

PENNSYLVANIA STATE EMPLOYEES CREDIT UNION

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 Once every 12 months		No Charge	\$40
FRAMES ¹ Once every 24 months		\$50 Wholesale	\$40
EYEGLASS LENSES (per pair)^{1 & 3} Once every 12 months			
Single Vision Standard Lenses		No Charge	\$40
Bifocal Standard Lenses		No Charge	\$55
Trifocal Standard Lenses		No Charge	\$90
Aphakic/Lenticular Standard Lenses		No Charge	\$120
Polycarbonate Standard Lenses (under age 19)		No Charge	Not covered
CONTACT LENSES^{1 & 3} Once every 12 months			
Disposable (unlimited boxes)		Balance of charge less 25% after \$120 allowance ^{2 & 4}	\$110
Conventional including, but not limited to: Hard/soft daily wear and spherical		Balance of charge less 25% after \$120 allowance ^{2 & 4}	\$110
Specialty lenses including but not limited to: Bifocal, toric or gas permeable		Balance of charge less 25% after \$120 allowance ^{2 & 4}	\$110
Medically necessary (per pair)		No Charge	No Charge
CONTACT LENS FITTING & FOLLOW UP Once every 12 months			
Daily wear		No Charge	\$20
Extended wear		No Charge	\$30
Specialty		\$30 copayment	Not Covered

¹ Walmart/Sam's Club: 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. Walmart/Sam's Club stores accept BlueCross Vision for materials, not Lens Options.

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

² 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.

VALUE ADDED DISCOUNTS⁵

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

LENS OPTIONS AND ADDITIONAL SERVICES	MEMBER RESPONSIBILITY	LENS OPTIONS AND ADDITIONAL SERVICES	MEMBER RESPONSIBILITY
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 licensees of the BlueCross Blue Shield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.

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
EXAMINATION	Balance after \$10 Discount
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
Transitions (Standard)	\$65 (Single vision)
	\$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.