

# Summary of Benefits: Vision

| In-Network Benefits – Voluntary  |                                  | Premier                     |                                |
|--|----------------------------------|-----------------------------|--------------------------------|
| <b>Frequency – Once Every:</b>   |                                  |                             |                                |
| Eye Examination (including dilation when professionally indicated)             |                                  | 12 months                   |                                |
| Spectacle Lenses   |                                  | 12 months                   |                                |
| Frame  |                                  | 12 months                   |                                |
| Contact Lenses (in lieu of eyeglass lenses)                                    |                                  | 12 months                   |                                |
| <b>Copays</b>  |                                  |                             |                                |
| Eye Examination  |                                  | Included                    |                                |
| Spectacle Lenses   |                                  | Included                    |                                |
| Contact Lens Evaluation, Fitting & Follow-Up Care                              |                                  | Included                    |                                |
| <b>Eyeglass Benefit - Frame</b>  |                                  |                             |                                |
| <b>Non-Collection Frame Allowance (Retail):</b>                                |                                  | Up to \$150                 |                                |
| <b>Enhanced Visionworks Frame Allowance<sup>1</sup></b>                        |                                  | Up to \$200                 |                                |
| <b>Davis Vision Frame Collection<sup>2</sup> (in lieu of Allowance):</b>       |                                  |                             |                                |
| - Fashion level  |                                  | Included                    |                                |
| - Designer level   |                                  | Included                    |                                |
| - Premier level  |                                  | Included                    |                                |
| <b>Eyeglass Benefit - Spectacle Lenses</b>                                     |                                  | <b>Member Charges</b>       |                                |
| Lenses: Single   Lined Bifocal   Trifocal   Lenticular                         |                                  | Included                    |                                |
| Oversize Lenses  |                                  | Included                    |                                |
| Tinting of Plastic Lenses  |                                  | \$0                         |                                |
| Scratch-Resistant Coating  |                                  | Included                    |                                |
| Scratch Protection Plan: Single Vision   Multifocal Lenses                     |                                  | \$20   \$40                 |                                |
| Polycarbonate Lenses <sup>3</sup>  |                                  | \$0 or \$30                 |                                |
| Ultraviolet Coating  |                                  | \$12                        |                                |
| Anti-Reflective Coating: Standard   Premium   Ultra   Ultimate                 |                                  | \$35   \$48   \$60   \$85   |                                |
| Progressive Lenses: Standard   Premium   Ultra   Ultimate                      |                                  | \$50   \$90   \$140   \$175 |                                |
| High-Index Lenses: 1.67   1.74   |                                  | \$55   \$120                |                                |
| Polarized Lenses   |                                  | \$75                        |                                |
| Plastic Photosensitive Lenses  |                                  | \$65                        |                                |
| Blue Light Filtering   |                                  | \$15                        |                                |
| <b>Contact Lens Benefit (in lieu of eyeglasses)</b>                            |                                  |                             |                                |
| <b>Non-Collection Contact Lenses: Materials Allowance</b>                      |                                  | Up to \$150                 |                                |
| - Evaluation, Fitting & Follow-Up Care – Standard Lens Types                   |                                  | Included                    |                                |
| - Evaluation, Fitting & Follow-Up Care – Specialty Lens Types                  |                                  | Up to \$60                  |                                |
| <b>Collection Contact Lenses<sup>2</sup> (in lieu of Allowance): Materials</b> |                                  |                             |                                |
| - Disposable   |                                  | 8 boxes                     |                                |
| - Planned Replacement  |                                  | 4 boxes                     |                                |
| - Evaluation, Fitting & Follow-Up Care   |                                  | Included                    |                                |
| <b>Out-of-Network Reimbursement Schedule: up to</b>                            |                                  |                             |                                |
| Eye Examination: \$40  | Single Vision Lenses: \$40       | Trifocal Lenses: \$80       | Elective Contact Lenses: \$105 |
| Frame: \$50  | Bifocal/Progressive Lenses: \$60 | Lenticular Lenses: \$100    | Medically Necessary CL: \$225  |

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<sup>1</sup>/Increased frame allowance is only available when frame is purchased through a Visionworks location.

<sup>2</sup>/Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

<sup>3</sup>Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.



**One-year eyeglass breakage warranty included**