

Highmark Private Fee for Service Fee Schedule

FreedomBlue PFFS Non-Medicare Covered Fee Schedule			
Service	Member Cost-Sharing	Plan Developed Rate	Allowance
Routine Vision Exam	Applicable provider copayment	Provider can bill up to charges minus member cost-sharing. Highmark pays the difference between member cost-sharing and charges.	No allowance
Eyeglass Frames and Lenses	No copayment	Provider can bill up to charges. Highmark pays the allowance. The member is responsible for any amount above the allowance.	\$60 allowance every two years.
Contact Lenses	No copayment	Provider can bill up to charges. Highmark pays the allowance. The member is responsible for any amount above the allowance.	\$75 allowance for specialty contact lenses every two years.
Routine Hearing Exam	Applicable provider copayment	Provider can bill up to charges minus member cost-sharing. Highmark pays the difference between member cost-sharing and charges.	No allowance
Hearing Aids	No copayment	Provider can bill up to charges. Highmark pays the allowance. The member is responsible for any amount above the allowance.	\$500 allowance for hearing aids every three years.
Wheel Chair Vans	Applicable ambulance copayment	\$33 per transport and \$2.30 per mile.	No allowance