

VISION PLANS

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Complete your employee benefits package with flexible, affordable vision coverage.

See the Benefits of Vision Coverage

Vision benefits are more popular than ever. Offering a vision plan as part of a benefits program can help you to:

- ✓ Attract and retain top talent
- ✓ Reduce the cost of absenteeism
- ✓ Maintain and/or increase productivity
- ✓ Save money on overall medical claims

Your employees will benefit from these unique Highmark advantages:

Experience

Highmark has been providing vision coverage to its members for over 30 years.

Extensive Network of Vision Care Providers

Your employees enjoy the convenience of thousands of credentialed providers, including optometrists, ophthalmologists and opticians located in both independent and retail chain locations. Providers are extensively reviewed and credentialed in accordance with National Committee for Quality Assurance (NCQA) standards.

Exceptional Choice and Value

Highmark vision programs are available with a range of benefits, copayment options and coverage levels—all competitively priced to help you meet your and your company's needs. Our comprehensive vision plans are each designed to minimize or completely eliminate out-of-pocket member costs while offering true freedom of choice.

Easy Program Administration

To simplify the administration of your vision coverage, your Highmark client manager or authorized agent will be your point of contact for both your medical and vision benefits, and you'll enjoy the convenience of a single enrollment process and one bill. Your employees will find their coverage easy to use, too. Members can locate a provider by simply calling a toll-free number or visiting www.highmarkbcbs.com.

Coverage Highlights

Network retail locations—In order to provide you with the greatest amount of flexibility and convenience, the network includes a number of retail establishments.

Locating a network provider—To find a network provider, go to www.highmarkbcbs.com and click on "find a vision network provider." Click "OK" to be redirected to the Davis Vision, Inc. website. 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.

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

An eye exam can detect more serious health conditions that cost billions of dollars in medical costs each year, conditions such as arteriosclerosis, diabetes, high blood pressure, thyroid disease—even a brain tumor.

A study compiled by the Vision Council of America shows that employers can gain as much as \$7 for every \$1 they spend on vision coverage.

Vision problems affect more than 120 million people and are the second most prevalent health problem in the U.S.

Nearly 90 percent of those who work on computers each day suffer from eyestrain—the number one health complaint in the workplace.

There is a direct correlation between healthy vision and workplace productivity: Vision disorders account for more than \$8 billion in lost productivity each year.

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—Your employees and their 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.

Replacement contact lens program—Highmark offers a contact lens replacement program to members. This mail order program, Lens 1-2-3[®], exclusively allows you to enjoy the guaranteed lowest prices on contact lens replacement materials. Call 1-800-LENS-123 or visit www.LENS123.com with a current prescription. Every order comes with a complimentary starter kit.

Information about laser vision correction services— Your employees and their 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.)

Summary of Fashion Advantage Option I Benefits

BENEFIT	NETWORK	OUT-OF-NETWORK REIMBURSEMENT ⁽¹⁾
FREQUENCY⁽²⁾ 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)	Covered In Full	Up to \$32 allowance
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	Covered In Full \$20 copayment \$40 copayment Up to \$60 allowance	Up to \$30 allowance
STANDARD EYEGLASS LENSES⁽³⁾ (per pair) Single vision Bifocal Trifocal Lenticular	Covered In Full Covered In Full Covered In Full Covered In Full	Up to \$25 allowance Up to \$36 allowance Up to \$46 allowance Up to \$72 allowance
OPTIONAL EYEGLASS LENSES (per pair) Standard progressive lenses ⁽⁴⁾ Premium progressive lenses ⁽⁴⁾ Glass Grey #3 prescription sunglasses Polycarbonate lenses <i>Adult⁽⁵⁾</i> <i>Dependent children</i> Single vision Polycarbonate lenses (in lieu of single vision eyeglass lenses)	\$50 discounted price \$90 discounted price \$11 discounted price \$30 discounted price Covered In Full	Not Covered Not Covered Not Covered Not Covered Not Covered
Bifocal Polycarbonate lenses (in lieu of bifocal eyeglass lenses)	Covered In Full	Not Covered
Trifocal Polycarbonate lenses (in lieu of trifocal eyeglass lenses)	Covered In Full	Not Covered
Blended segment lenses Intermediate vision lenses Glass photochromic lenses Plastic photosensitive lenses High-index (thinner and lighter) lenses Polarized lenses	\$20 discounted price \$30 discounted price \$20 discounted price \$65 discounted price \$55 discounted price \$75 discounted price	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 discounted price \$12 discounted price \$20 discounted price \$35 discounted price \$48 discounted price \$60 discounted price	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered

