



Having your vision plan with Highmark has some big advantages.



Easy administration

Managing your vision and health plan all in one place creates a simpler experience: **one** bill, **one** renewal process, and **one** self-service website to navigate. Plus, you'll get a dedicated Client Manager who will serve as a single point of contact.



Cost savings

Blue Edge Vision plans offer a multiyear rate guarantee, which can lead to savings for you and your employees.



Accessible, high-quality care

The Davis Vision National Network includes independent, retail, and online vision providers at over 190,000+ locations nationwide. Vision providers have their credentials verified to ensure the highest quality care.



Blue Edge Vision offers competitive benefits for members.



Our vision plan offers exclusive deals including:

- A high-quality frame collection with little or **no out-of-pocket costs** for members.
- A one-year breakage warranty at no cost.*
- Free hearing exams and discounts on **hearing aids** that come with a no-cost warranty, all through Your Hearing Network.



Additional Member perks incude:

- A deep discount on LASIK vision correction.
- Scratch-resistant, blue-light coating, and anti-reflective coating options for lenses.
- A mail-order contact lens replacement program.
- The lowest-price guarantee on contact lens replacement materials via mail order.
- Coverage for a procedure that offers an alternative to pupil dilation.
- Discounts on frames and contact lenses.

*Produced at Davis Vision labs

Blue Edge Vision Rates

Blue Edge Vision plans come in a wide variety of coverage and pricing options. Refer to the grids below for individual services and coverage.

Non-Voluntary*

	Fashion Value	Fashion Basic	Designer Value	Designer Basic	Premier
Single	\$5.47	\$5.63	\$6.45	\$6.65	\$7.65
Family	\$15.85	\$16.29	\$18.70	\$19.23	\$22.15

^{*} Non-Voluntary participation guidelines: A minimum of 70% participation is required.

Voluntary*

	Fashion Value	Fashion Basic	Designer Value	Designer Basic	Premier
Single	\$7.38	\$7.60	\$8.71	\$8.98	\$10.33
Family	\$21.40	\$21.99	\$25.25	\$25.96	\$29.90

^{*}Voluntary participation guidelines: A minimum of 20% participation is required, and at least two contracts must be enrolled.

Blue Edge Vision Plans

	Fashion		Designer		Premier
Frequencies	Value	Basic	Value	Basic	
Eye Exam	12 months				
Spectacle Lenses	12 months				
Frame	24 months	12 months	24 months	12 months	12 months
Contact Lenses (in lieu of eyeglasses)	12 months				
Copayments					
Eye Exam	\$15	\$15	\$10	\$10	Included
Spectacle Lenses	\$15	\$15	\$10	\$10	Included
Contact Lens Evaluation, Fitting and Follow-Up Care	N/A	N/A	N/A	N/A	N/A

	Fo	ashion	De	esigner	Premier
Eyeglass Benefit – Frame	Value	Basic	Value	Basic	
Non-collection Frame Allowance (Retail):	Up to \$100	Up to \$100	Up to \$120	Up to \$120	Up to \$15
Enhanced Visionworks Store Allowance:	Up to \$150	Up to \$150	Up to \$170	Up to \$170	Up to \$20
Davis Vision Frame Collection** (In Lieu of Allowance): - Fashion Level - Designer Level - Premier Level	Included \$15 Copay \$40 Copay	Included \$15 Copay \$40 Copay	Included Included \$25 Copay	Included Included \$25 Copay	Included Included Included
Eyeglass Benefit – Spectacle Lenses			Member Charge	es	
Tinting of Plastic Lenses	\$15	\$15	\$0	\$0	\$0
Scratch-Resistant Coating	Included	Included	Included	Included	Included
Polycarbonate Lenses***	\$0 or \$35	\$0 or \$35	\$0 or \$30	\$0 or \$30	\$0 or \$30
Ultraviolet Coating	\$15	\$15	\$12	\$12	\$12
Standard Anti-Reflective (AR) Coating	\$40	\$40	\$35	\$35	\$35
Premium AR Coating	\$55	\$55	\$48	\$48	\$48
Ultra AR Coating	\$69	\$69	\$60	\$60	\$60
Ultimate AR Coating	\$85	\$85	\$85	\$85	\$85
Standard Progressive Lenses	\$65	\$65	\$50	\$50	\$50
Premium Progressive Lenses (Varilux, etc.)	\$105	\$105	\$90	\$90	\$90
Ultra Progressive Lenses	\$140	\$140	\$140	\$140	\$140
Ultimate Progressive Lenses	\$175	\$175	\$175	\$175	\$175
High-Index Lenses	\$60	\$60	\$55	\$55	\$55
Polarized Lenses	\$75	\$75	\$75	\$75	\$75
Plastic Photosensitive Lenses	\$70	\$70	\$65	\$65	\$65
Blue Light Filtering	\$15	\$15	\$15	\$15	\$15
Contact Lens Benefit (In Lieu of Eyeglasses)					
Non-Collection Contact Lenses: Materials Allowance	Up to \$100	Up to \$100	Up to \$120	Up to \$120	Up to \$15
Collection Contacts Lenses** (In Lieu of Allowance): Materials - Disposable - Planned Replacement - Evaluation, Fitting and Follow-Up Care	4 boxes 2 boxes Included	4 boxes 2 boxes Included	4 boxes 2 boxes Included	4 boxes 2 boxes Included	8 boxes 4 boxes Included
Out-of-Network Reimbursement Schedule: up to					
Eye Exam	\$40	\$40	\$40	\$40	\$40
Frame	\$30	\$30	\$40	\$40	\$50
Single Vision Lenses	\$40	\$40	\$40	\$40	\$40
Bifocal/Progressive Lenses	\$60	\$60	\$60	\$60	\$60
Trifocal Lenses	\$80	\$80	\$80	\$80	\$80
Lenticular Lenses	\$100	\$100	\$100	\$100	\$100
Elective Contact Lenses	\$85	\$85	\$95	\$95	\$105
Medically Necessary Contact Lenses	\$225	\$225	\$225	\$225	\$225

^{**}Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

^{***}Polycarbonate lenses are covered in full for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.



Connect with your client manager or broker to discuss further.

6



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