Blue Shield PPO Plan

Endorsement

Individual and Family Plans
Blue Shield of California
Pediatric Vision Benefits
for
Children to Age 19

Endorsement

THESE PEDIATRIC VISION BENEFITS COVER INDIVIDUALS UP TO 19 YEARS OF AGE ONLY.

This Endorsement should be attached to, and is made part of, your IFP PPO Plan Evidence of Coverage and Health Service Agreement issued by Blue Shield of California. Please keep this Endorsement for your records.

Effective January 1, 2014, your agreement is amended through the following additions:

<table>
<thead>
<tr>
<th>Introduction to Pediatric Vision Coverage</th>
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<tbody>
<tr>
<td>Blue Shield covers pediatric vision Benefits for individuals up to 19 years of age. Blue Shield’s pediatric vision Benefits are administered by a contracted Vision Plan Administrator (VPA). The VPA is a vision care service plan licensed by the California Department of Managed Health Care, which contracts with Blue Shield to administer delivery of eyewear and eye exams covered under this pediatric vision Benefit. The VPA also contracts with Blue Shield to serve as a claims administrator for the processing of claims for Covered Services received from Non-Participating Providers.</td>
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<tr>
<th>Principal Benefits and Coverages</th>
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<tbody>
<tr>
<td>Blue Shield will pay for Covered Services rendered by Participating Providers as indicated in the Summary of Benefits. For Covered Services rendered by Non-Participating Providers, Blue Shield will pay up to the Allowable Amount as shown in the Summary of Benefits. Members will be responsible for all charges in excess of those amounts.</td>
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<td>The following is a complete list of Covered Services provided under this pediatric vision Benefit:</td>
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<td>1) One comprehensive eye examination in a Calendar Year. A comprehensive examination represents a level of service in which a general evaluation of the complete visual system is made. The comprehensive services constitute a single service entity but need not be performed at one session. The service includes history, general medical observation, external and opthalmoscopic examination, gross visual fields and basic sensorimotor examination. It often includes, as indicated: biomicroscopy, examination for cycloplegia or mydriasis, tonometry, and, usually, a determination of the refractive state unless known, or unless the condition of the media precludes this or it is otherwise contraindicated, as in the presence of trauma or severe inflammation.</td>
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</table>
2) One of the following in a Calendar Year:
   a) One pair of spectacle lenses,
   b) One pair of Elective Contact Lenses up to the Benefit allowance (for cosmetic reasons or for convenience), or
   c) One pair of Non-Elective (Medically Necessary) Contact Lenses, which are lenses following cataract surgery, or when contact lenses are the only means to correct visual acuity to 20/40 for keratoconus, 20/60 for anisometropia, or for certain conditions of myopia (12 or more diopters), hyperopia (7 or more diopters) astigmatism (over 3 diopters), or other conditions as listed in the definition of Non-Elective Contact Lenses, once every Calendar Year interval if the examination indicates a prescription change.

   A report from the provider and prior authorization from the contracted VPA is required.

3) One frame in a Calendar Year.

4) Contact lens fitting and evaluation in connection with the comprehensive examination up to the Benefit allowance.

5) The need for supplemental Low Vision Testing is triggered during a comprehensive eye exam. These supplemental services may only be obtained from Participating Providers and only once in a consecutive two Calendar Year period. A report from the provider conducting the initial examination and prior authorization from the VPA is required. Low vision is a bilateral impairment to vision that is so significant that it cannot be corrected with ordinary eyeglasses, contact lenses, or intraocular lens implants. Although reduced central or reading vision is common, low vision may also result from decreased peripheral vision, a reduction or loss of color vision, or the eye’s inability to properly adjust to light, contrast, or glare. It can be measured in terms of visual acuity of 20/70 to 20/200.

6) One diabetic management referral per calendar year to a Blue Shield disease management program. The contracted VPA will notify Blue Shield’s disease management program subsequent to the annual comprehensive eye exam, when the Member is known to have or be at risk for diabetes.

