

In-Network Benefits – Non-Voluntary		Designer Advantage III	
<b>Frequency – Once Every:</b>			
Eye Examination (including dilation when professionally indicated)		12 months	
Spectacle Lenses		12 months	
Frame		24 months	
Contact Lenses (in lieu of eyeglass lenses)		12 months	
<b>Copayments</b>			
Eye Examination		\$10	
Spectacle Lenses		\$25	
Contact Lens Evaluation, Fitting & Follow-Up Care		n/a	
<b>Eyeglass Benefit - Frame</b>		<b>Average Retail Value</b>	
<b>Non-Collection Frame Allowance (Retail):</b>		Up to \$130	
<b>Davis Vision Frame Collection<sup>1</sup> (in lieu of Allowance):</b>			
- Fashion level		Up to \$125	
- Designer level		Up to \$175	
- Premier level		Up to \$225	
<b>Eyeglass Benefit - Spectacle Lenses</b>		<b>Average Retail Value</b>	
<b>Member Charges</b>			
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any Rx)		\$60-\$120	
Oversize Lenses		\$20	
Tinting of Plastic Lenses		\$20	
Scratch-Resistant Coating		\$25-\$40	
Scratch Protection Plan Single Vision		\$60 - \$120	
Scratch Protection Plan Multifocal		\$60 - \$120	
Polycarbonate Lenses <sup>2</sup>		\$60-\$75	
Ultraviolet Coating		\$25-\$30	
Standard Anti-Reflective (AR) Coating		\$50-\$70	
Premium AR Coating		\$65-\$90	
Ultra AR Coating		\$100-\$125	
Standard Progressive Lenses		\$150-\$195	
Premium Progressives (Varilux®, etc.)		\$195-\$225	
Ultra Progressive		\$225-\$300	
Intermediate-Vision Lenses		\$150-\$175	
High-Index Lenses		\$90-\$150	
Polarized Lenses		\$95-\$110	
Plastic Photosensitive Lenses		\$95-\$150	
<b>Contact Lens Benefit (in lieu of eyeglasses)</b>			
<b>Non-Collection Contact Lenses: Materials Allowance</b>		Up to \$130	
- Evaluation, Fitting & Follow-Up Care – Standard Lens Types		Not Covered	
- Evaluation, Fitting & Follow-Up Care – Specialty Lens Types		Not Covered	
<b>Collection Contact Lenses<sup>1</sup> (in lieu of Allowance): Materials</b>			
- Disposable		Covered In Full	
- Planned Replacement		Covered In Full	
- Evaluation, Fitting & Follow-up Care		Included	
<b>Medically Necessary Contact Lenses (with prior approval)</b>			
- Materials, Evaluation, Fitting & Follow-Up Care		Included	
<b>Out-of-Network Reimbursement Schedule: up to</b>			
Eye Examination: \$30	Single Vision Lenses: \$25	Trifocal Lenses: \$45	Elective Contact Lenses: \$75
Frame: \$30	Bifocal/Progressive Lenses: \$35	Lenticular Lenses: \$60	Medically Necessary CL: \$225

<sup>1</sup>Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

<sup>2</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**

**Network providers**—The Davis Vision provider network is being used through a contractual arrangement between Davis Vision and Highmark. 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 and service are maintained.

**Network 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.

**Locating a network provider**—To find a network provider, go to [www.highmarkbcbs.com](http://www.highmarkbcbs.com) and click on “Find a Doctor or Rx.” Click on “Find an Eyecare Provider”. Enter your zip code and mile radius then click on “Search” to see the most current listing of providers that will accept your vision plan.

#### **Receiving services from a network provider:**

- Call the network provider of your choice and schedule an appointment.
- Identify yourself as a Highmark member, or eligible dependent, in a vision plan administered by Davis Vision.
- Provide the office with your identification (ID) number (located on your Highmark 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!

**Frame benefit**—You may choose from 'The Collection' in most independent network provider offices or a program allowance will be applied toward a network provider's own frames. Many Collection frames are covered in full or have a nominal copayment which helps you select high-quality frames, while minimizing out-of-pocket expenses. Network retail providers typically do not display the Collection. You will instead be given a program allowance toward your frame purchase. If the chosen frame exceeds the allowance, you will be responsible for any remaining balance.

**Contact lenses benefit**—Contact lenses may be selected in lieu of eyeglass lenses. No copayment applies towards the initial supply of formulary contact lenses (many of the most popular standard, soft daily wear; disposable or planned replacement) including fitting/follow-up charges. A program allowance will be applied toward contact lenses from the provider's own supply (which may or may not include fitting/follow-up charges). At a network retail location, you will receive an allowance toward the cost of lenses from the retailer's supply. With prior approval, medically necessary contact lenses will be covered in full at all network provider locations.

**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 visits will be covered during the five-year period.

**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 or stolen eyewear; non-prescription (Plano) lenses; and services not performed by licensed personnel.

#### **VALUE-ADDED FEATURES**

**Replacement contact lens program**—Highmark offers a contact lens replacement program to members. This mail order program exclusively allows you to enjoy the guaranteed lowest prices on contact lens replacement materials. Visit [www.davisvisioncontacts.com](http://www.davisvisioncontacts.com) or call 1-855-589-7911 with a current prescription. Every order comes with a complimentary starter kit.

**Information about laser vision correction services**—You and your covered dependents can receive substantial discounts on laser correction procedures. You are entitled to savings of up to 25% off the provider's usual and customary fees, or a 5% discount on any advertised special through a network of credentialed physicians affiliated with Eye Centers of Excellence. (Some centers provide a flat fee equating to these discount levels.)

**Call Member Service Monday through Friday, 8:00 am to 5:00 pm, Eastern Standard Time (EST) at 1-800-223-4795 (TTY users call 1-800-523-2847) to find a network provider, ask benefit questions, verify eligibility or request an out-of-network provider reimbursement form.**

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