

BLUE VISION

SUMMARY OF PREMIER BENEFITS FOR GROUPS
OF 50 OR LESS EMPLOYEES



BLUE VISION CARE PLAN

The Highmark Blue Cross Blue Shield Delaware (Highmark Delaware) Vision Care Plan is administered independently by Davis Vision, Inc., a leading national administrator of vision care programs.

RECEIVING SERVICES FROM A PROVIDER IN THE NETWORK

- Call the network provider of your choice and schedule an appointment.
- Identify yourself as a Davis Vision plan participant and Highmark Delaware member.
- Provide the office with your Highmark Delaware identification (ID) number and the name and date of birth of any covered member in need of services.

It's that easy— the provider's office will verify your eligibility for services. No claim forms are required.

NETWORK PROVIDERS

There are licensed providers in both private practice and retail locations who are extensively reviewed and credentialed to ensure that stringent standards for quality service are maintained. To find a provider, please visit Davis Vision's website at www.davisvision.com and click on the Find a Doctor feature. You can also call 800.804.6103 to access the Interactive Voice Response Unit, which will supply you with the names and addresses of the network providers nearest you.

INFORMATION ABOUT LOW VISION SERVICES

Members are entitled to a comprehensive low vision evaluation once every five years with a maximum charge of \$300. Members are also entitled to a low vision aid allowance of \$600 with a lifetime maximum of \$1,200. Follow-up care includes four visits in a five-year period, with a maximum benefit payable of \$100 for each visit. Prior approval is required by Davis Vision for low vision in- and out-of-network.

EXCLUSIONS

The following items are not covered by this vision program:

- Medical treatment of eye disease or injury
- Vision therapy
- Special lens designs or coatings other than those described on the next page
- Replacement of lost eyewear
- Non-prescription (plano) lenses
- Services not performed by licensed personnel

RETAIL LOCATIONS

To provide our Highmark Delaware members with the greatest amount of flexibility and convenience, Davis Vision has a number of retail establishments in its provider network. Benefits at retail locations may differ slightly from benefits at provider offices, but the value is comparable.

FOR MORE INFORMATION

Visit Davis Vision's website at www.davisvision.com to do the following:

- Learn about the Davis Vision company
- Find participating providers
- View "The Collection"
- Verify eligibility for yourself or your dependents
- Print an enrollment confirmation
- Request an out-of-network provider reimbursement form
- Speak with a Member Service Representative
- Ask any questions about your vision care benefits

In-Network Benefit	Frequency
Eye Examination (including dilation, as professionally indicated)	Once every 24 months
Eyeglass lenses	Once every 24 months
Frames	Once every 24 months
Contact lenses (in lieu of eyeglasses)	Once every 24 months
In-Network Benefit	Member Responsibility
Eye Examination (including dilation, as professionally indicated)	\$10 copayment
Frames	
Fashion level/ Designer level frames from "The Collection"	Covered in full
Premier level frames from "The Collection"	\$25 copayment
Retail allowance towards a provider's frame	Up to \$150 allowance (plus a 20% discount on any overage ¹)
Standard Eyeglass Lenses² (per pair)	
All ranges of prescriptions and sizes	Covered in full
Fashion and gradient tinting	Covered in full
Glass Grey #3 prescription sunglasses	Covered in full
Spectacle Lens Options (per pair)	
Standard progressive lenses ³	\$50 copayment
Premium progressive lenses ³	\$90 copayment
Polycarbonate lenses ⁴	\$0 or \$30 copayment
Blended segment/ Glass photochromic lenses	\$20 copayment
Intermediate vision lenses	\$30 copayment
Plastic photosensitive lenses	\$65 copayment
High-index (thinner and lighter) lenses	\$55 copayment
Polarized lenses	\$75 copayment
Ultraviolet coating	\$12 copayment
Scratch-resistant coating	\$20 copayment
Standard anti-reflective coating (ARC)	\$35 copayment
Premium ARC	\$48 copayment
Ultra ARC	\$60 copayment
Contact Lenses⁵ (in lieu of eyeglasses)	
Elective allowance ⁶	Up to \$150 allowance (plus a 15% discount on any overage ¹)
Formulary with fitting/follow-up care (in lieu of elective allowance)	Covered in full
Medically necessary contact lenses (prior approval required)	Covered in full

(Continued on next page)

Summary of Blue Vision Designer I Benefits (continued)

Out-of-Network Reimbursement Schedule ⁷	Reimbursement Amount
Eye examination	Reimbursed up to \$30
Single vision spectacle lenses	Reimbursed up to \$25
Bifocal spectacle lenses	Reimbursed up to \$35
Trifocal spectacle lenses	Reimbursed up to \$45
Lenticular lenses	Reimbursed up to \$60
Frames	Reimbursed up to \$30
Elective contact lenses	Reimbursed up to \$75
Medically necessary contact lenses	Reimbursed up to \$225



BLUE VISION DESIGNER I VALUE ADDED FEATURES

- A one-year unconditional breakage warranty is provided for all eyeglasses completely supplied through the Davis Vision collection.
- Free membership and access to a mail-order replacement contact lens service, Lens 123, provides a fast and convenient way to purchase replacement contact lenses at significant savings.
- Laser vision correction services are offered at discounts of up to 25 percent off a participating provider's normal charges.
- Low vision coverage is included.

¹ Additional discounts not applicable at Wal-Mart locations.

² Includes glass, plastic or oversized lenses.

³ 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 copayment will not be refunded.

⁴ No charge for polycarbonate lenses for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

⁵ 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.

⁶ The allowance will be applied toward contact lenses from the provider's own supply (which may or may not apply toward fitting/follow-up care fees).

⁷ 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.

To reach Member Service Representatives, call Davis Vision at 800.804.6103 (TTY users call 800.523.2847). Member Service Representatives are available:

Monday – Friday,
8:00 AM to 11:00 PM
Eastern

Saturday,
9:00 AM to 4:00 PM
Eastern

Sunday,
12:00 PM to 4:00 PM
Eastern



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