Important Information

Pediatric vision services are covered when provided by a vision provider and when necessary and customary as determined by the standards of generally accepted vision practice. Coverage for these services is subject to any conditions or limitations set forth in the Benefit descriptions above, and to all terms, conditions, limitations and exclusions listed in this Evidence of Coverage and Health Service Agreement.

Payments for pediatric vision services are based on Blue Shield’s Allowable Amount and are subject to any applicable Deductibles, Copayments, Coinsurance and Benefit maximums as specified in the Summary of Benefits. Vision providers do not receive financial incentives or bonuses from Blue Shield or the VPA.
**Vision Benefit Exclusions**

Unless exemptions are specifically made elsewhere in this Evidence of Coverage and Health Service Agreement, these pediatric vision Benefits exclude the following:

1) orthoptics or vision training, subnormal vision aids or non-prescription lenses for glasses when no prescription change is indicated;

2) replacement or repair of lost or broken lenses or frames, except as provided under this Evidence of Coverage and Health Service Agreement;

3) any eye examination required by the employer as a condition of employment;

4) medical or surgical treatment of the eyes (see the *Ambulatory Surgery Center Benefits, Hospital Benefits (Facility Services)* and *Professional (Physician) Benefits* sections of the Evidence of Coverage and Health Service Agreement);

5) contact lenses, except as specifically provided in the Summary of Benefits;

See the *Principal Limitations, Exceptions, Exclusions and Reductions* section of this Evidence of Coverage and Health Service Agreement for complete information on plan general exclusions, limitations, exceptions and reductions.

**Payment of Benefits**

Prior to service, the Subscriber should review his or her Benefit information for coverage details. The Subscriber may identify a Participating Provider by calling the VPA’s Customer Service Department at 1-877-601-9083 or online at www.blueshieldca.com. When an appointment is made with a Participating Provider, the Subscriber should identify the Member as a Blue Shield/VPA Member.

The Participating Provider will submit a claim for Covered Services online or by claim form obtained from the VPA after services have been received. The VPA will make payment on behalf of Blue Shield directly to the Participating Provider. Participating Providers have agreed to accept Blue Shield’s payment as payment in full except as noted in the Summary of Benefits.

When services are provided by a Non-Participating Provider, a Vision Service Report (claim form C-4669-61) should be submitted to the VPA. This form may be obtained at www.blueshieldca.com and must be completed in full and submitted with all related receipts to:

Blue Shield of California  
Vision Plan Administrator  
P O Box 25208  
Santa Ana, CA 92799-5208

Information regarding the Member’s Non-Participating Provider Benefits is available in the Summary of Benefits or by calling Blue Shield / VPA Customer Service at 1-877-601-9083.

When the Member receives Covered Services from a Non-Participating Provider, the Subscriber or the provider may submit a claim for payment after services have been received. The VPA will make payment directly to the Subscriber. The Subscriber is responsible for any applicable Deductible, Copayment and Coinsurance amounts and for amounts billed in excess of the Allowable Amount. The Subscriber is also responsible for making payment to the Non-Participating Provider.

A listing of Participating Providers may be obtained by calling the VPA at the telephone number listed in the *Customer Service* section of this Endorsement.
Choice of Providers

Members may select any licensed ophthalmologist, optometrist, or optician to provide Covered Services under this pediatric vision Benefit, including providers outside of California. However, Members will usually pay more for services from a Non-Participating Provider. A list of Participating Providers in the Member’s local area can be obtained by contacting the VPA at 1-877-601-9083. The Subscriber may also obtain a list of Participating Providers online at www.blueshieldca.com.

Eligibility Requirements for Pediatric Vision Benefits

The Member must be actively enrolled in this health plan and must be under the age of 19.

Payment of Benefits

Time and Payment of Claims
Claims will be paid promptly upon receipt of written proof and determination that Benefits are payable.

Payment of Claims
Participating Providers will submit a claim for Covered Services online or by claim form obtained from the VPA and are paid directly by Blue Shield of California.

