

Blue Shield of California Life & Health Insurance Company
Vision Plan

Vision Deluxe 15/25/150

Exam copayment \$15, materials copayment \$25, frame allowance \$150

Benefit summary
Effective January 1, 2016

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE *CERTIFICATE OF INSURANCE* AND POLICY SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Using your vision plan

With this vision plan, you have access to an extensive network of vision providers in California and nationwide¹. Many of the providers are conveniently located in optical centers at retail stores² such as LensCrafters, Sears, Target Optical, Wal-Mart (wholesale³), and Costco (warehouse³, membership required). When you use a network provider, many of your eyecare services are provided at no additional charge.

What your vision plan covers

Covered services and eyewear	Coverage when provided by network providers (after applicable copayment)	Maximum payment when provided by non-network provider
Comprehensive Examination - every 12 months		
Ophthalmologic	100%	up to a maximum of \$60
Optometric	100%	up to a maximum of \$50
Lenses⁴ - every 12 months		
Single Vision	100%	up to a maximum of \$43
Bifocal	100%	up to a maximum of \$60
Trifocal	100%	up to a maximum of \$75
Lenticular or Aphakic Monofocal	100%	up to a maximum of \$120
Lenticular or Aphakic Multifocal	100%	up to a maximum of \$200
Polycarbonate Lenses for Dependent Children	up to a maximum of \$100	up to a maximum of \$75
Progressive Lenses (no-line bifocals)	up to a maximum of \$140	up to a maximum of \$100
Anti-Reflective Lens Coating	up to a maximum of \$50	up to a maximum of \$35
Photochromic Lenses		
Single Vision	up to a maximum of \$115	up to a maximum of \$85
Bifocal	up to a maximum of \$130	up to a maximum of \$95
Trifocal	up to a maximum of \$150	up to a maximum of \$110
Progressive	up to a maximum of \$200	up to a maximum of \$150
Polycarbonate Photochromic Single Vision Lens for Dependent Children	up to a maximum of \$160	up to a maximum of \$115
Frame allowance - every 12 months	up to a maximum of \$150 ³	up to a maximum of \$40
Contact Lenses⁵ - every 12 months		
Non-Elective (Medically Necessary) - Hard ⁶	100%	up to a maximum of \$200
Non-Elective (Medically Necessary) - Soft ⁶	100%	up to a maximum of \$250
Elective (Cosmetic/Convenience) - Hard/Soft	up to a maximum of \$120	up to a maximum of \$120
Supplemental Low-Vision Testing and Equipment - covered up to \$1000⁹	75%	Not Covered
Plano (Non-Prescription) Sunglasses^{5,7}	up to a maximum of \$150 ³	Not Covered
Diabetes Management Referral⁸	100%	Not Covered

Accessing your vision benefits is easy, just follow these steps:

1. Prior to receiving a service, review your benefit information outlined in the chart on the previous page.
2. Call and make an appointment with a network provider.
3. Alternatively, login to MESVisionOptics.com to access the online network provider to purchase contact lenses online using your benefits. Note, if you choose to take the materials you purchased online to your preferred eye care provider for adjustments you may incur a fitting or adjustment fee which is not covered under your vision benefit plan.

Or:

If you use a non-network provider, you're required to pay the provider's bill at the time of service. You can get reimbursement by obtaining a claim form from your employer or by logging on to blueshieldca.com. Select *Members*, then and then select the *Vision Benefit Claim Form (C-4669-61)* link. Complete and submit the claim form with the itemized receipt and a copy of your prescription to:

Blue Shield of California Life & Health Insurance Company
P.O. Box 25208
Santa Ana, CA 92799-5208

You will be reimbursed for your expenses up to the maximum payment allowed (see table on previous page). Note that when your dependents submit a claim form for reimbursement, payment will be made to you. Be sure to use your Blue Shield member identification number when filling out the form.

LASIK discount program⁹

LASIK and PRK correction surgery, an alternative to contacts or glasses, is one of the fastest-growing vision treatments. The discount program gives covered employees access to:

- A 15% discount through the NVISION, Inc. provider network in California, or
- A 20% discount through the QualSight provider network in California and nationwide.

Discount Vision Program⁹

Vision plan members can receive a 20% discount off the published retail prices when they use a participating California provider in the Discount Vision Program network for these services and supplies:

- Routine eye examinations
- Frames and lenses
- Photochromic lenses
- Hard contact lenses
- Tints and coatings
- Extra pair of glasses
- Non-prescription sunglasses

Your vision coverage is underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life) and administered by a contracted vision plan administrator.

Find a network provider nearest you by going to the *Find a Provider* section on blueshieldca.com, or calling Member Services at **(877) 601-9083**. You'll find a complete listing of ophthalmologists, optometrists, and opticians.

- 1 Nationwide vision providers are available by arrangement through a contracted vision plan administrator.
- 2 Availability of retail store locations varies by state. Refer to blueshieldcavision.com for out-of-state retail locations.
- 3 When the network provider uses wholesale or warehouse pricing, the maximum allowable frame allowance will be as follows: wholesale allowance: \$99.06, warehouse allowance \$103.64. Network providers using wholesale or warehouse pricing are identified in the Directory of Network Vision Providers. You pay any cost above the allowed amount.
- 4 Fit any frame with an eye size less than 61 mm.
- 5 In lieu of lenses and frame.
- 6 A report from the provider and prior authorization from a contracted vision plan administrator is required.
- 7 For insured persons who have had PRK, LASIK, or custom LASIK vision correction surgery only, this benefit of plano sunglasses allowance is equal to the plan's frame allowance. An eye exam by a network provider is required to verify laser surgery or a note from the surgeon who performed the laser surgery is required to verify laser surgery.
- 8 The diabetes disease management referral program is available to employees who enroll in both Blue Shield medical and vision coverage.
- 9 The network of practitioners and facilities in the discount programs are managed by the external program administrators identified below, including any screening and credentialing of providers. Blue Shield does not review the services provided by discount program providers for medical necessity or efficacy. Nor does Blue Shield make any recommendations, representations, claims, or guarantees regarding the practitioners, their availability, fees, services, or products.

Some services offered through the discount program may already be included as part of the Blue Shield plan covered benefits. Members should access those covered services prior to using the discount program.

Blue Shield reserves the right to terminate this program at any time without notice.

Discount programs administered by or arranged through the following independent companies:

1. Discount Vision program - MESVision
2. LASIK Discount program
 - a. NVISION Laser Eye Centers, Inc. (within California)
 - b. QualSight, Inc. (within California and nationwide)

This plan is pending regulatory approval.