

## Vision Care (VPA Optional Benefit)

### Benefit Coverage

Blue Shield HMO offers an optional vision plan through Blue Shield's Vision Plan Administrator (VPA) to group members. The plan provides payments based on prevailing fees not to exceed amounts calculated under the VPA's Schedule of Allowances for the following services:

- One comprehensive eye examination in a 12 consecutive month period
- One pair of standard lenses in a 24 consecutive month period, or at a 12-month interval if the examination indicates a change in prescriptions. A significant prescription change is defined as:
  - A total change of 0.50 diopter or more in one or both eyes, or
  - A shift in axis of astigmatism of 15%, or
  - A difference in vertical prism greater than 1 prism diopter.
- One standard frame in a 24-month period. A standard frame is any frame supplied by one of the VPA's participating dispensers that retails up to the amount specified in the *Schedule of Allowances*.
- One pair of contact lenses in any 24 consecutive months, or at a 12-month interval if the prescription changes are significant. A significant prescription change is defined as:
  - A total change of 0.50 diopter or more in one or both eyes, or
  - A shift in axis of astigmatism of 15%, or
  - A difference in vertical prism greater than 1 prism diopter.
- Medically necessary contact lenses following cataract surgery, or when contact lenses are the only means to correct visual acuity to 20/40 for certain conditions of Keratoconus or Anisometropia; or for certain conditions of Myopia, Hyperopia or Astigmatism. A report from the provider and prior authorization from Blue Shield's VPA is required. If contact lenses are for convenience purpose, the plan will pay the amount specified in the *Schedule of Allowances* towards their cost. The balance, if any, is the member's responsibility. This allowance is in addition to the examination benefit.
- Any cost for services beyond the allowance or cost of non-covered services is assumed by the member.

Note: Contact lenses are in lieu of other eyewear benefit.

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### Copayment

See *VPA Optional Care Schedule of Allowances*

### Benefit Exclusions

- Services and supplies in connection with special procedures such as vision training and subnormal vision aids (for example, magnifying glass).
- Non-prescription eyewear.
- Medical or surgical treatment of the eyes.
- Eye examinations required by an employer as a condition of employment except when benefits are otherwise available.

### Benefit Limitations

- Lenses or frames which were furnished under this plan and which have been lost, stolen or broken will not be replaced, except when benefits are otherwise available.
- No-line (blended type) bifocal lenses, coated lenses, or oversized lenses exceeding the allowance for covered lenses.
- Contact lenses and tints will be limited to the Schedule of Allowances.

Call Blue Shield's VPA at (877) 601-9083 for eligibility verification, benefit determination, or pricing issues.

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### Exceptions

- Orthoptic therapy is covered if a medical diagnosis has been confirmed. The therapy is generally done by an optometrist or ophthalmologist and is a capitated service covered under the Basic Plan.
- Contact lenses deemed medically necessary to treat keratoconus and keratitis sicca, and for treatment following cataract surgery are covered under the Basic Plan.

### Examples of Covered Services

- Bifocal Lenses
- Comprehensive Ophthalmologic examination
- Contact Lenses
- Frames

### Examples of Non-Covered Services

- Radial Keratotomy

### References

*Blue Shield HMO Evidence of Coverage and Disclosure Form Vision Plan Benefits Supplement*

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Blue Shield of California  
HMO Benefit Guidelines

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