

Ultimate Vision 15/25/120

Blue Shield of California  
Life & Health Insurance Company

**Policy**

Individual and Family Plan

An independent licensee of the Blue Shield Association

(Intentionally left blank)

# Ultimate Vision 15/25/120

## Policy for Individuals and Families

This vision Policy is issued by Blue Shield of California Life & Health Insurance Company ("Blue Shield Life"), to the Insured Person who submitted a complete and appropriate application. In consideration of statements made in the application and timely payment of premiums, Blue Shield Life agrees to provide the Benefits of this Policy. The Benefits provided by this vision Policy do not qualify as essential health benefits as defined in Section 1302(b) of the Affordable Care Act.

### NOTICE TO NEW INSURED PERSONS

Please read this Policy carefully. If you have questions, contact Blue Shield Life. You may surrender this Policy by delivering or mailing it within ten (10) days from the date it is received by you, to BLUE SHIELD LIFE, 601 12<sup>th</sup> STREET, OAKLAND, CA 94607. Immediately upon such delivery or mailing, the Policy shall be deemed void from the beginning, and premiums paid will be refunded.

### IMPORTANT!

**No Insured Person has the right to receive the Benefits of this Plan for services or supplies furnished following termination of coverage. Benefits of this Plan are available only for services and supplies furnished during the term it is in effect and while the individual claiming Benefits is actually covered by this Policy. Benefits may be modified during the term of this Policy as specifically provided under the terms of this Certificate, the Group Policy or upon renewal. If benefits are modified, the revised benefits (including any reduction in benefits or the elimination of benefits) apply for services or supplies furnished on or after the effective date of modification. There is no vested right to receive the benefits of this Plan.**

## TABLE OF CONTENTS

Summary of Benefits .....	6
Introduction to the Blue Shield Life Ultimate Vision 15/25/120 Plan .....	10
Waiting Period .....	10
Continuity of Care by a Terminated Provider .....	10
Financial Responsibility for Continuity of Care Services .....	10
Premiums .....	10
Conditions of Coverage .....	10
<b>Eligibility and Enrollment</b> .....	<b>10</b>
<b>Limitation on Enrollment</b> .....	<b>11</b>
<b>Duration of the Policy</b> .....	<b>12</b>
<b>Renewal of the Policy</b> .....	<b>12</b>
<b>Termination / Reinstatement of the Policy</b> .....	<b>12</b>
Benefits .....	13
Covered Services and Supplies .....	13
General Exclusions and Limitations .....	13
Payment of Benefits .....	14
Reductions - Third Party Liability .....	14
General Provisions .....	15
<b>Confidentiality of Personal and Health Information</b> .....	<b>15</b>
<b>Confidential Communication Requests</b> .....	<b>15</b>
<b>Access to Information</b> .....	<b>16</b>
<b>Independent Contractors</b> .....	<b>16</b>
<b>Entire Policy: Changes</b> .....	<b>16</b>

<b>Time Limit on Certain Defenses .....</b>	<b>16</b>
<b>Grace Period .....</b>	<b>16</b>
<b>Notice and Proof of Claim .....</b>	<b>16</b>
<b>Payment of Benefits.....</b>	<b>17</b>
<b>Legal Actions.....</b>	<b>17</b>
<b>Endorsements and Appendices .....</b>	<b>17</b>
<b>Notices.....</b>	<b>17</b>
<b>Commencement or Termination of Coverage .....</b>	<b>17</b>
<b>Legal Process.....</b>	<b>17</b>
<b>Notice .....</b>	<b>17</b>
<b>Customer Service.....</b>	<b>17</b>
<b>California Department of Insurance Review .....</b>	<b>17</b>
<b>Grievance Process.....</b>	<b>18</b>
<b>Definitions .....</b>	<b>18</b>



**Blue Shield of California Life & Health  
Insurance Company  
Summary of Benefits**

**Individual and Family Vision Plan**

**Ultimate Vision 15/25/120 wo/WP**

This Summary of Benefits shows the amount you will pay for Covered Services under this Blue Shield of California Life & Health Insurance Company (Blue Shield Life) Plan. It is only a summary and it is included as part of the Certificate of Insurance (COI).<sup>1</sup> Please read both documents carefully for details.

**Provider Network:**

This Plan uses a contracted network of vision care providers. Providers in this network are called Participating Providers. You pay less for Covered Services when you use a Participating Provider than when you use a Non-Participating Provider. You can find Participating Providers in this network at [blueshieldca.com](https://blueshieldca.com).

**Benefit Frequency Limits**

This Plan pays up to the Allowance and frequency limits as listed for Covered Services.

<b>Comprehensive exam</b>	One every 12 consecutive months
<b>Eyeglass lenses or contact lenses</b>	Once every 12 consecutive months
<b>Eyeglass frame</b>	One every 12 consecutive months
<b>Low vision testing</b>	One every 12 consecutive months

**Waiting Period**

A waiting period is the length of time you must be covered under the Plan before Blue Shield Life will pay for Covered Services.

