Fashion Advantage Gold Vision Program (Option 1)

Highmark Blue Cross Blue Shield Vision Care Plan Benefit Summary

Benefits		
Frequency		
o Eye Examination (including dilation as professionally indicated)	Once every 12 months under age 19/24 months age 19 or older.	
o Eyeglass Lenses	Once every 12 months under age 19/24 months age 19 or older.	
o Frames	Once every 24 months	
o Contact Lenses (in lieu of eyeglass lenses)	Once every 12 months under age 19/24 months age 19 or older.	
	In-Network (Coverage)	**Out-of-Network* (Reimbursement)**
Eye Examination	Included	Up to $40.00
o Including dilation as professionally indicated		
Frames		Up to $64.00
o Fashion level frames from "The Collection"	Included	
o Designer level frames from "The Collection"	$20.00 copayment	
o Premier level frames from "The Collection"	$40.00 copayment	
o Retail allowance towards a network provider's frame	$100.00	
Standard Eyeglass Lenses (per pair)		
o Single Vision	Included	Up to $30.00
o Bifocal	Included	Up to $40.00
o Trifocal	Included	Up to $60.00
o Lenticular	Included	Up to $80.00
Includes glass, plastic or oversized lenses.		
Optional Eyeglass Lenses		
o Standard progressive addition lenses (in lieu of bifocal or trifocal lenses) +	Included	Up to $130.00
o Premium progressive addition lenses +	$40.00 copayment	NC
o Glass-Grey #3 Prescription Sunglasses	$11.00 copayment	NC
o Polycarbonate lenses		
▪ Adult	$30.00 copayment	NC
▪ Dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.		
▪ Single Vision Polycarbonate lenses (in lieu of Single Vision Lenses)	Included	Up to $70.00
▪ Bifocal Polycarbonate lenses (in lieu of Bifocal Lenses)	Included	Up to $80.00
▪ Trifocal Polycarbonate lenses (in lieu of Trifocal Lenses)	Included	Up to $95.00
o Blended segment lenses	$20.00 copayment	NC
o Intermediate vision lenses	$30.00 copayment	NC
o Photosensitive glass lenses	$20.00 copayment	NC
o Plastic photosensitive lenses	$65.00 copayment	NC
o High-index (thinner and lighter) lenses	$55.00 copayment	NC
o Polarized lenses	$75.00 copayment	NC
+ Progressive addition 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.		
Optional Eyeglass Lens Coatings/Treatments		
o Fashion, sun or gradient tinted plastic lenses	$11.00 copayment	NC
o Ultraviolet coating	$12.00 copayment	NC
o Scratch-resistant coating	$20.00 copayment	NC
o Standard ARC (anti-reflective coating)	$35.00 copayment	NC
o Premium ARC (anti-reflective coating)	$48.00 copayment	NC
o Ultra ARC (anti-reflective coating)	$60.00 copayment	NC
Contact Lenses (in lieu of eyeglass lenses – per pair or initial supply of disposable contact lenses)		
o Contact lens evaluation and fitting	Included when formulary contact lenses are prescribed	NC
▪ Daily Wear		
▪ Extended Wear		
	Formulary / Non-Formulary	
o Standard Daily Wear Contact Lenses - Formulary/Non-Formulary	Covered in full / $130 [1]	Up to $115.00
o Specialty Contact Lenses - Formulary/Non-Formulary	Covered in full / $130 [1]	Up to $115.00
o Disposable Contact Lenses - Formulary/Non-Formulary	Covered in full / $130 [1]	Up to $115.00
o Medically Necessary Contact Lenses (prior approval required)	Covered in full	Up to $225.00
Please Note: *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 eyeglass lenses.*		
[1] *Program allowance applies towards contact lens evaluation, fitting and cost of contact lenses.*		
Low Vision Services		
o Evaluation – One visit every 5 years	$300 allowance per visit	
o Follow-up visits – Up to four follow-up visits every 5 years	$100 allowance per visit	
o Low vision aids	$600 per device with $1,200 lifetime maximum	

* If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement.

This is a summary of vision benefits. Please refer to the group contract for complete benefit information. Should the information in this summary differ from the information contained in the group contract, the terms of the group contract shall govern.