

Benefits	Network	Out-of-Network ¹ Reimbursement
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) 	\$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
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 when formulary contact lenses are prescribed Covered in full when formulary contact lenses are prescribed Formulary⁷/Non-Formulary 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 Not Covered Up to \$85 allowance Up to \$85 allowance Up to \$85 allowance Up to \$225 allowance
LASER VISION CORRECTION SERVICES DISCOUNT PROGRAM	Up to 25% off provider's charge or 5% off any advertised special price	Not Covered
LOW VISION SERVICES⁹ <ul style="list-style-type: none"> • Initial evaluation (<i>prior approval required</i>) • Follow-up visits • Low vision aids 		Up to \$300 allowance Up to \$100 allowance (per visit) Up to \$600 allowance (per aid) Up to \$1,200 lifetime maximum (for all aids)

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 Blue Cross Blue Shield 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 Reimbursement amount is applied toward the cost of contact lenses. The allowance may or may not apply to the evaluation/fitting.

9 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.