<b>Waiting period</b>	No waiting period
-----------------------	-------------------

**No Deductible**

Under this Plan there is no dollar amount an Insured must pay before Blue Shield Life will pay for Covered Services.

**No Lifetime Dollar Limit**

Under this Plan there is no dollar limit on the total amount Blue Shield Life will pay for Covered Services in an Insured's lifetime.

	When using a Participating Provider <sup>3</sup>	When using a Non-Participating Provider <sup>4</sup>
<b>Eye examinations</b>		
Comprehensive exam <i>One per Insured every 12 months.</i>		
Ophthalmologic visit	\$15	All charges above \$60
Optometric visit	\$15	All charges above \$50
Retinal Imaging <i>One per Insured every 12 months by a Participating Provider.</i>	\$39	Not covered
Standard contact lens fitting and evaluation <i>One per Insured every 12 months by a Participating Provider.</i>	Not covered	Not covered
<b>Eyewear/Materials</b>		
Eyeglass frame <i>One per Insured every 12 months.</i>	\$25 plus all charges above \$120	All charges above \$67
Plano (non-prescription) sunglasses <i>One per Insured every 12 months instead of an eyeglass frame when prescribed by a Participating Provider or surgeon after vision correction surgery.</i>	\$25 plus all charges above \$120	All charges above \$67
Eyeglass lenses and lens treatments <i>One pair of lenses per Insured every 12 months.</i>		
• Single vision	\$25	All charges above \$43
• Lined bifocal	\$25	All charges above \$60
• Lined trifocal	\$25	All charges above \$75
• Lenticular	\$25	All charges above \$200
• Polycarbonate lenses (for Dependent children only)	\$25 plus all charges above \$100	All charges above \$75
• Polycarbonate photochromic single vision lenses (for Dependent children only)	\$25 plus all charges above \$160	All charges above \$115
• Progressive lenses (no-line bifocals)	\$25 plus all charges above \$140	All charges above \$100
• Anti-reflective lens coating	\$25 plus all charges above \$50	All charges above \$35
• Photochromic lenses	\$25 plus all charges above \$25	All charges above \$150
Contact lenses <i>Elective or Non-Elective Contact Lenses are provided per Insured every 12 months. Benefits are provided instead of eyeglass frames and lenses up to the Allowance.</i>		
• Elective (cosmetic/convenience)	\$25 plus all charges above \$120	All charges above \$120
• Non-Elective (Medically Necessary)	\$25	All charges above \$250

## Benefits<sup>2</sup>

## Your payment

	When using a Participating Provider <sup>3</sup>	When using a Non-Participating Provider <sup>4</sup>
<p>Requires a report from the provider and prior authorization from the VPA.</p> <ul style="list-style-type: none"> <li>Scleral and hybrid lenses</li> </ul> <p>Requires a report from the provider and prior authorization from the VPA.</p>	All charges above \$350	All charges above \$350
<p><b>Other services</b></p> <p>Low-vision testing and equipment</p> <p>One per Insured every 12 months by a Participating Provider. Exam must be Medically Necessary.</p>	25% plus all charges above \$1,000	Not covered

## Notes

### 1 Certificate of Insurance (COI):

The Certificate of Insurance (COI) describes the Benefits, limitations, and exclusions that apply to coverage under this Plan. Please review the COI for more details of coverage outlined in this Summary of Benefits. You can request a copy of the COI at any time.

Capitalized terms are defined in the COI. Refer to the COI for an explanation of the terms used in this Summary of Benefits.

### 2 Vision Care Services:

All vision Benefits are provided through Blue Shield Life's Vision Plan Administrator (VPA).

Contact lenses. The Allowance for contact lenses may be used towards the fitting fees. If you receive Elective or Non-Elective Contact Lenses, no Benefits will be available for eyeglass frames and lenses until you satisfy the Benefit frequency.

### 3 Using Participating Providers:

Participating Providers have a contract to provide vision care services to Insureds. When you receive Covered Services from a Participating Provider, you are responsible for:

- the Copayment, and
- any charges above the stated Allowance, which is the Benefit maximum.

When the Participating Provider uses wholesale or warehouse pricing, the maximum frame Allowances are:

- wholesale or warehouse Allowance: \$78.96.

**Note:** This pricing replaces the frame Allowance shown in the Summary of Benefits. If a more expensive frame is selected at a provider location that uses wholesale or warehouse pricing, the Insured Person is responsible for the additional cost above the wholesale or warehouse Allowance. Participating Providers using wholesale or warehouse pricing are identified in the directory of Participating Providers at blueshieldca.com.

