/diabetes>. Accessed April 1, 2022.

¹³ American Academy of Ophthalmology. "Diabetes and Eye Health." <https://www.aao.org/eye-health/life-styles/diabetes>. Accessed April 1, 2022.

¹⁴ American Academy of Ophthalmology. "Diabetes and Eye Health." <https://www.aao.org/eye-health/life-styles/diabetes>. Accessed April 1, 2022.

¹⁵ American Academy of Ophthalmology. "Diabetes and Eye Health." <https://www.aao.org/eye-health/life-styles/diabetes>. Accessed April 1, 2022.

¹⁶ American Academy of Ophthalmology. "Diabetes and Eye Health." <https://www.aao.org/eye-health/life-styles/diabetes>. Accessed April 1, 2022.

¹⁷ American Academy of Ophthalmology. "Diabetes and Eye Health." <https://www.aao.org/eye-health/life-styles/diabetes>. Accessed April 1, 2022.

¹⁸ American Academy of Ophthalmology. "Diabetes and Eye Health." <https://www.aao.org/eye-health/life-styles/diabetes>. Accessed April 1, 2022.

¹⁹ American Academy of Ophthalmology. "Diabetes and Eye Health." <https://www.aao.org/eye-health/life-styles/diabetes>. Accessed April 1, 2022.

²⁰ American Academy of Ophthalmology. "Diabetes and Eye Health." <https://www.aao.org/eye-health/life-styles/diabetes>. Accessed April 1, 2022.

The **Find Care** tool brings together details about doctors in your plan's network. You can customize your search by name, location, specialty, or procedure. You also can compare information such as costs, languages spoken, and office hours.* To make sure a care provider is in your plan's network, view the doctor or facility profile.

After viewing your initial search results, you can filter your results by selecting the relevant boxes on the left or browsing by list or map views.



Search by name,
specialty, or procedure.



Customize and
refine results.



Compare doctors
and costs.

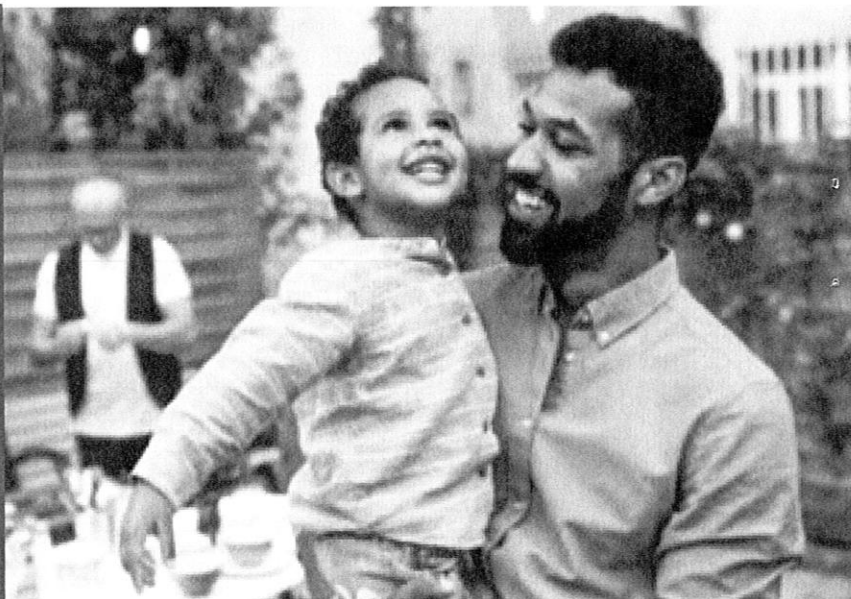


Scan the QR code to download the Sydney Health app. Choose **Find Care and Cost** from the *Care* menu.

Save money

with SpecialOffers and discounts

As part of your health plan, you qualify for discounts on products and services that help promote better health and well-being. These discounts are available through SpecialOffers, which can help you save money while taking care of your health.



Dental, hearing, and vision

Dental

RefreshaDent

Save on premium dentures sent direct to your home. You can receive a 50% discount on a lifetime warranty. This program includes a lifetime digital record of your dentures for easy replacement.

Hearing

NationsHearing®

Receive hearing screenings and in-home service at no additional cost. You can also receive hearing aids at a discounted rate.

Hearing Care Solutions

Receive no-cost hearing exams and discounts on hearing aids. Hearing Care Solutions has 3,100 locations and eight manufacturers, and offers a three-year warranty, batteries for two years, and unlimited visits for one year.

Amplifon

Save on top-quality care and ongoing service and support for your hearing aids.

Eyewear

Glasses.com® and 1-800 CONTACTS®

Shop for the latest brand-name frames at a fraction of the cost for similar frames from other retailers. You can also receive additional savings on orders of \$100 or more, plus no-cost shipping and returns.

EyeMed

Take advantage of discounts on new glasses, nonprescription sunglasses, and eyewear accessories.

LASIK

Premier LASIK Network

Save on LASIK when you choose any featured Premier LASIK Network provider.

TruVision

Save on LASIK eye surgery at over 1,000 locations.

Health and fitness

Health

BREVENA

Enjoy a discount on BREVENA skin care creams and balms for smooth, rejuvenated skin from head to toe.

ChooseHealthy®

Discounts are available on acupuncture, chiropractic, massage, podiatry, physical therapy, and nutritional services. You also have discounts on fitness equipment, wearable health trackers, and health products such as vitamins and nutrition bars.

LifeMart®

Receive deals on beauty and skin care, diet plans, fitness club memberships and plans, personal care, spa services, yoga classes, sports gear, and vision care.

Fitness

Active&Fit Direct™

Choose from more than 11,900 participating fitness centers nationwide at a discounted rate. This program is offered through American Specialty Health Fitness, Inc.

Fitbit®

Work toward your fitness goals with Fitbit trackers and smartwatches that fit your lifestyle and budget.

Garmin®

Discounts are available on select Garmin wellness devices.

Husk Wellness

Discounts are available for gym memberships, fitness equipment and technology, and fitness and nutrition coaching.

Family and home

Family

23andMe®

Save on health and ancestry kits to learn about your wellness, ancestry, and more.

WINFertility®

Save up to 40% on infertility treatment. WINFertility helps make quality treatment more affordable.

Home

Nationwide® pet insurance

Receive discounts when you enroll through your company or organization. Additional savings are available when you enroll multiple pets.

ASPCA® Pet Health Insurance

Find reduced rates on pet insurance and choose from three levels of care, including flexible deductibles and custom reimbursements.

Medicine and treatment

Medicine

Puritan's Pride®

Choose from a large selection of discounted vitamins, minerals, and supplements.

Allergy Control Products and National Allergy Supply™

Save on select doctor-recommended products such as allergy-friendly bedding, air purifiers and filters, and asthma products. Some orders qualify for no-cost ground shipping within the contiguous U.S.

Treatment

The Living Well Course Series

Choose one of the online wellness programs and save on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep, or address alcohol or substance dependence.

► **Learn more about SpecialOffers**
Log in to [anthem.com](https://www.anthem.com), choose **Care**, and select **Discounts**.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/networkaccess](https://www.anthem.com/networkaccess). In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 33 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 benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., also HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 11 southeastern counties of New York: Anthem Healthchoice Assurance, Inc. and Anthem Healthchoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate Healthkeepers, Inc. trades as Anthem Healthkeepers providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies. WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

