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## Vision Benefits

Service/Product	Frequency	Allowance	Patient Responsibility
<b>Eye Exam and Refraction</b>	Once per 12 months, under 19 years of age. Once per 24 months, 19 years and older.	\$32	In network: \$0 Out of network: provider charge **
<b>Single Vision Lenses (standard)</b>	Once per 12 months, under 19 years of age. Once per 24 months, 19 years and older.	\$24	In network: \$0 Out of network: provider charge **
<b>Bifocal Lenses (standard)</b>	Once per 12 months, under 19 years of age. Once per 24 months, 19 years and older.	\$36	In network: \$0 Out of network: provider charge **
<b>Trifocal Lenses (standard)</b>	Once per 12 months, under 19 years of age. Once per 24 months, 19 years and older.	\$46	In network: \$0 Out of network: provider charge **
<b>Aphakic/Lenticular Lenses (standard)</b>	Once per 12 months, under 19 years of age. Once per 24 months, 19 years and older.	\$72	In network: \$0 Out of network: provider charge **
<b>Non-Standard Lenses (such as photochromatic, polycarbonate or progressive 'no line' bifocals)</b>	Once per 12 months, under 19 years of age. Once per 24 months, 19 years and older.	\$24 - Single \$36 - Bifocal \$46 - Trifocal \$72 - Aphakic/ Lenticular	In network: Difference between non-standard and standard lens charge, with a 10% discount. Out of network: provider charge **
<b>Frames (up to a \$60 retail value)</b>	Once per 24 months for all ages.	\$24	In network: \$60 or less, patient pays \$0; over \$60, patient pays the difference between \$60 and the provider's charge. Out of network: provider charge **
<b>Contact Lens Prescription and Fitting</b>	Once per 12 months, under 19 years of age. Once per 24 months, 19 years and older.	\$20 daily wear \$30 extended wear	In network: \$0 Out of network: provider charge **
<b>Standard Contact Lenses (such as daily wear/spherical)</b>	Once per 12 months, under 19 years of age. Once per 24 months, 19 years and older.	\$48	In network: \$0 Out of network: provider charge **
<b>Specialty Contact Lenses</b>	Once per 12 months, under 19 years of age. Once per 24 months, 19 years and older.	\$48	In network: \$75 or less, patient pays \$0; over \$75, patient pays the difference between \$75 and the provider's charge. Out of network: provider charge **
<b>Disposable Contact Lenses</b>	Once per 12 months, under 19 years of age. Once per 24 months, 19 years and older.	\$75	In network: \$75 or less, patient pays \$0; over \$75, patient pays the difference between \$75 and the provider's charge. Out of network: provider charge**
<b>Additional Service/Products* (excluding disposable contact lenses)</b>	As needed.		In network: \$32 - eye exam \$24 - single - vision lenses (standard) \$36 - bifocal lenses (standard) \$46 - trifocal lenses (standard) \$72 - aphakic/lenticular lenses (standard) \$24 - frames retailing up to \$60 \$20 - daily wear contact lens fitting \$30 - extended wear contact lens fitting \$48 - standard contact lenses \$48 - specialty contacts retailing up to \$75 Out of network: provider charge
<b>Vision Care Options*</b>	As needed.	10% discount off charge	In network: 90% of charge Out of network: provider charge

One pair of eyeglass lenses *or* one pair of contact lenses *or* unlimited number of disposable contact lenses (up to \$75) is eligible within a benefit period.

\* These allowances and discounts are only available at the point of purchase.

\*\* Member will be reimbursed the program allowance.

Visit our website at [www.clarityvision.com](http://www.clarityvision.com), or call our Customer Service Representatives at 1-800-541-2039.

Clarity Vision administers the vision benefits for Pennsylvania Blue Shield