### 4 Using Non-Participating Providers:

Non-Participating Providers do not have a contract to provide vision care services to Insureds. When you receive Covered Services from a Non-Participating Provider, you are responsible for:

- any charges above the stated Allowance, which is the Benefit maximum.





## Introduction to the Blue Shield Life Ultimate Vision 15/25/120 Plan

Blue Shield Life's vision plans are administered by the 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 Vision Plan through a network of Participating Providers. The VPA also contracts with Blue Shield to serve as a claims administrator for the processing of claims for services received from Non-Participating Providers.

If you have questions about your Benefits, contact Blue Shield's Customer Service before vision services are received.

### Waiting Period

There is a ninety (90) day Waiting Period before any Benefits are available under this Plan. This Waiting Period begins on the Insured Person's Effective Date of coverage.

### Timely Access to Care

Blue Shield Life provides the following guidelines for timely access to care from Vision Providers:

Service	Access to Care
Non-urgent care	Within 30 business days
Preventive vision care	Within 40 business days

Note: For availability of interpreter services at the time of the Insured's appointment, contact the Insured Services department at the number shown in the "Customer Services" section of this booklet. More information for interpreter services is located in the Notice of the Availability of Language Assistance Services section of this COI.

### Before Obtaining Vision Services:

You are responsible for assuring that the vision provider you choose is a Participating Provider. Note: A Participating Provider's status may change. It is your obligation to verify whether the vision provider you choose is currently a Participating Provider in case there have been any changes to the list of Participating Providers. A list of Participating Providers located in your area can be obtained by contacting the VPA at 1-877-601-9083. You may also access a list of Participating Providers through Blue Shield's Internet site located at <http://www.blueshieldca.com>.

### Continuity of Care by a Terminated Provider

Insured Persons who are being treated for acute conditions, serious chronic conditions, or who are children from birth to 36 months of age, or who have received authorization from a now-terminated provider for surgery or another procedure as part of a documented course of treatment can request completion of care in certain situations with a provider who is leaving a Vision Plan Administrator's network of Participating Providers. Contact Customer Service to receive information

regarding eligibility criteria and the policy and procedure for requesting continuity of care from a terminated provider.

### Financial Responsibility for Continuity of Care Services

If an Insured Person is entitled to receive Covered Services from a terminated provider under the preceding Continuity of Care provision, and the provider has agreed to the VPA's contractual terms and compensation rate, the responsibility of the Insured Person to that provider for Covered Services rendered under the Continuity of Care provision shall be no greater than for the same Covered Services rendered by a Participating Provider in the same geographic area.

### Premiums

Monthly premiums are as stated in the Appendix. Blue Shield Life offers a variety of options and methods by which you may pay your premiums. Please call Customer Service at the telephone number indicated on the last page of this booklet to discuss these options or visit the Blue Shield Life internet site at <http://www.blueshieldca.com>.

Payments by mail are to be sent to:

Blue Shield Life  
P.O. Box 51827  
Los Angeles, CA 90051-6127

Additional premiums may be charged in the event that a state or any other taxing authority imposes upon Blue Shield Life a tax or license fee, which is calculated upon, base premiums or Blue Shield Life's gross receipts or any portion of either. premiums may increase from time to time as determined by Blue Shield Life. You will receive sixty (60) days written notice of any changes in the monthly premiums for this Plan.

### Conditions of Coverage

#### Eligibility and Enrollment

1. To enroll and continue enrollment, an Insured Person must meet all of the eligibility requirements of the Plan.
2. Enrollment of Insured Persons or Dependents is not effective until Blue Shield Life approves an application and accepts the applicable premiums. Only Blue Shield Life can approve applications.
3. An applicant, upon approval by Blue Shield Life of the application, is entitled to the Benefits of this Policy after completion of the ninety (90) day Waiting Period.

By completing an application, the Insured Person and/or Dependent(s) agrees to cooperate with Blue Shield Life by providing, or providing access to, documents and other information that the Plan may request to corroborate the information for coverage. If the Insured Person and/or Dependent(s) fail or refuse to provide these documents or information to Blue Shield Life, coverage under this Plan may be cancelled.

4. The Effective Date of the Benefits of a newborn child will be the date of birth if the Insured Person contacts Blue Shield Life at the Customer Service telephone number listed at the back of this booklet to have the newborn child

added to this Policy as a Dependent. Such request must be made within 31 days of the newborn child's date of birth. If a request to add the child as a Dependent is not made within 31 days of birth, the coverage for that child shall terminate on the 31<sup>st</sup> day at 11:59 P.M. Pacific Time.

If the Insured Person wishes to add a newborn child as a Dependent 32 or more days after birth, coverage will not be retroactive and there will be a gap in coverage. See Paragraph 6. below.

