

In-Network Benefits – Non-Voluntary		Fashion Advantage V	
<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>Copayments</b>			
Eye Examination		\$0	
Spectacle Lenses		\$0	
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>		Up to \$60	
- 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>	
Lenses: Single   Lined Bifocal   Trifocal   Lenticular		\$60-\$120	
Oversize Lenses		\$20	
Tinting of Plastic Lenses		\$20	
Scratch-Resistant Coating		\$25-\$40	
Scratch Protection Plan: Single Vision   Multifocal Lenses		\$60 - \$120	
Polycarbonate Lenses <sup>2</sup>		\$60-\$75	
Ultraviolet Coating		\$25-\$30	
Anti-Reflective Coating: Standard   Premium   Ultra   Ultimate		\$100-\$175	
Progressive Lenses: Standard   Premium   Ultra   Ultimate		\$230-\$440	
High-Index Lenses: 1.67   1.74		\$120-\$160	
Polarized Lenses		\$95-\$110	
Plastic Photosensitive Lenses		\$95-\$150	
Blue Light Filtering		\$25	
<b>Contact Lens Benefit (in lieu of eyeglasses)</b>		<b>Member Charges</b>	
<b>Non-Collection Contact Lenses: Materials Allowance</b>		Included	
- Evaluation, Fitting & Follow-Up Care – Standard Lens Types		Included	
- Evaluation, Fitting & Follow-Up Care – Specialty Lens Types		\$11	
		Included	
		\$25   \$40	
		\$0 or \$30	
		\$12	
		\$35   \$48   \$60   \$85	
		\$50   \$90   \$140   \$175	
		\$55   \$120	
		\$75	
		\$65	
		\$15	
<b>Collection Contact Lenses<sup>1</sup> (in lieu of Allowance): Materials</b>		Up to \$85	
- Disposable		Not Covered	
- Planned Replacement		Not Covered	
- Evaluation, Fitting & Follow-up Care		Included	
<b>Medically Necessary Contact Lenses (with prior approval)</b>		Included	
- Materials, Evaluation, Fitting & Follow-Up Care			
<b>Out-of-Network Reimbursement Schedule: up to</b>			
Eye Examination: \$32	Single Vision Lenses: \$25	Trifocal Lenses: \$46	Elective Contact Lenses: \$85
Frame: \$30	Bifocal/Progressive Lenses: \$36	Lenticular Lenses: \$72	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.

#### **Laser Vision Correction**

Highmark members enjoy lower prices on LASIK procedures than other carriers, along with flexible financing options - up to 12 months interest free. These savings are up to 40% - 50% off the national average price of traditional LASIK and are available at over 1,000 locations across our nationwide network of laser vision correction providers. Laser vision correction services are administered by QualSight, LLC. Terms and conditions are subject to change. Locate a participating provider by calling 1-855-502-2020.

**Hearing Aid Discounts**-Our members have access to exclusive discounts from Your Hearing Network to get started on the way to better hearing. Members receive a free hearing exam, and discounts of up to 40% off premium hearing aids. Each order includes:

- A Trial period - 60 day money back guarantee
- 1 year of follow-up care
- A 4-year service warranty, including 1 year of loss and damage
- A 4-year supply of batteries (included with each hearing aid purchase)

Call 1 (888) 809-0044 for more information, or to schedule your consultation with a local hearing aid professional.

**Call Member Service at 1-800-223-4795 (TTY users call 1-800-523-2847).**

**Monday through Friday, 8:00 am to 5:00 pm, Eastern Standard Time (EST) to find a network provider, ask benefit questions, verify eligibility or request an out-of-network provider reimbursement form.**

## Discrimination is Against the Law

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Claims Administrator/Insurer will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Claims Administrator/Insurer will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Claims Administrator/Insurer:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。  
请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المعونة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.