

Blue Shield of California Life & Health Insurance Company
Individual and Family Vision Plan

Ultimate Vision 15/25/150

Benefit summary

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

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE 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 Costco (warehouse³, membership required), LensCrafters, Wal-Mart (wholesale³), Sears, and Target Optical. When you use a network provider, many of your eyecare services are provided at no additional charge.

What your vision plan covers

Service and eyewear (90 day waiting period applies to all services)	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 \$1000⁶	75% (Member Copayment for Materials is not applicable)	Not Covered
Plano (Non-Prescription) Sunglasses^{5, 7}	up to a maximum of \$150 ³	Not Covered
Diabetes Management Referral⁸	100%	Not Covered

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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.
Or:
3. Login to MESVisionOptics.com to access the online network provider to purchase contact lenses online using your benefits. Note, you may choose to take the materials you purchased online to your preferred eye care provider for adjustments however you may incur a fitting or adjustment fee which is not covered under your vision insurance 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 by logging on to **blueshieldca.com**. Select *Members*, then *Forms* 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 Life member identification number when filling out the form.

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.

This is only a summary of the Blue Shield Life Ultimate Vision 15/25/150 Plan. Please refer to the *Policy* for a detailed description of covered benefits and limitations.

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 California and 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 insured persons who enroll in both Blue Shield medical and vision coverage.