5. The Effective Date of Benefits for an adopted child will be the date the Insured Person, spouse or Domestic Partner has physical custody, if the Insured Person requests the child be added to this Policy as a Dependent. Such request must be made within 31 days of the date the Insured Person, spouse or Domestic Partner has physical custody. If a request to add the child as a Dependent is not made within 31 days of the date the Insured Person, spouse or Domestic Partner has physical custody, the coverage for that child shall terminate on the 31<sup>st</sup> day at 11:59 P.M. Pacific Time.

To add a child placed for adoption to this Policy as a Dependent, the Insured Person must contact Blue Shield Life at the Customer Service telephone number listed at the back of this booklet. The Customer Service Department will advise the Insured Person of the exact process for adding a child placed for adoption as a Dependent, including, but not limited to, the necessary documentation and how the documentation shall be submitted to Blue Shield Life. Enrollment requests for an adopted child must be accompanied by evidence of the Insured Person, spouse or Domestic Partner having physical custody, which includes a facility minor release report, a medical authorization form, or a relinquishment form.

If the Insured Person wishes to add a child placed for adoption as a Dependent 32 or more days after the date the Insured Person, spouse or Domestic Partner has physical custody, coverage will not be retroactive and there will be a gap in coverage.

6. If a court has ordered that you provide coverage for your spouse or Domestic Partner, under your Plan, their coverage will become effective within 31 days of presentation of a court order.
7. The Insured Person can also add a Dependent under the age of 26 for a qualifying event as described below, as long as they apply during a period no longer than 63 days after any event listed below:
  - a. Losing Dependent coverage due to:
    - i. The termination or change in employment status of this Dependent or the person through whom this Dependent was covered; or
    - ii. The cessation of an employer's contribution toward an employee or Dependent's coverage; or

- iii. The death of the person through whom this Dependent was covered as a Dependent; or
- iv. Legal separation or divorce; or

- b. Loss of coverage under the Healthy Families Program, the Access for Infants and Mothers Program, or the Medi-Cal Program; or
  - c. Adoption of the child; or
  - d. The child becomes a Resident of California during the month that was not the child's birth month; or
  - e. The child is born as a Resident of California and did not enroll in the month of birth; or
  - f. The child is mandated to be covered pursuant to a valid state or federal court order (presentation of a court order by the district attorney, or upon presentation of a court order by request by a custodial party, of Section 3751.5 of the California Family Code).
8. Enrolled disabled Dependent children who would normally lose their coverage under this Plan solely because of age may continue to be eligible for coverage if they continue to meet the definition of Dependent in this Policy. See the definition of Dependent in the section entitled Definitions for additional information.

**Please consider your options carefully by failing to maintain or renew coverage for a child for whom you are responsible. If you attempt to obtain new individual coverage for that child, the premium for the same coverage may be higher than the premium you pay now.**

### **Limitation on Enrollment**

1. Insured Persons must be Residents of California. Upon change of residence to another jurisdiction, this Policy will terminate.
2. Dependent Benefits shall be discontinued as of the following, except as specifically set forth in the definition of Dependent in the section entitled Definitions:
  - a. The date the Dependent child attains age 26;
  - b. The date the Dependent spouse or Domestic Partner enters a final decree of divorce, annulment, or dissolution, or termination of domestic partnership or marriage from the Insured Person.
3. If the Insured Person seeks to add a Dependent under age 26 to the Policy other than a Dependent described in the paragraphs 3, 4, 5, 6 or 7 of the section entitled Enrollment, this will result in Blue Shield Life recalculation or reassigning the appropriate premiums based on underwriting review of the Dependent.
4. If an Insured Person commits any of the following acts, he will immediately lose eligibility to continue enrollment:
  - a. Abusive or disruptive behavior which: (1) threatens the life or well-being of Blue Shield Life personnel or

providers of services; or (2) substantially impairs the ability of Blue Shield Life to arrange for services to the Insured Person; or (3) substantially impairs the ability of providers of service to furnish services to the Insured Person or to other patients.

- b. Failure or refusal to provide Blue Shield Life access to documents and other information necessary to determine eligibility or to administer Benefits under the Plan.

### **Duration of the Policy**

The plan contract is issued for a one year period.

### **Renewal of the Policy**

Blue Shield Life shall renew this Policy, except under the following conditions:

1. Non-payment of premiums;
2. Fraud, misrepresentation, or omission of material fact;
3. Termination of plan type by Blue Shield Life;
4. Insured Person moves out of California or the Insured Person is no longer a Resident of California;
5. If a bona fide association arranged for the Insured Person's coverage under this Policy, when that Insured Person's membership in the association ceases.

### **Termination / Reinstatement of the Policy**

This Policy may be terminated or cancelled as follows:

1. Termination by the Insured Person:

An Insured Person desiring to terminate this Policy shall give Blue Shield Life 30 days written notice.