BENEFIT	NETWORK	OUT-OF-NETWORK REIMBURSEMENT ⁽¹⁾
CONTACT LENSES⁽⁶⁾ (in lieu of eyeglass lenses—per pair or initial supply of disposable contact lenses) Contact lens evaluation and fitting <i>Daily/Extended wear</i> Standard daily wear contact lenses Specialty contact lenses Disposable contact lenses Medically necessary contact lenses (prior approval required)	Covered in full when the performing provider dispenses formulary contact lenses Formulary⁽⁷⁾/Nonformulary Covered In Full/ Up to \$85 allowance ⁽⁸⁾ Covered In Full/ Up to \$85 allowance ⁽⁸⁾ Covered In Full/ Up to \$85 allowance ⁽⁸⁾ Covered In Full	Not Covered Up to \$85 allowance Up to \$85 allowance Up to \$85 allowance Up to \$225 allowance
LOW VISION SERVICES Evaluation – one visit every 5 years (prior approval required) Follow-up visits—up to four follow-up visits every 5 years Low vision aids		Up to \$300 allowance per visit Up to \$100 allowance per visit Up to \$600 allowance per aid/\$1,200 allowance 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 discounted price will not be refunded.
- (5) Discounted member price 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) Disposable contact lens wearers will receive four multi-packs of lenses. Planned replacement contact lens wearers will receive two multi-packs of lenses.
- (8) Your contact lens evaluation and fitting will not be covered if your formulary contact lenses are dispensed by a provider other than the provider who performed the evaluation and fitting.

Summary of Fashion Advantage Option V Benefits

BENEFIT	NETWORK	OUT-OF-NETWORK REIMBURSEMENT ⁽¹⁾
FREQUENCY⁽²⁾ Eye examination (including dilation, as professionally indicated) Eyeglass lenses Frames Contact lenses (in lieu of eyeglass lenses)		Once every 12 months Once every 12 months Once every 12 months Once every 12 months
EYE EXAMINATION (including dilation as professionally indicated)	Covered In Full	Up to \$32 allowance
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	Covered In Full \$20 copayment \$40 copayment Up to \$60 allowance	Up to \$30 allowance
STANDARD EYEGLASS LENSES⁽³⁾ (per pair) Single vision Bifocal Trifocal Lenticular	Covered In Full Covered In Full Covered In Full Covered In Full	Up to \$25 allowance Up to \$36 allowance Up to \$46 allowance Up to \$72 allowance
OPTIONAL EYEGLASS LENSES (per pair) Standard progressive lenses ⁽⁴⁾ Premium progressive lenses ⁽⁴⁾ Glass Grey #3 prescription sunglasses Polycarbonate lenses <i>Adult⁽⁵⁾</i> <i>Dependent children</i> Single vision Polycarbonate lenses (in lieu of single vision eyeglass lenses)	\$50 discounted price \$90 discounted price \$11 discounted price \$30 discounted price Covered In Full	Not Covered Not Covered Not Covered Not Covered Not Covered
Bifocal Polycarbonate lenses (in lieu of bifocal eyeglass lenses)	Covered In Full	Not Covered
Trifocal Polycarbonate lenses (in lieu of trifocal eyeglass lenses)	Covered In Full	Not Covered
Blended segment lenses Intermediate vision lenses Glass photochromic lenses Plastic photosensitive lenses High-index (thinner and lighter) lenses Polarized lenses	\$20 discounted price \$30 discounted price \$20 discounted price \$65 discounted price \$55 discounted price \$75 discounted price	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 discounted price \$12 discounted price \$20 discounted price \$35 discounted price \$48 discounted price \$60 discounted price	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered

BENEFIT	NETWORK	OUT-OF-NETWORK REIMBURSEMENT ⁽¹⁾
CONTACT LENSES⁽⁶⁾ (in lieu of eyeglass lenses—per pair or initial supply of disposable contact lenses) Contact lens evaluation and fitting <i>Daily/Extended wear</i> Standard daily wear contact lenses Specialty contact lenses Disposable contact lenses Medically necessary contact lenses (prior approval required)	Covered in full when the performing provider dispenses formulary contact lenses Formulary⁽⁷⁾/Nonformulary Covered In Full/ Up to \$85 allowance ⁽⁸⁾ Covered In Full/ Up to \$85 allowance ⁽⁸⁾ Covered In Full/ Up to \$85 allowance ⁽⁸⁾ Covered In Full	Not Covered Up to \$85 allowance Up to \$85 allowance Up to \$85 allowance Up to \$225 allowance
LOW VISION SERVICES Evaluation – one visit every 5 years (prior approval required) Follow-up visits—up to four follow-up visits every 5 years Low vision aids		Up to \$300 allowance per visit Up to \$100 allowance per visit Up to \$600 allowance per aid/\$1,200 allowance 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 discounted price will not be refunded.
- (5) Discounted member price 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) Disposable contact lens wearers will receive four multi-packs of lenses. Planned replacement contact lens wearers will receive two multi-packs of lenses.
- (8) Your contact lens evaluation and fitting will not be covered if your formulary contact lenses are dispensed by a provider other than the provider who performed the evaluation and fitting.

Summary of Fashion Advantage Gold Option I Benefits

BENEFIT	NETWORK	OUT-OF-NETWORK REIMBURSEMENT ⁽¹⁾
FREQUENCY⁽²⁾ 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)	Covered In Full	Up to \$40 allowance
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	Covered In Full \$20 copayment \$40 copayment Up to \$100 allowance	Up to \$64 allowance
STANDARD EYEGLASS LENSES⁽³⁾ (per pair) Single vision Bifocal Trifocal Lenticular	Covered In Full Covered In Full Covered In Full Covered In Full	Up to \$30 allowance Up to \$40 allowance Up to \$60 allowance Up to \$80 allowance
OPTIONAL EYEGLASS LENSES (per pair) Standard progressive lenses ⁽⁴⁾ (in lieu of bifocal or trifocal lenses) Premium progressive lenses ⁽⁴⁾ Glass Grey #3 prescription sunglasses Polycarbonate lenses <i>Adult⁽⁵⁾</i> <i>Dependent children</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) Blended segment lenses Intermediate vision lenses Glass photochromic lenses Plastic photosensitive lenses High-index (thinner and lighter) lenses Polarized lenses	Covered In Full \$40 discounted price \$11 discounted price \$30 discounted price Covered In Full Covered In Full Covered In Full \$20 discounted price \$30 discounted price \$20 discounted price \$65 discounted price \$55 discounted price \$75 discounted price	Up to \$130 allowance Not Covered Not Covered Not Covered Up to \$70 allowance Up to \$80 allowance Up to \$95 allowance 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 discounted price \$12 discounted price \$20 discounted price \$35 discounted price \$48 discounted price \$60 discounted price	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered

BENEFIT	NETWORK	OUT-OF-NETWORK REIMBURSEMENT ⁽¹⁾
CONTACT LENSES⁽⁶⁾ (in lieu of eyeglass lenses—per pair or initial supply of disposable contact lenses) Contact lens evaluation and fitting <i>Daily/Extended wear</i> Standard daily wear contact lenses Specialty contact lenses Disposable contact lenses Medically necessary contact lenses (prior approval required)	Covered in full when the performing provider dispenses formulary contact lenses Formulary⁽⁷⁾/Nonformulary Covered In Full/Up to \$130 allowance ⁽⁸⁾ Covered In Full/Up to \$130 allowance ⁽⁸⁾ Covered In Full/Up to \$130 allowance ⁽⁸⁾ Covered In Full	Not Covered Up to \$115 allowance Up to \$115 allowance Up to \$115 allowance Up to \$225 allowance
LOW VISION SERVICES Evaluation – one visit every 5 years (prior approval required) Follow-up visits—up to four follow-up visits every 5 years Low vision aids		Up to \$300 allowance per visit Up to \$100 allowance per visit Up to \$600 allowance per aid/\$1,200 allowance 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 discounted price will not be refunded.
- (5) Discounted member price 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) Disposable contact lens wearers will receive four multi-packs of lenses. Planned replacement contact lens wearers will receive two multi-packs of lenses.
- (8) Your contact lens evaluation and fitting will not be covered if your formulary contact lenses are dispensed by a provider other than the provider who performed the evaluation and fitting.

