



Horizon Blue Cross Blue Shield of New Jersey

Horizon Panorama IV (Alt B): Summary of Benefits

In-Network Benefits			
		Frequency – Once Every:	
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	
		Copayments	
Eye Examination		\$10	
Spectacle Lenses		\$25	
Contact Lens Evaluation, Fitting & Follow-Up Care		\$0 ¹	
Eyeglass Benefit - Frame		Average Retail Value	Member Charges
Non-Collection Frame Allowance (Retail):		Up to \$130	Up to \$130 Plus a 20% discount* on any overage
Davis Vision Frame Collection³ (in lieu of Allowance):			
Fashion level		Up to \$125	Included
Designer level		Up to \$175	Included
Premier level		Up to \$225	\$25 copayment
Eyeglass Benefit - Spectacle Lenses		Average Retail Value	Member Charges
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any Rx)		\$60-\$120	Included
Oversize Lenses		\$20	Included
Tinting of Plastic Lenses		\$20	Included
Scratch-Resistant Coating		\$25-\$40	Included
Polycarbonate Lenses ²		\$60-\$75	\$0 or \$30
Ultraviolet Coating		\$25-\$30	\$12
Standard Anti-Reflective (AR) Coating		\$50-\$70	\$35
Premium AR Coating		\$65-\$90	\$48
Ultra AR Coating		\$100-\$125	\$60
Standard Progressive Lenses		\$150-\$195	\$50
Premium Progressives		\$195-\$300	\$90
Intermediate-Vision Lenses		\$150-\$175	\$30
High-Index Lenses		\$90-\$150	\$55
Polarized Lenses		\$95-\$110	\$75
Plastic Photosensitive Lenses		\$95-\$150	\$65
Scratch Protection Plan: Single Vision Multifocal Lenses			\$20 \$40
Contact Lens Benefit (in lieu of eyeglasses):			
Contact Lenses: Materials Allowance			Up to \$130 Plus a 15% discount* on any overage
Evaluation, Fitting & Follow-Up Care – Standard and Specialty Lens Types			15% Discount
Collection Contact Lenses³ (in lieu of Allowance): Materials			
Disposable			4 boxes/multi-packs
Planned Replacement			2 boxes/multi-packs
Evaluation, Fitting & Follow-up Care			Included
Medically Necessary Contact Lenses (with prior approval) - Materials, Evaluation, Fitting & Follow-Up Care			Included
Out-of-Network Reimbursement Schedule – Up to:			
Eye Examination: \$40	Single Vision Lenses: \$40	Trifocal Lenses: \$80	Elective Contact Lenses: \$105
Frame: \$50	Bifocal/Progressive Lenses: \$60	Lenticular Lenses: \$100	Medically Necessary Contact Lenses: \$225

¹ Copayment applies to Collection Contact Lenses only. ² Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

³ Collection is available at most participating independent provider offices. Collection is subject to change. One-year eyeglass breakage warranty included.

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