Blue Edge Vision is the clear choice.



HIGHMARK. Blue Edge Vision

WESTERN AND NORTHEASTERN PENNSYLVANIA

Vision coverage options for small groups

January - December 2027



Having your vision plan with Highmark has some big advantages.

Comprehensive Eye Care

Your eyes can provide early clues to a range of serious health conditions.

A comprehensive eye exam can detect diabetes, high blood pressure, glaucoma, cataracts, macular degeneration, and more.

Competitive Plans and Benefits

Blue Edge Vision offers competitive plans with fixed lens option pricing for predictable out-of-pocket costs.

Perks and Discounts

Gain exclusive access to a premium eyewear collection, including popular brands, and additional discounts on services.

Enjoy significant savings on frames, lenses, and contacts to ensure you have the correct eyewear you need.

Robust Nationwide Network

Access comprehensive eye care through Blue Edge Vision's robust nationwide network of nearly 200,000 access points.

Our network includes independent practitioners and popular retailers, offering unparalleled choice and convenience for your employees.

Streamlined Administration

Experience hassle-free administration with Blue Edge Vision, including dedicated customer service, convenient ID card access, clear customer billing, and the member portal.



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 include:

- A deep discount on LASIK vision correction.
- Scratch-resistant, blue-light, and antireflective coating options for lenses.
- 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.

Nonvoluntary*

	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

*Nonvoluntary 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

Frequencies	Fashion		Designer		Premier	Premier II
	Value	Basic	Value	Basic		
Eye Exam	12 months	12 months	12 months	12 months	12 months	12 months
Spectacle Lenses	12 months	12 months	12 months	12 months	12 months	12 months
Frame	24 months	12 months	24 months	12 months	12 months	12 months
Contact Lenses (in lieu of eyeglasses)	12 months	12 months	12 months	12 months	12 months	12 months
Copayments						
Eye Exam	$15	$15	$10	$10	Included	Included
Spectacle Lenses	$15	$15	$10	$10	Included	Included
Contact Lens Evaluation, Fitting, and Follow-Up Care	N/A	N/A	N/A	N/A	N/A	Included
Eyeglass Benefit – Frame						
Non-Collection Frame Allowance (Retail):	Up to $100	Up to $100	Up to $120	Up to $120	Up to $150	Up to $200
Enhanced Visionworks Store Allowance:	Up to $150	Up to $150	Up to $170	Up to $170	Up to $200	Up to $250
Davis Vision Frame Collection** (In Lieu of Allowance):						
- Fashion Level	Included	Included	Included	Included	Included	Included
- Designer Level	$15 Copay	$15 Copay	Included	Included	Included	Included
- Premier Level	$40 Copay	$40 Copay	$25 Copay	$25 Copay	Included	Included

Eyeglass Benefit – Spectacle Lenses	Fashion		Designer		Premier	Premier II
	Value	Basic	Value	Basic		
Tinting of Plastic Lenses	$15	$15	$0	$0	$0	$0
Scratch-Resistant Coating	Included	Included	Included	Included	Included	Included
Polycarbonate Lenses***	$0 or $35	$0 or $35	$0 or $30	$0 or $30	$0 or $30	$0 or $30
Ultraviolet Coating	$15	$15	$12	$12	$12	$12
Standard Antireflective (AR) Coating	$40	$40	$35	$35	$35	$35
Premium AR Coating	$55	$55	$48	$48	$48	$48
Ultra AR Coating	$69	$69	$60	$60	$60	$60
Ultimate AR Coating	$85	$85	$85	$85	$85	$85
Standard Progressive Lenses	$65	$65	$50	$50	$50	$50
Premium Progressive Lenses (Varilux, etc.)	$105	$105	$90	$90	$90	$90
Ultra Progressive Lenses	$140	$140	$140	$140	$140	$140
Ultimate Progressive Lenses	$175	$175	$175	$175	$175	$175
High-Index Lenses	$60	$60	$55	$55	$55	$55
Polarized Lenses	$75	$75	$75	$75	$75	$75
Plastic Photosensitive Lenses	$70	$70	$65	$65	$65	$65
Blue Light Filtering	$15	$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 $150	Up to $200
Collection Contact Lenses** (In Lieu of Allowance): Materials						
- Disposable	4 boxes	4 boxes	4 boxes	4 boxes	8 boxes	8 boxes
- Planned Replacement	2 boxes	2 boxes	2 boxes	2 boxes	4 boxes	4 boxes
- Evaluation, Fitting, and Follow-Up Care	Included	Included	Included	Included	Included	Included
Out-of-Network Reimbursement Schedule: up to						
Eye Exam	$40	$40	$40	$40	$40	$40
Frame	$30	$30	$40	$40	$50	$50
Single Vision Lenses	$40	$40	$40	$40	$40	$40
Bifocal/Progressive Lenses	$60	$60	$60	$60	$60	$60
Trifocal Lenses	$80	$80	$80	$80	$80	$80
Lenticular Lenses	$100	$100	$100	$100	$100	$100
Elective Contact Lenses	$85	$85	$95	$95	$105	$105
Medically Necessary Contact Lenses	$225	$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.

Underwriting Guidelines

The following underwriting guidelines apply to the program in the attached document.

1. In-network benefits are calculated using plan allowance. Out-of-network benefits are calculated based upon the fee schedule.
2. Both minimum enrolled contract count and participation requirement must be achieved.
3. Programs assume dependent children are eligible to age 26 and full-time students to age 26. (Termination will occur first of month following 26th birthdate.)
4. Standard Highmark Blue Cross Blue Shield policies and procedures apply.
5. If the group consists of members in multiple states, at least 25% of eligible employees must reside in the rate card region.
6. This chart is a representative listing of services covered under the proposed program.
7. A client's member-to-contract ratio must be less than five (5).
8. Groups of one can only be written if medical is in force. The vision effective date must align with the medical renewal date if added off-cycle.
9. Vision plan is not offered in conjunction with another vision plan or another carrier.
10. All proposed rates, guarantees, and caps assume no change to the proposed benefit design.

Highmark Blue Cross Blue Shield reserves the right to reevaluate proposed rates and benefits if any state or federally mandated benefits or fees are imposed. Highmark Blue Cross Blue Shield reserves the right to replace this rate card at any time. Please contact your sales representative to ensure that you have the most updated information.

Renewability, Termination Provisions of the Policy or Group Contract for Groups of 2 – 50

Highmark Blue Cross Blue Shield policies cover vision benefits only. Highmark Blue Cross Blue Shield's Group Policy begins on the agreed effective date and renews subject to the terms of the Group Policy. Either the employer/group or Highmark Blue Cross Blue Shield may elect not to renew the Group Policy by providing written notice to the other party at least 31 days prior to renewal. Highmark Blue Cross Blue Shield may terminate the Group Policy with 31 days written notice if the employer/group fails to pay premium. Highmark Blue Cross Blue Shield may adjust rates or benefits or terminate the Policy on any premium due date with 31 days advance notice if the minimum participation requirements are not achieved.

Employees/members may be subject to open enrollment periods, late enrollment or voluntary disenrollment restrictions, or continuous enrollment to advance benefit level as required by the Group Policy terms. Employees/members must also meet their employer's or group's eligibility requirements or waiting period for insurance. The amount of benefits and cost depends upon the plan selected. Underwritten by Highmark Inc.

Davis Vision provides the provider network for Blue Edge Vision and is a separate company that administers vision benefits.

Highmark Inc. d/b/a Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

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