### Summary of Fashion Focus Option V Benefits

#### Gettysburg College

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>NETWORK</th>
<th>OUT-OF-NETWORK REIMBURSEMENT&lt;sup&gt;(1)&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FREQUENCY</strong>&lt;sup&gt;(2)&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye examination (including dilation, as professionally indicated)</td>
<td>Once every 12 months</td>
<td></td>
</tr>
<tr>
<td>Eyeglass lenses</td>
<td>Once every 12 months</td>
<td></td>
</tr>
<tr>
<td>Frames</td>
<td>Once every 12 months</td>
<td></td>
</tr>
<tr>
<td>Contact lenses (in lieu of eyeglass lenses)</td>
<td>Once every 12 months</td>
<td></td>
</tr>
<tr>
<td><strong>EYE EXAMINATION</strong>&lt;sup&gt;(1)&lt;/sup&gt; (including dilation as professionally indicated)</td>
<td>Covered In Full</td>
<td>Up to $32 allowance</td>
</tr>
<tr>
<td><strong>FRAMES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fashion level frames from “The Collection”</td>
<td>Covered In Full</td>
<td></td>
</tr>
<tr>
<td>Designer level frames from “The Collection”</td>
<td>$20 copayment</td>
<td></td>
</tr>
<tr>
<td>Premier level frames from “The Collection”</td>
<td>$40 copayment</td>
<td></td>
</tr>
<tr>
<td>Retail allowance towards a provider’s frame</td>
<td>Up to $60 allowance</td>
<td>Up to $30 allowance</td>
</tr>
<tr>
<td><strong>STANDARD EYEGLASS LENSES</strong>&lt;sup&gt;(3)&lt;/sup&gt; (per pair)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single vision</td>
<td>Covered In Full</td>
<td>Up to $25 allowance</td>
</tr>
<tr>
<td>Bifocal</td>
<td>Covered In Full</td>
<td>Up to $36 allowance</td>
</tr>
<tr>
<td>Trifocal</td>
<td>Covered In Full</td>
<td>Up to $46 allowance</td>
</tr>
<tr>
<td>Lenticular</td>
<td>Covered In Full</td>
<td>Up to $72 allowance</td>
</tr>
<tr>
<td><strong>OPTIONAL EYEGLASS LENSES</strong>&lt;sup&gt;(4)&lt;/sup&gt; (per pair)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard progressive lenses</td>
<td>$50 discounted price</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Premium progressive lenses</td>
<td>$90 discounted price</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Glass Grey #3 prescription sunglasses</td>
<td>$11 discounted price</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Polycarbonate lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult&lt;sup&gt;(5)&lt;/sup&gt;</td>
<td>$30 discounted price</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OPTIONAL EYEGLASS LENS COATINGS/TREATMENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fashion, sun or gradient tinted plastic lenses</td>
<td>$11 discounted price</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Ultraviolet Coating</td>
<td>$12 discounted price</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Scratch-resistant coating</td>
<td>$20 discounted price</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Standard ARC (anti-reflective coating)</td>
<td>$35 discounted price</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Premium ARC (anti-reflective coating)</td>
<td>$48 discounted price</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Ultra ARC (anti-reflective coating)</td>
<td>$60 discounted price</td>
<td>Not Covered</td>
</tr>
<tr>
<td><strong>CONTACT LENSES</strong>&lt;sup&gt;(5)&lt;/sup&gt; (in lieu of eyeglass lenses—per pair or initial supply of disposable contact lenses)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact lens evaluation and fitting</td>
<td>Covered In Full</td>
<td>Up to $20 allowance</td>
</tr>
<tr>
<td>Daily wear</td>
<td>Covered In Full</td>
<td>Up to $30 allowance</td>
</tr>
<tr>
<td>Extended wear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard daily wear contact lenses</td>
<td>Covered In Full</td>
<td>Up to $48 allowance</td>
</tr>
<tr>
<td>Specialty contact lenses</td>
<td>Up to $75 allowance</td>
<td>Up to $48 allowance</td>
</tr>
<tr>
<td>Disposable contact lenses</td>
<td>Up to $75 allowance</td>
<td>Up to $75 allowance</td>
</tr>
<tr>
<td>Medically necessary contact lenses (prior approval required)</td>
<td>Covered In Full</td>
<td>Up to $225 allowance</td>
</tr>
<tr>
<td><strong>LOW VISION SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation – one visit every 5 years (prior approval required)</td>
<td></td>
<td>Up to $300 allowance per visit</td>
</tr>
<tr>
<td>Follow-up visits—up to four follow-up visits every 5 years</td>
<td></td>
<td>Up to $100 allowance per visit</td>
</tr>
<tr>
<td>Low vision aids</td>
<td></td>
<td>Up to $600 allowance per aid/$1,200 allowance lifetime maximum</td>
</tr>
</tbody>
</table>