If the Member receives services from a Non-Participating Provider, payment will be made directly to the Subscriber, and the Member is responsible for payment to the Non-Participating Provider.

Customer Service

For questions about these pediatric vision Benefits, information about pediatric vision providers, pediatric vision services, or to discuss concerns regarding the quality of care or access to care experienced, the Subscriber may contact:

Blue Shield of California
Vision Plan Administrator
Customer Service Department
P. O. Box 25208
Santa Ana, CA 92799-5208

The Subscriber may also contact the VPA at the following telephone numbers:
1-714-619-4660 or
1-877-601-9083

The VPA has established a procedure for Subscribers to request an expedited authorization decision. A Subscriber, Member, Physician, or representative of a Member may request an expedited decision when the routine decision making process might seriously jeopardize the life or health of a Member, or when the Member is experiencing severe pain. The VPA shall make a decision and notify the Subscriber and Physician as soon as possible to accommodate the Member’s condition, not to exceed 72 hours following the receipt of the request. For additional information regarding the expedited decision process, or if the Subscriber believes a particular situation qualifies for an expedited decision, please contact the VPA Customer Service Department at the number listed above.
### Grievance Process

Subscribers, a designated representative, or a provider on behalf of the Subscriber, may contact the Vision Customer Service Department by telephone, letter or online to request a review of an initial determination concerning a claim for services. Subscribers may contact the Vision Customer Service Department at the telephone number noted below. If the telephone inquiry to the Vision Customer Service Department does not resolve the question or issue to the Subscriber’s satisfaction, the Subscriber may request a grievance at that time, which the Vision Customer Service Representative will initiate on the Subscriber’s behalf.

The Subscriber, a designated representative, or a provider on behalf of the Subscriber, may also initiate a grievance by submitting a letter or a completed “Grievance Form”. The Subscriber may request this Form from the Vision Customer Service Department. If the Subscriber wishes, the Vision Customer Service staff will assist in completing the grievance form. Completed grievance forms should be mailed to the Vision Plan Administrator at the address provided below. The Subscriber may also submit the grievance to the Vision Customer Service Department online at www.blueshieldca.com.

1-877-601-9083  
Vision Plan Administrator  
P. O. Box 25208  
Santa Ana, CA 92799-5208

The Vision Plan Administrator will acknowledge receipt of a written grievance within five (5) calendar days. Grievances are resolved within 30 days.

The grievance system allows Subscribers to file grievances for at least 180 days following any incident or action that is the subject of the Subscriber’s dissatisfaction. See the previous Customer Service section for information on the expedited decision process.

### Definitions

**Elective Contact Lenses** — prescription lenses that are chosen for cosmetic or convenience purposes. Elective Contact Lenses are not medically necessary

**Non-Elective (Medically Necessary) Contact Lenses** — lenses following cataract surgery, or when contact lenses are the only means to correct visual acuity to 20/40 for keratoconus or 20/60 for anisometropia, or for certain conditions of myopia (12 or more diopters), hyperopia (7 or more diopters) or astigmatism (over 3 diopters).

Contact lenses may also be medically necessary in the treatment of the following conditions: keratoconus, pathological myopia, aphakia, anisometropia, aniseikonia, aniridia, corneal disorders, post-traumatic disorders and irregular astigmatism.

**Participating Provider** – For purposes of this pediatric vision Benefit, participating provider refers to a provider that has contracted with the VPA to provide vision services to Blue Shield Members.

**Prescription Change** – any of the following:
1) change in prescription of 0.50 diopter or more; or
2) Shift in axis of astigmatism of 15 degrees; or
3) difference in vertical prism greater than 1 prism diopter; or
4) change in lens type (for example contact lenses to glasses or single vision lenses to bifocal lenses).
**Vision Plan Administrator (VPA)** – Blue Shield contracts with the Vision Plan Administrator (VPA) to administer delivery of eyewear and eye exams covered under this Benefit through a network of Participating Providers.
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