2. Termination by Blue Shield Life through cancellation:

Blue Shield Life may cancel this Policy with five (5) days written notice for the following reasons:

- a. Fraud or deception in obtaining, or attempting to obtain, Benefits under this Policy; or
- b. Knowingly permitting fraud or deception by another person in connection with this Policy, such as, without limitation, permitting someone to seek Benefits under this Policy, or improperly seeking payment from Blue Shield Life for Benefits provided.

Cancellation of the Policy under this section will terminate the Policy five (5) days after the date that written notice of termination is mailed to the Insured Person. It is not retroactive to the original Effective Date of the Policy.

3. Termination by Blue Shield Life if Insured Person moves out of California:

Blue Shield Life may cancel this Policy upon thirty (30) days written notice if the Insured Person moves out of California. See the section entitled Transfer of Coverage for additional information.

Within 30 days of the notice of cancellation under sections 2 or 3 above, Blue Shield Life shall refund the prepaid premiums, if any, that Blue Shield Life determines will not have been earned as of the termination date. Blue Shield Life reserves the right to subtract from any such premiums refund any amounts paid by Blue Shield Life for Benefits paid or payable by Blue Shield Life prior to the termination date.

4. Termination by Blue Shield Life due to withdrawal of the Policy from the market:

Blue Shield Life may terminate this Policy together with all like Policies to withdraw it from the market. In such instances you will be given 90 days written notice and the opportunity to enroll in any other individual vision Policy without regard to health status-related factors.

5. Cancellation of the Policy for non-payment of premiums:

Blue Shield Life may cancel this Policy for failure to pay the required premiums, when due. If the Policy is being cancelled because you failed to pay the required premiums when due, then coverage will end 30 days after the date for which these premiums are due. You will be liable for all premiums accrued while this Policy continues in force including those accrued during this 31 day grace period.

Within five (5) business days of canceling Policy, the Plan will mail you a Notice Confirming Termination of Coverage, which will inform you of the following:

- a. That the Policy has been cancelled, and the reasons for cancellation; and
- b. The specific date and time when coverage for you ended.

6. Reinstatement of the Policy after termination for non-payment:

If the Policy is cancelled for non-payment of premiums the Plan will permit reinstatement of the Policy or coverage once per calendar year without requiring an application, without a change in premiums and without consideration of your medical condition, if the amounts owed are paid within 15 days of the date the Notice Confirming Termination of Coverage is mailed to you.

If your request for reinstatement and payment of all outstanding amounts is received after the required 15 days, or if the Policy is cancelled more than once per calendar year, then the Plan is not required to reinstate you, and you will need to submit an application for coverage. In this case, any receipt of premium payments will be conditional upon Blue Shield Life's approval of your new application.

Based on your new application, the Plan may impose different premiums and consider your medical condition. If your application is approved, your Policy will be reinstated. If your application is denied, Blue Shield Life will notify you in writing of the disapproval. If you have not received notification of your application status, Blue

Shield Life will reinstate your Policy 45 days after the conditional receipt of premiums.

### Claims Review

The Plan reserves the right to review all claims to determine if any exclusions or limitations apply.

Blue Shield Life may use the services of vision care consultants, peer review committees of professional societies, and other consultants to evaluate claims.

### Benefits

Blue Shield Life will pay for Covered Services rendered by Participating Providers in full less the applicable Copayment shown in the Summary of Benefits.

For Covered Services rendered by Non-Participating Providers, Blue Shield Life will pay up to the amounts listed in the Summary of Benefits. The Insured Person will be responsible for all charges in excess of those amounts plus the applicable Copayment.

### Covered Services and Supplies

The Policy provides Benefits for the following services:

1. One comprehensive eye examination in a consecutive 12 month period. 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 but need not be performed at one session. The service may include history, general medical observation, external and ophthalmoscopic examination, gross visual fields and basic sensorimotor examination. It often includes, as indicated: biomicroscopy, examination for cycloplegia or mydriasis, tonometry and usually determination of the refractive state unless known, or unless the condition of the media precludes this or it is otherwise contraindicated, as in presence of trauma or severe inflammation.

You are responsible for a Copayment for the annual comprehensive eye examination and for the purchase of frames, lenses or contact lenses as stated in the Summary of Benefits.

2. One frame in a consecutive 12 month period.
3. One of the following in a consecutive 12 month period
  - a. One pair of lenses, or
  - b. One Pair of Non-Elective (Medically Necessary) hard Contact Lenses or a one-year supply of Non-Elective (Medically Necessary) soft 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 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). A report from the provider and prior authorization from the VPA is required, or

- c. Elective Contact Lenses up to the Benefit Allowance (for cosmetic reasons or for convenience) when provided in lieu of other eyewear. The contact lens Allowance may be used towards a contact lens fitting fee. You are responsible for requesting this information from your provider.