---

<sup>(1)</sup> If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement.

<sup>(2)</sup> 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.

<sup>(3)</sup> Includes glass, plastic or oversized lenses.

<sup>(4)</sup> 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 discounted price will not be refunded.

<sup>(5)</sup> Discounted member price waived for monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

<sup>(6)</sup> 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.

---

This is a summary of the 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.
Network providers—The Davis Vision provider network is being used through a contractual arrangement 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. Network providers are reviewed and credentialed to ensure that standards for quality and service are maintained.

Network retail locations—In order to provide you with the greatest amount of flexibility and convenience, the network includes a number of retail establishments. Benefits at the retail locations may vary slightly from other locations, as noted in this benefit description. However, your value is comparable.

Locating a network provider—To find a network provider, go to www.highmarkblueshield.com and click on “find a vision network provider.” Click “OK” to be redirected to the Davis Vision, Inc. Web site. Enter your zip code and mile radius then click on “Search” to see the most current listing of providers that will accept your vision plan.

Receiving services from a network provider:
- Call the network provider of your choice and schedule an appointment.
- Identify yourself as a Highmark member, or eligible dependent, in a vision plan administered by Davis Vision.
- 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.

It’s that easy! The provider’s office will verify your eligibility for services. No claim forms are required!

Frame benefit—You may choose from the Fashion selection from 'The Collection' 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. Network retail providers typically do not display the Collection. You will instead be given a program allowance toward your frame purchase. If the chosen frame exceeds the allowance, you will be responsible for any remaining balance.

Contact lenses benefit—If you select contact lenses in lieu of eyeglass lenses you will receive a contact lens evaluation and fitting covered in full. In addition you will be entitled to one pair of standard (daily wear) contact lenses covered in full or a program allowance towards disposables or specialty contact lenses (including but not limited to extended wear, hard/soft bifocal, toric, and gas permeable lenses.) At a network retail location, you will receive an allowance toward the cost of lenses from the retailer’s supply. With prior approval, medically necessary contact lenses will be covered in full at all network provider locations.

Low vision services—You and your covered dependents are entitled to a comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Up to four follow-up visits will be covered during the five-year period.

Exclusions—This 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 previously described; replacement of lost or stolen eyewear; non-prescription (plano) lenses; and services not performed by licensed personnel.

VALUE-ADDED FEATURES
Replacement contact lens program—Highmark offers a contact lens replacement program to members. This mail order program, Lens 1-2-3®, exclusively allows you to enjoy the guaranteed lowest prices on contact lens replacement materials. Call 1-800-LENS-123 or visit www.LENS123.com with a current prescription. Every order comes with a complimentary starter kit.

Information about laser vision correction services—You and your covered dependents can receive substantial discounts on laser correction procedures. You are entitled to savings of up to 25% off the provider’s usual and customary fees, or a 5% 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.)

Call Member Service Monday through Friday, 8:00 am to 5:00 pm, 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.