



**Blue Edge Vision Plans – SEPA**  
Groups size 2-50 - Rates are effective 1/1/2025 through 12/31/2025

Non-Voluntary*	Fashion		Designer		Premier
Frequencies	Value	Basic	Value	Basic	
Eye Exam	12 months	12 months	12 months	12 months	12 months
Spectacle lenses	12 months	12 months	12 months	12 months	12 months
Frame	24 months	12 months	24 months	12 months	12 months
Contact Lenses (in lieu of eyeglasses)	12 months	12 months	12 months	12 months	12 months
<b>Copayments</b>					
Eye Exam	\$15	\$15	\$10	\$10	Included
Spectacle lenses	\$15	\$15	\$10	\$10	Included
Contact Lens Evaluation, Fitting & Follow-Up Care	N/A	N/A	N/A	N/A	N/A
<b>Eyeglass Benefit – Frame</b>					
Non-collection Frame Allowance (Retail):	Up to \$100	Up to \$100	Up to \$120	Up to \$120	Up to \$150
Enhanced Visionworks Store Allowance:	Up to \$150	Up to \$150	Up to \$170	Up to \$170	Up to \$200
Davis Vision Frame Collection** (In Lieu of Allowance):					
- Fashion Level	Included	Included	Included	Included	Included
- Designer Level	\$15 Copay	\$15 Copay	Included	Included	Included
- Premier Level	\$40 Copay	\$40 Copay	\$25 Copay	\$25 Copay	Included
<b>Eyeglass Benefit – Spectacle Lenses</b>			<b>Member Charges</b>		
Tinting of Plastic Lenses	\$15	\$15	\$0	\$0	\$0
Scratch-Resistant Coating	Included	Included	Included	Included	Included
Polycarbonate Lenses***	\$0 or \$35	\$0 or \$35	\$0 or \$30	\$0 or \$30	\$0 or \$30
Ultraviolet Coating	\$15	\$15	\$12	\$12	\$12
Standard Anti-Reflective (AR) Coating	\$40	\$40	\$35	\$35	\$35
Premium AR Coating	\$55	\$55	\$48	\$48	\$48
Ultra AR Coating	\$69	\$69	\$60	\$60	\$60
Ultimate AR Coating	\$85	\$85	\$85	\$85	\$85
Standard Progressive Lenses	\$65	\$65	\$50	\$50	\$50
Premium Progressive Lenses (Varilux, etc.)	\$105	\$105	\$90	\$90	\$90
Ultra Progressive Lenses	\$140	\$140	\$140	\$140	\$140
Ultimate Progressive Lenses	\$175	\$175	\$175	\$175	\$175
High-Index Lenses	\$60	\$60	\$55	\$55	\$55
Polarized Lenses	\$75	\$75	\$75	\$75	\$75
Plastic Photosensitive Lenses	\$70	\$70	\$65	\$65	\$65
<b>Contact Lens Benefit (In Lieu of Eyeglasses)</b>					
Non-Collection Contact Lenses: Materials Allowance	Up to \$100	Up to \$100	Up to \$120	Up to \$120	Up to \$150
Collection Contacts Lenses** (In Lieu of Allowance): Materials					
- Disposable	4 boxes	4 boxes	4 boxes	4 boxes	8 boxes
- Planned Replacement	2 boxes	2 boxes	2 boxes	2 boxes	4 boxes
- Evaluation, Fitting & Follow-up Care	Included	Included	Included	Included	Included
<b>Out-of-Network Reimbursement Schedule: up to</b>					
Eye Exam:	\$40	\$40	\$40	\$40	\$40
Frame:	\$30	\$30	\$40	\$40	\$50
Single Vision Lenses:	\$40	\$40	\$40	\$40	\$40
Bifocal/Progressive Lenses:	\$60	\$60	\$60	\$60	\$60
Trifocal lenses:	\$80	\$80	\$80	\$80	\$80
Lenticular Lenses:	\$100	\$100	\$100	\$100	\$100
Elective Contact Lenses:	\$85	\$85	\$95	\$95	\$105
Medically Necessary Contact Lenses:	\$225	\$225	\$225	\$225	\$225
	<b>Fashion Value</b>	<b>Fashion Basic</b>	<b>Designer Value</b>	<b>Designer Basic</b>	<b>Premier</b>
Single	\$5.50	\$5.66	\$6.49	\$6.68	\$7.69
Family	\$15.93	\$16.38	\$18.80	\$19.33	\$22.26

\*Non-Voluntary participation guidelines: A minimum of 70% participation is required.

\*\*Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

\*\*\*Polycarbonate lenses are covered in full for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater. Benefits may be provided by or through Highmark Inc. d/b/a Highmark Blue Shield or Highmark Health Insurance Company, which are independent licensees of the Blue Cross Blue Shield Association.

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Single Vision Lenses:	\$40	\$40	\$40	\$40	\$40
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Elective Contact Lenses:	\$85	\$85	\$95	\$95	\$105
Medically Necessary Contact Lenses:	\$225	\$225	\$225	\$225	\$225
	<b>Fashion Value</b>	<b>Fashion Basic</b>	<b>Designer Value</b>	<b>Designer Basic</b>	<b>Premier</b>
Single	\$7.43	\$7.64	\$8.76	\$9.02	\$10.38
Family	\$21.51	\$22.11	\$25.38	\$26.10	\$30.05

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