4. 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. The need for supplemental low vision testing is triggered during a comprehensive eye exam. The supplemental low vision testing may only be obtained from Participating Providers and only once in a consecutive 12 month period. A report from the provider and prior authorization from the VPA is required.
5. The plano (non-prescription) sunglasses Benefit is only for Insured Persons who have had PRK, LASIK, or custom LASIK vision correction surgery. An eye exam by a Participating Provider or a note from the surgeon who performed the laser surgery is required to verify laser surgery. The surgeon's note must be submitted with the claim for plano sunglasses. The plano sunglasses Benefit is offered in lieu of the frame Benefit, not in addition to the frame Benefit. This Benefit may only be obtained from Participating Providers and only once in a consecutive 12 month period.
6. Telehealth services appropriately delivered remotely via communications technologies are covered on the same basis and to the same extent as the same in-person services.

### General Exclusions and Limitations

#### Exclusions

Unless exceptions to the following are specifically made elsewhere in this booklet, no Benefits are provided for:

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, contact lenses, or frames except as provided under this Policy;
3. Any eye examination required by an employer as a condition of employment;
4. Medical or surgical treatment of the eyes;
5. Contact lenses, except as specifically provided under this policy;
6. Artistically painted lenses;
7. Plano (non-prescription) lenses;

8. Services for or incident to any injury arising out of, or in the course of any employment for salary, wage or profit if such injury or disease is actually paid or reimbursed by workers' compensation law, occupational disease law or similar legislation. If Blue Shield Life provides payment for such services, it shall be entitled to establish a lien upon such other Benefits up to the amount paid by Blue Shield Life for the treatment of the injury or disease;
9. Services required by any government agency or program, Federal, state, or subdivision thereof;
10. Services and Materials for which the Insured Person is not legally obligated to pay, or services or Materials for which no charge is made to the Insured Person; and
11. Services not specifically listed as a Benefit.

### **Payment of Benefits**

Prior to service, the Insured Person should consult their Benefit information for coverage details. The Insured Person may locate a Participating Provider by calling the VPA's Customer Service Department at 1-877-601-9083 or online at [www.blueshieldca.com](http://www.blueshieldca.com). The Insured Person should make an appointment with a Participating Provider identifying themselves as a Blue Shield Life/VPA Insured Person. The Participating Provider will submit a claim for Covered Services on line or by claim form obtained from the VPA.

Participating Providers will accept Blue Shield Life's payment as payment in full except as noted in the Schedule of Benefits. When services are provided by a Non-Participating Provider, the Insured Person must submit a Vision Service Report (claim form C-4669-61) which may be obtained from our website at [www.blueshieldca.com](http://www.blueshieldca.com). This form must be completed in full and submitted with all related receipts to:

Vision Plan Administrator  
Attn: OON Claims  
P.O. Box 8504  
Mason, OH 45040-7111

Information regarding Insured Person Non-Participating Provider Benefits may be found by consulting the Insured Person's Benefit information or by calling Blue Shield Life / VPA Customer Service at 1-877-601-9083.

The Insured Person will be responsible for any difference between the amount billed by a Non-Participating Provider and the amount paid by Blue Shield Life. The VPA will pay the Insured Person directly for the services of a Non-Participating Provider, and the Insured Person is responsible for payment to the Non-Participating Provider. The Insured Person may assign payment to the Non-Participating Provider who then will receive payment directly from the VPA.

Every Participating Provider's contract stipulates the Insured Person shall not be responsible to the Participating Provider for compensation with respect to any services to the extent they are provided in this vision Benefit. When services are provided by a Non-Participating Provider, the Insured Person is responsible for any amount Blue Shield Life does not pay. However, if an Insured Person is receiving services from a Participating

Provider as of the date that such provider's contract is terminated, the Insured Person's responsibility to that provider for services rendered subsequent to that termination date shall be no greater than it was for services rendered immediately prior to that termination date, until the first to occur of the following:

1. The date that the services being rendered by such providers are completed;
2. The date that Blue Shield Life makes reasonable and appropriate provision for the assumption of such services by another Participating Provider; or
3. The date that coverage for such Insured Person is terminated.

Participating Providers submit claim for payment after their services have been received. If you receive services from a Non-Participating Provider, you or your provider may also submit claims for payment after services have been received.

**PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDER, CARE MAY BE OBTAINED.**

### **Choice of Providers**

An Insured Person may select any licensed ophthalmologist, optometrist, or optician to provide Covered Services hereunder, including such providers outside of California. A Directory of Participating Providers is available on Blue Shield Life's internet site located at <http://www.blueshieldca.com>. You may also obtain this information from the VPA by calling the telephone number listed in this vision Benefit.

### **Reductions - Third Party Liability**

If an Insured Person is injured or becomes ill due to the act or omission of another person (a "third party"), the Plan shall, with respect to services required as a result of that injury, provide the Benefits of this Policy and have an equitable right to restitution, reimbursement, or other available remedy to recover the amounts Blue Shield paid for services provided to the Insured Person on a fee-for-service basis from any recovery (defined below) obtained by or on behalf of the Insured Person, from or on behalf of the third party responsible for the injury or illness or from uninsured/underinsured motorist coverage.

