Your summary of benefits

Anthem HealthKeepers

Covered Vision Benefits	Cost if you use an In-network Provider
This is a brief outline of your in-network coverage. Not all cost shares for covered services are shown below. For a full list, including benefits, exclusions and limitations, and out-of-network coverage (If applicable), see the combined Evidence of Coverage/Disclosure Form/Certificate. If there is a difference between this summary and either Evidence of Coverage/Disclosure form/Certificate, the Evidence of Coverage/Disclosure form/Certificate will prevail. *In-network Pediatric Vision benefit cost shares accumulate to the Medical plan out-of-pocket limit and are not subject to the Medical plan deductible, if your plan includes a deductible.* *Adult Vision services are covered. (See below and your Evidence of Coverage for details.)*	
Children's Vision Essential Health Benefits	
Vision exam (once every benefit period)	Covered in full
Frames (once every benefit period)	Covered in full
Lenses (once every benefit period)	Covered in full
Elective contact lenses (once every benefit period)	Covered in full
Adult Vision	
Vision exam (once every benefit period)	$20 copay
Frames	Not covered
Lenses	Not covered
Elective contact lenses	Not covered