



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

## Horizon Vista II: Summary of Benefits

In-Network Benefits		Horizon Vista II	
		<b>Frequency – Once Every:</b>	
Eye Examination inclusive of Dilation (when professionally indicated)		12 Months	
Spectacle Lenses		12 Months	
Frame		24 Months	
Contact Lens Evaluation, Fitting & Follow-Up Care		12 Months	
Contact Lenses (in lieu of eyeglasses)		12 Months	
		<b>Copayments</b>	
Eye Examination		\$10	
Spectacle Lenses		\$25	
<b>Eyeglass Benefit - Frame</b>		<b>Average Retail Value</b>	<b>Member Charges</b>
<b>Non-Collection Frame Allowance (Retail):</b>		<b>Up to \$100</b>	Up to \$100 Plus a 20% discount* on any overage
<b>Davis Vision Frame Collection<sup>1</sup> (in lieu of Allowance):</b>			
Fashion level		Up to \$125	Included
Designer level		Up to \$175	\$15 copayment
Premier level		Up to \$225	\$40 copayment
<b>Eyeglass Benefit - Spectacle Lenses</b>		<b>Average Retail Value</b>	<b>Member Charges</b>
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any Rx)		\$60-\$120	Included
Oversize Lenses		\$20	Included
Tinting of Plastic Lenses		\$20	\$15
Scratch-Resistant Coating		\$25-\$40	Included
Polycarbonate Lenses/2		\$60-\$75	\$0 or \$35
Ultraviolet Coating		\$25-\$30	\$15
Standard Anti-Reflective (AR) Coating		\$50-\$70	\$40
Premium AR Coating		\$65-\$90	\$55
Ultra AR Coating		\$100-\$125	\$69
Standard Progressive Lenses		\$150-\$195	\$65
Premium Progressives		\$195-\$300	\$105
Intermediate-Vision Lenses		\$150-\$175	\$30
High-Index Lenses		\$90-\$150	\$60
Polarized Lenses		\$95-\$110	\$75
Plastic Photosensitive Lenses		\$95-\$150	\$70
<b>Scratch Protection Plan: Single Vision   Multifocal Lenses</b>			\$20 \$40
<b>Contact Lens Benefit (in lieu of eyeglasses):</b>			
<b>Contact Lenses: Materials Allowance</b>			Up to \$100 Plus a 15% discount* on any overage
Evaluation, Fitting & Follow-Up Care – Standard and Specialty Lens Types			15% Discount
<b>Medically Necessary Contact Lenses (with prior approval) - Materials, Evaluation, Fitting &amp; Follow-Up Care</b>			Included
<b>Out-of-Network Reimbursement Schedule – Up to:</b>			
Eye Examination: \$40	Single Vision Lenses: \$40	Trifocal Lenses: \$80	Elective Contact Lenses: \$80
Frame: \$50	Bifocal/Progressive Lenses: \$60	Lenticular Lenses: \$100	Medically Necessary Contact Lenses: \$225

<sup>1</sup> Collection is available at most participating independent provider offices. Collection is subject to change. One-year eyeglass breakage warranty included.

<sup>2</sup> Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

Not for distribution outside of Horizon BCBSNJ and group/broker/consultant relationship.

\* Not applicable at Walmart or Sam's Club. For informational purposes only.

Products and policies provided by Horizon Insurance Company and services provided by Horizon Blue Cross Blue Shield of New Jersey, each an independent licensee of the Blue Cross and Blue Shield Association. Communications are issued by Horizon Blue Cross Blue Shield of New Jersey in its capacity as administrator of programs and provider relations for all its companies.

The Blue Cross® and Blue Shield® names and symbols are registered marks of the Blue Cross and Blue Shield Association.

The Horizon® name and symbols are registered marks of Horizon Blue Cross Blue Shield of New Jersey.

© 2013 Horizon Blue Cross Blue Shield of New Jersey, Three Penn Plaza East, Newark, New Jersey 07105-2200.