The amount Blue Shield Life seeks as restitution, reimbursement, or other available remedy is against any recovery the Insured Person receives as a result of the injury or illness, including any amount awarded to or received by way of court judgment, arbitration award, settlement or other arrangement, from any third party or third party insurer, or from uninsured or underinsured motorist coverage, related to the illness or injury (the "Recovery"), without regard to whether the Insured Person has been "made whole" by the Recovery. The amount Blue Shield Life seeks as restitution, reimbursement, or other available remedy will be calculated in accordance with California Civil Code Section 3040.

The Insured Person is required to:

1. Notify the Plan in writing of any actual or potential claim or legal action which such Insured Person expects to bring or has brought against the third party arising from the alleged acts or omissions causing the injury or illness, not later than 30 days after submitting or filing a claim or legal action against the third party; and,
2. Agree to fully cooperate with the Plan to execute any forms or documents needed to enable Blue Shield Life to enforce its right to restitution, reimbursement, or other available remedies; and,
3. Agree in writing to reimburse Blue Shield Life for Benefits paid by Blue Shield Life from any Recovery when the Recovery is obtained from or on behalf of the third party or the insurer of the third party, or from uninsured or underinsured motorist coverage; and,
4. Provide the Plan with a lien in the amount of Benefits actually paid. The lien may be filed with the third party, the third party's agent or attorney, or the court, unless otherwise prohibited by law; and,
5. Periodically respond to information requests regarding the claim against the third party, and notify Blue Shield Life, in writing, within ten (10) days after any Recovery has been obtained.

An Insured Person's failure to comply with items 1. through 5., shall not in any way act as a waiver, release, or relinquishment of the rights of the Plan.

Further, if the Insured Person receives services from a participating hospital for such injuries or illness, the hospital has the right to collect from the Insured Person the difference between the amount paid by Blue Shield Life and the hospital's reasonable and necessary charges for such services when payment or reimbursement is received by the Insured Person for medical expenses. The hospital's right to collect shall be in accordance with California Civil Code Section 3045.1

## General Provisions

### Confidentiality of Personal and Health Information

Blue Shield Life protects the confidentiality/privacy of your personal and health information. Personal and health information includes both medical information and individually identifiable information, such as your name, address, telephone number, or Social Security Number. Blue Shield Life will not disclose this information without your authorization, except as permitted by law.

A STATEMENT DESCRIBING BLUE SHIELD LIFE'S POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

Blue Shield Life's policies and procedures regarding our confidentiality/privacy practices are contained in the "Notice of Privacy Practices", which you may obtain either by calling the Customer Service Department at the number listed in the

back of this booklet or accessing Blue Shield Life's Internet site located at <http://www.blueshieldca.com> and printing a copy.

If you are concerned that Blue Shield Life may have violated your confidentiality/privacy rights, or you disagree with a decision we made about access to your personal and health information, you may contact us at:

### Correspondence Address:

Blue Shield Life Privacy Official  
P. O. Box 272540  
Chico, CA 95927-2540

### Toll-Free Telephone Number:

1-888-266-8080

### E-mail Address:

[BlueShieldca\\_Privacy@blueshieldca.com](mailto:BlueShieldca_Privacy@blueshieldca.com)

### Confidential Communication Requests

A health plan shall notify Subscribers and enrollees that they may request a confidential communication pursuant to the following and how to make the request.

A health plan shall permit Subscribers and enrollees to request, and shall accommodate requests for, confidential communication in the form and format requested by the individual, if it is readily producible in the requested form and format, or at alternative locations.

A health plan may require the Subscriber or enrollee to make a request for a confidential communication in writing or by electronic transmission.

The confidential communication request shall be valid until the Subscriber or enrollee submits a revocation of the request or a new confidential communication request is submitted.

The confidential communication request shall apply to all communications that disclose medical information or provider name and address related to receipt of medical services by the individual requesting the confidential communication.

A confidential communication request may be submitted in writing to Blue Shield Life at the mailing address, email address, or fax number below. A confidential communication form, available by going to [blueshieldca.com/privacy](http://blueshieldca.com/privacy) and clicking on "privacy forms," may be used when submitting a confidential communication request in writing, but it is not required.

Once in place, a valid confidential communication request prevents Blue Shield from: 1. Requiring the protected individual to obtain the primary Subscriber's or other enrollee's authorization to receive sensitive services or submit a claim for sensitive services if the protected individual has the right to consent to care; and 2. Disclosing medical information relating to sensitive health services provided to a protected individual to the primary Subscriber or any plan enrollees other than the protected individual receiving care, absent an express written authorization of the protected individual receiving care.