Summary of Fashion Advantage Gold Option V Benefits

BENEFIT	NETWORK	OUT-OF-NETWORK REIMBURSEMENT ⁽¹⁾
FREQUENCY⁽²⁾ Eye examination (including dilation, as professionally indicated) Eyeglass lenses Frames Contact lenses (in lieu of eyeglass lenses)		Once every 12 months Once every 12 months Once every 12 months Once every 12 months
EYE EXAMINATION (including dilation as professionally indicated)	Covered In Full	Up to \$40 allowance
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	Covered In Full \$20 copayment \$40 copayment Up to \$100 allowance	Up to \$64 allowance
STANDARD EYEGLASS LENSES⁽³⁾ (per pair) Single vision Bifocal Trifocal Lenticular	Covered In Full Covered In Full Covered In Full Covered In Full	Up to \$30 allowance Up to \$40 allowance Up to \$60 allowance Up to \$80 allowance
OPTIONAL EYEGLASS LENSES (per pair) Standard progressive lenses ⁽⁴⁾ (in lieu of bifocal or trifocal lenses) Premium progressive lenses ⁽⁴⁾ Glass Grey #3 prescription sunglasses Polycarbonate lenses <i>Adult⁽⁵⁾</i> <i>Dependent children</i> Single vision Polycarbonate lenses (in lieu of single vision eyeglass lenses)	Covered In Full \$40 discounted price \$11 discounted price \$30 discounted price Covered In Full	Up to \$130 allowance Not Covered Not Covered Not Covered Up to \$70 allowance
Bifocal Polycarbonate lenses (in lieu of bifocal eyeglass lenses)	Covered In Full	Up to \$80 allowance
Trifocal Polycarbonate lenses (in lieu of trifocal eyeglass lenses)	Covered In Full	Up to \$95 allowance
Blended segment lenses Intermediate vision lenses Glass photochromic lenses Plastic photosensitive lenses High-index (thinner and lighter) lenses Polarized lenses	\$20 discounted price \$30 discounted price \$20 discounted price \$65 discounted price \$55 discounted price \$75 discounted price	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 discounted price \$12 discounted price \$20 discounted price \$35 discounted price \$48 discounted price \$60 discounted price	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered

BENEFIT	NETWORK	OUT-OF-NETWORK REIMBURSEMENT ⁽¹⁾
CONTACT LENSES⁽⁶⁾ (in lieu of eyeglass lenses—per pair or initial supply of disposable contact lenses) Contact lens evaluation and fitting <i>Daily/Extended wear</i> Standard daily wear contact lenses Specialty contact lenses Disposable contact lenses Medically necessary contact lenses (prior approval required)	Covered in full when the performing provider dispenses formulary contact lenses Formulary(7)/Nonformulary Covered In Full/Up to \$130 allowance ⁽⁸⁾ Covered In Full/Up to \$130 allowance ⁽⁸⁾ Covered In Full/Up to \$130 allowance ⁽⁸⁾ Covered In Full	Not Covered Up to \$115 allowance Up to \$115 allowance Up to \$115 allowance Up to \$225 allowance
LOW VISION SERVICES Evaluation – one visit every 5 years (prior approval required) Follow-up visits—up to four follow-up visits every 5 years Low vision aids		Up to \$300 allowance per visit Up to \$100 allowance per visit Up to \$600 allowance per aid/\$1,200 allowance 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 discounted price will not be refunded.
- (5) Discounted member price 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) Disposable contact lens wearers will receive four multi-packs of lenses. Planned replacement contact lens wearers will receive two multi-packs of lenses.
- (8) Your contact lens evaluation and fitting will not be covered if your formulary contact lenses are dispensed by a provider other than the provider who performed the evaluation and fitting.