In-Network Benefits – Non-Voluntary	Premier
Frequency – Once Every:	
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
Copayments	
Eye Examination	Included
Spectacle Lenses	Included
Contact Lens Evaluation, Fitting & Follow-Up Care	Included
Eyeglass Benefit - Frame	
Non-Collection Frame Allowance (Retail):	Up to $150
Enhanced Visionworks Frame Allowance[1]	Up to $200
Davis Vision Frame Collection[2] (in lieu of Allowance):	
- Fashion level	Included
- Designer level	Included
- Premier level	Included
Eyeglass Benefit - Spectacle Lenses	**Member Charges**
Lenses: Single | Lined Bifocal | Trifocal | Lenticular	Included
Oversize Lenses	Included
Tinting of Plastic Lenses	$0
Scratch-Resistant Coating	Included
Scratch Protection Plan: Single Vision | Multifocal Lenses	$20 | $40
Polycarbonate Lenses[3]	$0 or $30
Ultraviolet Coating	$12
Anti-Reflective Coating: Standard | Premium | Ultra | Ultimate	$35 | $48 | $60 | $85
Progressive Lenses: Standard | Premium | Ultra | Ultimate	$50 | $90 | $140 | $175
High-Index Lenses: 1.67 | 1.74	$55 | $120
Polarized Lenses	$75
Plastic Photosensitive Lenses	$65
Blue Light Filtering	$15
Contact Lens Benefit (in lieu of eyeglasses)	
Non-Collection Contact Lenses: Materials Allowance	Up to $150
- Evaluation, Fitting & Follow-Up Care – Standard Lens Types	Included
- Evaluation, Fitting & Follow-Up Care – Specialty Lens Types	Up to $60
Collection Contact Lenses[2] (in lieu of Allowance): Materials	
- Disposable	8 boxes
- Planned Replacement	4 boxes
- Evaluation, Fitting & Follow-Up Care	Included

Out-of-Network Reimbursement Schedule: up to			
Eye Examination: $40	Single Vision Lenses: $40	Trifocal Lenses: $80	Elective Contact Lenses: $105
Frame: $50	Bifocal/Progressive Lenses: $60	Lenticular Lenses: $100	Medically Necessary CL: $225

[1]Increased frame allowance is only available when frame is purchased through a Visionworks location.
[2]Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.
[3]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.MyHighmark.com and click on "Find Doctors and Rx." Click on "Find a vision care 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.davisvision.com/shop-online* 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.