

HIGHMARK VISION COVERAGE MAKES IT EASY TO GET VISION CARE

You know the importance of vision care. Regular eye exams are an important part of overall preventive health care. According to the Vision Council of America, vision problems are the second most prevalent health problem in the country, affecting more than 120 million people. Additionally, regular eye exams can detect serious health conditions such as diabetes, hypertension, arteriosclerosis, tumors and cancer.

Vision coverage can make it easier for you to get this important preventive care, while helping to control your costs and to keep them predictable. Choose affordable, quality vision coverage that you'll *want* to use. Choose Highmark.

GET MORE VALUE FOR YOUR VISION COVERAGE DOLLARS WITH HIGHMARK

Use Your Coverage More Easily

- Afford the vision care you need, when you need it and pay low or no out-of-pocket costs.

Manage Your Coverage More Easily

- Use the same member website to conveniently access and maintain all of your health coverage benefits and claims information.
- Access the convenient Interactive Voice Response System (IVR) toll-free customer service number 24 hours a day, seven days a week for comprehensive, up-to-date information, including a summary of your vision benefits, claims status and network providers.
- Speak with knowledgeable customer service representatives who can answer your benefit questions and give you the information you need.

Get the Flexibility You Need

- Choose an eye care professional that's right for you from an extensive national network of more than 32,000 independent optometrists and ophthalmologists in addition to many regional chain stores and national retailers such as Target, JC Penney, Pearle Vision, Pearle Vision Express, Sears and LensCrafters.



HIGHMARKBCBS.COM

Plumbers and Pipefitters Local 354

Summary of Customized Premier Advantage Benefits

BENEFIT	NETWORK	OUT-OF-NETWORK(1)
FREQUENCY(2) Eye examination (with dilation as professionally indicated) Eyeglass lenses Frames Contact lenses (in lieu of eyeglass lenses)	Once every calendar year under age 19/Once every other calendar age 19 or older Once every calendar year under age 19/Once every other calendar age 19 or older Once every calendar year under age 19/Once every other calendar age 19 or older Once every calendar year under age 19/Once every other calendar age 19 or older	
EYE EXAMINATION (with dilation as professionally indicated)	Covered In Full	Plan pays up to \$50
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 Covered In Full Covered In Full Plan pays up to \$135	Plan pays up to \$250 combined allowance ⁽⁹⁾
STANDARD EYEGLASS LENSES(3) (per pair) Single vision Bifocal Trifocal Lenticular	Covered In Full Covered In Full Covered In Full Covered In Full	Plan pays up to \$250 combined ⁽⁹⁾ Plan pays up to \$250 combined ⁽⁹⁾ Plan pays up to \$250 combined ⁽⁹⁾ Plan pays up to \$250 combined ⁽⁹⁾
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 (in lieu of single vision eyeglass lenses) Bifocal Polycarbonate (in lieu of bifocal eyeglass lenses) Trifocal Polycarbonate (in lieu of trifocal eyeglass lenses)	Covered In Full Covered In Full Covered In Full Member pays \$30 Covered In Full Covered In Full Covered In Full	Not Covered 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	Member pays \$20 Member pays \$30 Member pays \$20 Member pays \$65 Member pays \$55 Member pays \$75	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)	Covered In Full Member pays \$12 Member pays \$20 Member pays \$35 Member pays \$48 Member pays \$60	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 the performing provider dispenses formulary contact lenses Covered in full when the performing provider dispenses formulary contact lenses Formulary(7)/Nonformulary Covered in Full/Plan pays up to \$250(8) Covered in Full/Plan pays up to \$250(8) Covered in Full/Plan pays up to \$250(8) Covered In Full	Not Covered Not Covered Plan pays up to \$250 combined ⁽⁹⁾ Plan pays up to \$250 combined ⁽⁹⁾ Plan pays up to \$250 combined ⁽⁹⁾ Plan pays up to \$250 combined ⁽⁹⁾
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	Plan pays up to \$300 per visit Plan pays up to \$100 per visit Plan pays up to \$600 per aid/\$1,200 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 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 member's payment towards the progressive upgrade will not be refunded.

(5) Member payment is 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) The Plan's payment is applied towards the cost of contact lenses and may or may not apply to the evaluation/fitting. Member is responsible for any remaining balance.

(9) The plan pays up to a \$250 maximum combined allowance towards the frame, eyeglass lenses or contact lenses.

GET THE CARE YOU NEED WITH COMPREHENSIVE BENEFITS

Your vision coverage includes an examination, a spectacle lens and frame benefit as well as a contact lens benefit.

To use your frame benefit:

- Choose from the Davis Vision Collection of frames found 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.
- If the chosen frame exceeds the allowance, you will be responsible for any remaining balance.

To use your contact lens benefit:

- Contact lenses may be selected in lieu of eyeglass lenses.
- If you select contact lenses, you will receive a contact lens evaluation and fitting covered in full.
- You will be entitled to one pair of standard contact lenses covered in full or a program allowance towards disposables or specialty contact lenses.
- At a network chain store or retail location, you will receive an allowance toward the cost of lenses from the retailer's supply.

RECEIVING SERVICES FROM A NETWORK PROVIDER IS EASY

To provide you with the greatest amount of flexibility and convenience, you have access to licensed network vision providers in both private practice and retail establishments. Network providers are reviewed and credentialed to ensure that standards for quality and service are maintained.

To find a network provider:

- Go to www.highmarkbcbs.com.
- Click on "Find an Eye Care Provider."
- Enter your zip code and mile radius.
- Click on "Search Now" to see the most current listing of providers that will accept your vision plan.

To receive services from a network provider:

- Call the network provider of your choice and schedule an appointment.
- Identify yourself as a Highmark member.
- 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.

The provider's office will verify your eligibility for services. No claim forms are required when using a participating network provider!

TAKE ADVANTAGE OF ADDITIONAL VALUABLE SERVICES

As a Highmark vision member, you can participate in the mail order contact lens replacement program (LENS 1-2-3[®]). Just call 1-800-LENS-123 or visit www.LENS123.com with a current prescription. Every order comes with a complimentary starter kit.

In addition, you and your covered dependents can receive substantial discounts on laser vision correction procedures. You are entitled to savings of up to 25 percent off the providers' usual and customary fees, or a 5 percent discount on any advertised special through a network of credentialed physicians affiliated with Eye Centers of Excellence. (Some centers provide a flat fee equating to these discount levels.)

Get Help When You Need It

Call Member Service Monday through Friday, 8:00 a.m. to 5:00 p.m., Eastern Standard Time (EST) at 1-800-223-4795 (TTY users call 1-800-523-2847) to find a network provider, ask benefit questions, verify eligibility or request an out-of-network provider reimbursement form.

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

Take a Minute to Learn about the Value of Highmark Vision Coverage

Review these Highmark vision benefits your employer has selected for you. Then enroll by following instructions your employer provides.

Benefits received at regional chain stores and national retailers may vary slightly from those of an independent provider. Your 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 described in the Benefits Summary; replacement of lost or stolen eyewear; non-prescription lenses; and services not performed by licensed personnel.

The Davis Vision provider network is being used through a contractual agreement 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.

Blue Cross, Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Highmark is a registered mark of Highmark Inc.

Davis Vision is a separate company that administers Highmark vision benefits.