



Pennsylvania
MEDICAL SOCIETY[®]

PENNSYLVANIA MEDICAL SOCIETY
INSURANCE AGENCY

Fashion Advantage Vision Program Option V

www.pamedinsurance.com

Summary of Fashion Advantage Option V Benefits



Rates: \$5.05/Individual \$14.65/Family

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) Bifocal Polycarbonate lenses (in lieu of bifocal eyeglass lenses) Trifocal Polycarbonate lenses (in lieu of trifocal eyeglass lenses)	\$50 discounted price \$90 discounted price \$11 discounted price \$30 discounted price Covered In Full Covered In Full	Not Covered Not Covered Not Covered Not Covered Not Covered 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
CONTACT LENSES⁽⁶⁾ (in lieu of eyeglass lenses – per pair or INITIAL SUPPLY OF DISPOSABLE CONTACT LENSES) Contact lens evaluation and fitting <i>Daily wear</i> <i>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 formulary contact lenses are prescribed Covered in full when formulary contact lenses are prescribed 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 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 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 covers contact lens evaluation, fitting and cost of contact lenses.

This is a summary of the 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.

How do I receive services from a provider in the network?

- 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!

Who are the network providers?

The Davis Vision provider network is being used for this vision product 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 service are maintained. To find a network provider, you can call Member Service toll-free at 1-800-223-4795 and access the Interactive Voice Response (IVR) Unit or access the Vision Provider Directory online at www.highmarkblueshield.com.

What about 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.

Or, call Member Service at 1-800-223-4795 (TTY users call 1-800-523-2847) to:

- Find a participating provider
- Verify eligibility for yourself or your dependents
- Request an out-of-network provider reimbursement form

Member Service Representatives are available:

- Monday through Friday, 8:00 a.m. to 5:00 p.m., Eastern Standard Time (EST)

Information about 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 care visits will be covered during the five-year period.

Are there any 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 eyewear
- Non-prescription (plano) lenses
- Services not performed by licensed personnel

For information prior to enrolling, call 1-800-223-4795.