

Muhlenberg College (Voluntary)

THIS IS NOT A CONTRACT. This information highlights some of the benefits available through this program and is NOT intended to be a complete list or description of available services. Benefits are subject to the exclusions and limitations contained in your Benefits Booklet. Refer to your Booklet for benefit details.

HIGHLIGHTS	MEMBER COST-SHARING		
Benefit frequencies are based on date of service	In-network Providers	Out-of-network Providers	
EXAMINATION	No charge	\$32	
Age 0-18 once every 12 months & 19 and older once every 24 months			
FRAMES ¹	Balance of charge less 30% after \$60	\$30	
Once every 24 months	allowance ²		
EYEGLASS LENSES (per pair) ^{1 & 3} Age 0-18 once every 12 months & 19 and older once every 24 months			
Single Vision Standard Lenses	No charge	\$25	
Bifocal Standard Lenses	No charge	\$36	
Trifocal Standard Lenses	No charge	\$46	
Aphakic/Lenticular Standard Lenses	No charge	\$72	
Polycarbonate Standard Lenses (under age 19)	No charge	Not covered	
CONTACT LENSES ^{1 & 3} Age 0-18 once every 12 months & 19 and older once every 24 months			
Disposable (unlimited boxes)	Balance of charge less 25% after \$85 allowance ^{2 & 4}	\$85	
Conventional including, but not limited to: Hard/soft daily wear and spherical	Balance of charge less 25% after \$85 allowance ^{2 & 4}	\$85	
Specialty lenses including but not limited to: Bifocal, toric or gas permeable	Balance of charge less 25% after \$85 allowance ^{2 & 4}	\$85	
Medically necessary (per pair)	No charge	\$225	
OW VISION AIDS⁵	Up to \$600 allowance per aid with \$1,200 lifetime allowance		
CONTACT LENS FITTING & FOLLOW UP Age 0-18 once every 12 months & 19 and older once every 24 months			
Daily wear	Not covered	Not covered	
Extended wear	Not covered	Not covered	
Specialty	Not covered	Not covered	

¹<u>Walmart/Sam's Club:</u> To maintain comparable values with Walmart's pricing structure, your frame allowance will be 50% of the allowance shown above with no additional retail discounts. Your contact lens allowance will be 75% of the allowance shown above with no additional retail discount. <u>Walmart/Sam's Club</u> stores accept Capital Blue Cross Vision for materials, not Lens Options.

Doctors affiliated with Walmart/Sam's Club are not Walmart employees; therefore, participation for exams varies.

² Some optometrist affiliated with Optical Retail locations (i.e., Walmart, Visionworks, etc.) are independent providers and may not participate in the Capital Blue Cross Vision program. Discounted amounts may vary and may not be honored at all optical retailers.

³ Payment will be made for either lenses or contact lenses within a benefit period. Payment will not be made for both.

⁴ Retail discounts do not apply to Contact Fill.

^{5.} Prior Authorization is required

VALUE ADDED DISCOUNTS⁵

Costs associated with the services and materials listed below are the responsibility of the member. Valid at in-network providers only.

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LENS OPTIONS AND ADDITIONAL SERVICES	<u>MEMBER</u> <u>RESPONSIBILITY</u>	LENS OPTIONS AND ADDITIONAL SERVICES	<u>MEMBER</u> <u>RESPONSIBILITY</u>	
Solid Tint	\$10	Progressives – Tier 1	\$50	
Fashion / Gradient Tint	\$12	Progressives – Tier 2	\$80	
Standard Scratch-Resistant Coating	\$10	Progressives – Tier 3	\$100	
Ultraviolet Coating	\$12	Progressives – Tier 4	\$120	
Glass Photogrey	\$20 (SV); \$30 (bifocal/trifocal)	Progressives – Tier 5	\$140	
Polarized	\$75	Progressives – Tier 6	\$165	
Anti-Reflective Coatings – Tier 1	\$40	Progressives – Tier 7	\$190	
Anti-Reflective Coatings – Tier 2	\$50	Progressives – Tier 8	20% discount off U&C	
Anti-Reflective Coatings – Tier 3	\$65	Blue Blockers	Standard \$40, Premium \$60, Ultra \$150	
Anti-Reflective Coatings – Tier 4	\$80	High Index	\$55	
Anti-Reflective Coatings – Tier 5	20% discount off U&C	Retinal Imaging	\$39	
Polycarbonate Standard Lenses (age 19 and older)	\$25 (SV); \$30 (bifocal/trifocal)	Additional supplies (excluding contact lenses)	20% discount off U&C	
Blended Bifocal (Segment)	\$30	Transitions	\$65 (SV);\$70 (bifocal/trifocal)	
LASIK SURGERY	Retail Discount			

Benefits are issued by Capital Advantage Assurance Company®, a subsidiary of Capital Blue Cross. Independent licensee of the Blue Cross Blue Shield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies. 2025 Capital Blue Cross Vision 12-10 Low vision aid template

VALUE ADDED PLUS 5

Value Added Plus provides discounts on additional purchases during the benefit period after the insured benefits have been exhausted. Costs associated with the services and materials listed below are the responsibility of the member. Valid at in-network providers only.

Benefit frequencies are unlimited			
SERVICE AND MATERIALS	MEMBER RESPONSIBILITY Balance after \$10 Discount		
EXAMINATION			
FRAMES	35% off retail		
EYEGLASS LENSES (per pair)			
Single Vision Standard Lenses	\$35		
Bifocal Standard Lenses	\$55		
Trifocal Standard Lenses	\$70		
Aphakic/Lenticular Standard Lenses	\$70		
CONTACT LENSES ⁴			
Disposable (unlimited boxes)	10% off retail		
Conventional including, but not limited to: Hard/soft daily wear and spherical	15% off retail		
Fitting & Follow up	10% off retail		
LENS OPTIONS			
Ultraviolet Coating	\$12		
Tint (Solid & Gradient)	\$12		
Scratch-Resistant Coating (Standard)	\$15		
Polycarbonate (Standard)	\$35		
Anti-Reflective Coating (Standard)	\$45		
Polarized	\$75		
	\$65 (Single vision)		
Transitions (Standard)	\$70 (bifocal or trifocal)		
Blue Blockers	Standard \$40, Premium \$60, Ultra \$150 or 20% off U&C		
Standard Progressive Lenses ⁶	\$50+ Bifocal or trifocal lens charge		
Additional supplies	20% off retail		

⁵Value Added Discounts & Value Added Plus are not part of the insured benefits. Value Added Discounts & Value Added Plus are a reduced fee-for-service discount program. Members pay a discounted amount for listed services by in-network providers. Capital Blue Cross does not pay the in-network providers for these services. Discounted pricing does not apply at Walmart, Sam's Club and select retailers. Discounted amounts may vary and may not be honored at all in-network provider locations. Contact your provider's office to verify their participation in this program.

⁶ Fixed discounted pricing is not available on all brands.

Deductibles, coinsurance and copayments under this program are separate from any deductibles, coinsurance and copayments described in your company's other health benefits coverage.