

Summary of W Fashion Focus Option I Benefits

BENEFIT	IN-NETWORK	OUT-OF-NETWORK ⁽¹⁾
FREQUENCY Eye examination (including dilation, as professionally indicated) Eyeglass lenses Frames Contact lenses (in lieu of eyeglass lenses)	Once every 12 months under age 19/24 months of age 19 or older Once every 12 months under age 19/24 months of age 19 or older Once every 24 months Once every 12 months under age 19/24 months of age 19 or older	
EYE EXAMINATION (including dilation as professionally INDICATED)	Included	Up to \$32
FRAMES Fashion level frames from “The Collection” Designer level frames from “The Collection” Premier level frames from “The Collection” Retail allowance towards a provider’s frame	Included \$20 copayment \$40 copayment \$60	Up to \$30
STANDARD PAIR EYEGLASS LENSES⁽²⁾ (per pair) Single vision Bifocal Trifocal Lenticular	Included Included Included Included	Up to \$25 Up to \$36 Up to \$46 Up to \$72
OPTIONAL EYEGLASS LENSES Standard progressive additional lenses ⁽³⁾ Premium progressive additional lenses ⁽³⁾ Glass Grey #3 prescription sunglasses Polycarbonate lenses <i>Adult</i> <i>Dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater</i> Single vision Polycarbonate lenses (in lieu of single vision eyeglass lenses) Bifocal Polycarbonate lenses (in lieu of bifocal eyeglass lenses) Trifocal Polycarbonate lenses (in lieu of trifocal eyeglass lenses)	\$50 copayment \$90 copayment \$11 copayment \$30 copayment Included	Not Covered Not Covered Not Covered Not Covered Not Covered
Blended segment lenses Intermediate vision lenses Glass photosensitive lenses Plastic photosensitive lenses High-index (thinner and lighter) lenses Polarized lenses	\$20 copayment \$30 copayment \$20 copayment \$65 copayment \$55 copayment \$75 copayment	Not Covered Not Covered Not Covered Not covered Not Covered Not Covered
OPTIONAL EYEGLASS LENS COATINGS/TREATMENTS Fashion, sun or gradient tinted plastic lenses Ultraviolet coating Scratch-resistant coating Standard ARC (anti-reflective coating) Premium ARC (anti-reflective coating) Ultra ARC (anti-reflective coating)	\$11 copayment \$12 copayment \$20 copayment \$35 copayment \$48 copayment \$60 copayment	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered
CONTACT LENSES⁽⁴⁾ (in lieu of eyeglass lenses – per pair or INITIAL SUPPLY OF DISPOSABLE CONTACT LENSES) Contact lens evaluation and fitting <i>Daily wear</i> <i>Extended wear</i> Standard daily wear contact lenses Specialty contact lenses Disposable contact lenses Medically necessary contact lenses (prior approval required)	Covered In Full Covered In Full Formulary/Nonformulary Covered In Full \$75 \$75 Covered In Full	Up to \$20 Up to \$30 Up to \$48 Up to \$48 Up to \$75 Up to \$225
LOW VISION SERVICES Evaluation – one visit every 5 years Follow-up visits – up to four follow-up visits every 5 years Low vision aids	\$300 allowance per visit \$100 allowance per visit \$600 per device with \$1,200 lifetime maximum	

- (1) If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement.
- (2) Includes glass, plastic or oversized lenses.
- (3) Progressive additional multifocals can be worn by most people. Conventional bifocals will be supplied at no additional charge for anyone who is unable to adapt to progressive addition lenses, however the copayment will not be refunded.
- (4) Contact lenses can be worn by most people. Once the contact lens option is selected and the lenses fitted, they may not be exchanged for eyeglasses. Disposable contact lens wearers will receive four multi-packs of lenses. Planned replacement contact lens wearers will receive two multi-packs of lenses.

How do I receive services from a provider in the network?

- Call the network provider of your choice and schedule an appointment.
- Identify yourself as a Highmark Blue Cross Blue Shield member, or eligible dependent, in a vision plan administered by Davis Vision.
- Provide the office with your identification (ID) number (located on your Highmark Blue Cross Blue Shield ID card), and the name and birth date of the covered dependent receiving services.

It's that easy! The provider's office will verify your eligibility for services. No claim forms are required!

Who are the network providers?

The Davis Vision provider network is being used for this vision product through a contractual arrangement between Davis Vision and Highmark Blue Cross Blue Shield. Davis Vision is an independent company that manages a network of licensed vision providers in both private practice and retail locations. Network providers are reviewed and credentialed to ensure that standards for quality service are maintained. You can access the Vision Provider Directory by going to www.highmarkbcbs.com, clicking on "Vision Provider Directory" and then selecting "Find a Provider." Or, by calling Member Service toll-free at 1-800-223-4795 and accessing the Interactive Voice Response (IVR) Unit.

What about retail locations?

In order to provide you with the greatest amount of flexibility and convenience, the network includes a number of retail establishments. Benefits at the retail locations may vary slightly from other locations, as noted in this benefit description. However, your value is comparable.

Or, call Member Service at 1-800-223-4795 (TTY users call 1-800-523-2847) to:

- Find a participating provider
- Verify eligibility for yourself or your dependents
- Request an out-of-network provider reimbursement form

Member Service Representatives are available:

- Monday through Friday, 8:00 a.m. to 5:00 p.m., Eastern Standard Time (EST)

Information about Low Vision Services:

You and your covered dependents are entitled to a comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Up to four follow-up care visits will be covered during the five-year period.

Are there any exclusions?

This vision program excludes coverage for certain items and services, including:

- Medical treatment of eye disease or injury
- Vision therapy
- Special lens designs or coatings, other than those previously described
- Replacement of lost eyewear
- Non-prescription (plano) lenses
- Services not performed by licensed personnel

For information prior to enrolling, call 1-800-223-4795.