

Summary of Vision Benefits - Fashion Focus

Benefits	Network	Out-of-Network ¹
FREQUENCY <ul style="list-style-type: none"> Eye examination (including dilation as professionally indicated) Eyeglass lenses Frames Contact lenses (in lieu of eyeglass lenses) 	One visit every 12 months for members under age 19 and one visit every 24 months for members age 19 and over ² One pair every 12 months for members under age 19 and one pair every 24 months for members age 19 and over ² One frame every 24 months ² One pair of standard daily wear contact lenses or payment of program allowance every 12 months for members under age 19 and one pair of standard daily wear contact lenses or payment of program allowance every 24 months for members age 19 and over ²	
EYE EXAMINATION (including dilation as professionally indicated)	Covered in full	Plan pays up to \$32
FRAMES <ul style="list-style-type: none"> Fashion level frames from "The Collection" Designer level frames from "The Collection" Premier level frames from "The Collection" Retail allowance toward a provider's frame 	Covered in full Member pays \$20 Member pays \$40 Plan pays up to \$60	Plan pays up to \$30
STANDARD EYEGLASS LENSES (per pair) ³ <ul style="list-style-type: none"> Single vision lenses Bifocal vision lenses Trifocal vision lenses Lenticular vision lenses 	Covered in full Covered in full Covered in full Covered in full	Plan pays up to \$25 Plan pays up to \$36 Plan pays up to \$46 Plan pays up to \$72
OPTIONAL EYEGLASS LENSES (per pair) <ul style="list-style-type: none"> Standard progressive lenses⁴ Premium progressive lenses⁴ Ultra progressive lenses⁴ Glass-Grey #3 prescription sunglasses Polycarbonate lenses <ul style="list-style-type: none"> Adult⁵ Dependent children <ul style="list-style-type: none"> 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) Blended segment lenses Intermediate vision lenses Glass photochromic lenses Plastic photosensitive lenses High-index (thinner and lighter) lenses Polarized lenses 	Member pays \$50 Member pays \$90 Member pays \$140 Member pays \$11 Member pays \$30 Covered in full Covered in full Covered in full Member pays \$20 Member pays \$30 Member pays \$20 Member pays \$65 Member pays \$55 Member pays \$75	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered
OPTIONAL EYEGLASS LENS COATINGS/TREATMENTS <ul style="list-style-type: none"> 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) 	Member pays \$11 Member pays \$12 Covered in full Member pays \$35 Member pays \$48 Member pays \$60	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered

Benefits	Network	Out-of-Network ¹
<ul style="list-style-type: none"> Scratch protection plan 	Member pays \$20 for single vision Member pays \$40 for multifocal	Not Covered
CONTACT LENSES (in lieu of eyeglass lenses - per pair or initial supply of disposable contact lenses) ⁶ <ul style="list-style-type: none"> Contact lens evaluation and fitting <ul style="list-style-type: none"> Daily wear Extended wear Standard daily wear contact lenses Specialty contact lenses Disposable contact lenses Medically necessary contact lenses (<i>prior approval required</i>) 	Covered in full Covered in full Covered in full Plan pays up to \$75 Plan pays up to \$75 Covered in full	Plan pays up to \$20 Plan pays up to \$30 Plan pays up to \$48 Plan pays up to \$48 Plan pays up to \$75 Plan pays up to \$225
LASER VISION CORRECTION SERVICES DISCOUNT PROGRAM	Member can receive discount up to 25% off provider's charge or 5% off any advertised special price	Not Covered
LOW VISION SERVICES⁷ <ul style="list-style-type: none"> Initial evaluation (<i>prior approval required</i>) Follow-up visits Low vision aids 	Plan pays up to \$300 per visit Plan pays up to \$100 per visit Plan pays up to \$600 per aid Plan pays up to \$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 Eligibility will be determined from the date of the last similar service paid under this program or any other Highmark vision program for this group.
- 3 Includes glass, plastic or oversized lenses.
- 4 Progressive 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 lenses; however, the member's payment toward the progressive upgrade will not be refunded.
- 5 Member payment is waived for monocular patients and patients with prescriptions +/- 6.00 diopters or greater.
- 6 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.
- 7 One initial low vision evaluation is eligible every five years. Up to four follow-up care visits will be covered during the five-year period.