



**Pennsylvania Veterinary Medical Association  
Fashion Advantage Vision Program (Option V)  
Vision Care Plan Benefit Summary**



BENEFIT	NETWORK	OUT-OF-NETWORK <sup>(1)</sup>
<b>FREQUENCY(2)</b> <i>Eye examination (including dilation, as professionally indicated)</i> <i>Eyeglass lenses</i> <i>Frames</i> <i>Contact lenses (in lieu of eyeglass lenses)</i>	Once every 12 months  Once every 12 months Once every 12 months Once every 12 months	
<b>EYE EXAMINATION</b> <i>(including dilation as professionally indicated)</i>	Covered In Full	Plan pays up to \$32
<b>FRAMES</b> <i>Fashion level frames from "The Collection"</i> <i>Designer level frames from "The Collection"</i> <i>Premier level frames from "The Collection"</i> <i>Retail allowance towards a provider's frame</i>	Covered In Full Member pays \$20 Member pays \$40 Plan pays up to \$60	Plan pays up to \$30
<b>STANDARD EYEGLASS LENSES(3) (PER PAIR)</b> <i>Single vision</i> <i>Bifocal</i> <i>Trifocal</i> <i>Lenticular</i>	Covered In Full Covered In Full Covered In Full Covered In Full	Plan pays up to \$25 Plan pays up to \$36 Plan pays up to \$46 Plan pays up to \$72
<b>OPTIONAL EYEGLASS LENSES (PER PAIR)</b> <i>Standard progressive lenses(4)</i> <i>Premium progressive lenses(4)</i> <i>Glass Grey #3 prescription sunglasses</i> <i>Polycarbonate lenses</i> <i>Adult(5)</i> <i>Dependent children</i> <i>Single vision Polycarbonate lenses (in lieu of single vision eyeglass lenses)</i>	Member pays \$50 Member pays \$90 Member pays \$11  Member pays \$30  Covered In Full	Not Covered Not Covered Not Covered  Not Covered  Not Covered
<i>Bifocal Polycarbonate lenses (in lieu of bifocal eyeglass lenses)</i>	Covered In Full	Not Covered
<i>Trifocal Polycarbonate lenses (in lieu of trifocal eyeglass lenses)</i>	Covered In Full	Not Covered
<i>Blended segment lenses</i> <i>Intermediate vision lenses</i> <i>Glass photochromic lenses</i> <i>Plastic photosensitive lenses</i> <i>High-index (thinner and lighter) lenses</i> <i>Polarized lenses</i>	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
<b>OPTIONAL EYEGLASS LENS COATINGS/TREATMENTS</b> <i>Fashion, sun or gradient tinted plastic lenses</i> <i>Ultraviolet coating</i> <i>Scratch-resistant coating</i> <i>Standard ARC (anti-reflective coating)</i> <i>Premium ARC (anti-reflective coating)</i> <i>Ultra ARC (anti-reflective coating)</i>	Member pays \$11 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

BENEFIT	NETWORK	OUT-OF-NETWORK <sup>(1)</sup>
<b>CONTACT LENSES<sup>(6)</sup></b> <i>(in lieu of eyeglass lenses – per pair or initial supply of disposable contact lenses)</i> Contact lens evaluation and fitting Daily wear  Extended wear  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 <b>Formulary<sup>(7)</sup>/Nonformulary</b> Covered In Full/ Plan pays up to \$85 <sup>(8)</sup> Covered In Full/ Plan pays up to \$85 <sup>(8)</sup> Covered In Full/ Plan pays up to \$85 <sup>(8)</sup> Covered In Full	Not Covered  Not Covered  Plan pays up to \$85  Plan pays up to \$85  Plan pays up to \$85  Plan pays up to \$225
<b>LOW VISION SERVICES</b> <i>Evaluation – one visit every 5 years (prior approval required)</i> <i>Follow-up visits – up to four follow-up visits every 5 years</i> 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 Blue Shield 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 cost of contact lenses and may or may not apply to the evaluation/fitting. Member is responsible for any remaining balance.

### **Fashion Advantage Option V Rates - effective 1/1/16-12/31/16**

Individual - \$4.70

Family - \$13.63