You may return this completed and signed form via any of these options:

Mail: Blue Shield of California Privacy Office,

P.O. Box 272540, Chico CA, 95927-2540

Email: [privacy@blueshieldca.com](mailto:privacy@blueshieldca.com)

Fax: 1-800-201-9020

### **Access to Information**

Blue Shield Life may need information from medical providers, from other carriers or other entities, or from you, in order to administer Benefits and eligibility provisions of this Policy. You agree that any provider or entity can disclose to Blue Shield Life that information that is reasonably needed by Blue Shield Life. You agree to assist Blue Shield Life in obtaining this information, if needed, (including signing any necessary authorizations) and to cooperate by providing Blue Shield Life with information in your possession. Failure to assist Blue Shield Life in obtaining necessary information or refusal to provide information reasonably needed may result in the delay or denial of Benefits until the necessary information is received. Any information received for this purpose by Blue Shield Life will be maintained as confidential and will not be disclosed without your consent, except as otherwise permitted by law.

### **Independent Contractors**

Providers are neither agents nor employees of the Plan but are independent contractors. In no instance shall the Plan be liable for the negligence, wrongful acts, or omissions of any person providing services.

### **Exception for Other Coverage**

Participating Providers may seek reimbursement from other third party payers for the balance of their reasonable charges for services rendered under this Plan.

### **Liability of Insured Person in the Event of Non-Payment by Blue Shield Life**

In accordance with Blue Shield Life's established policies, and by statute, every contract between Blue Shield Life and its Participating Providers stipulates that the Insured Person shall not be responsible to the Participating Provider for compensation for any services to the extent that they are provided in the Insured Person's Policy. Participating Providers have agreed to accept the Blue Shield Life's payment as payment-in-full for Covered Services, except for Copayments and amounts in excess of specified benefit maximums, or as provided under the Exception for Other Coverage and Reductions-Third Party Liability sections.

### **Entire Policy: Changes**

This Policy, including the appendices, attachments or other documents incorporated by reference forms the entire agreement between Blue Shield Life and the Insured Person. Any statement made by an Insured Person shall, in the absence of fraud, be deemed a representation and not a warranty. Such statements will not be used to deny a claim or void coverage unless contained in a written application. No change in this Policy shall be valid unless approved by a corporate officer of Blue Shield Life and a written endorsement issued. No agent has authority to change this Policy or to waive any of its provisions.

Benefits, such as Covered Services, Calendar Year Benefits, Deductible, Copayment, Coinsurance, maximum per Insured Person Calendar Year Copayment/Coinsurance responsibility, or maximum per Insured Person Calendar Year Copayment/Coinsurance responsibility amounts are subject to change at any time. Blue Shield Life will provide at least 60 days written notice of any such change.

Benefits provided after the Effective Date of any change will be subject to the change. There is no vested right to obtain Benefits.

### **Right of Recovery**

Whenever payment on a claim has been made in error, Blue Shield Life will have the right to recover such payment from the Insured Person or, if applicable, the provider or another health benefit plan, in accordance with applicable laws and regulations. Blue Shield Life reserves the right to deduct or offset any amounts paid in error from any pending or future claim to the extent permitted by law. Circumstances that might result in payment of a claim in error include, but are not limited to, payment of benefits in excess of the benefits provided by the health plan, payment of amounts that are the responsibility of the Insured Person (Copayments, benefit maximums or similar charges), payment of amounts that are the responsibility of another payor, payments made after termination of the Insured Person's eligibility, or payments on fraudulent claims.

### **Non-Assignability**

Coverage or any benefits of this Plan may not be assigned without the written consent of Blue Shield Life. To be entitled to services, the Insured Person must be enrolled by Blue Shield Life and must have maintained enrollment under the terms of this Policy.

### **Time Limit on Certain Defenses**

After an Insured Person has been covered under this Policy for two (2) consecutive years, Blue Shield Life will not use any omission, misrepresentation, or inaccuracy made by the applicant in an individual application to limit, cancel or rescind a Policy, deny a claim, or raise premiums.

### **Grace Period**

After payment of the first premium, the Insured Person is entitled to a grace period of 31 days for the payment of any premium due. During this grace period, the Policy will remain in force. However, the Insured Person will be liable for payment of premiums accruing during the period the Policy continues in force.

### **Notice and Proof of Claim**

#### **Notice and Claim Forms**

In the event a Participating Provider does not bill Blue Shield Life directly, you should use a Blue Shield Life Insured Person's Statement of Claim form in order to receive reimbursement. To receive a claim form, written notice of a claim must be given to Blue Shield Life within 20 days of the date of service. If this is not possible, Blue Shield Life must be notified as soon as it is reasonably possible to do so.



When Blue Shield Life receives a Notice of Claim, Blue Shield Life will send you an Insured Person's Statement of Claim form for filing proof of a claim. If Blue Shield Life fails to furnish the necessary claim forms within 15 days, you may file a claim without using a claim form by sending Blue Shield Life written proof of claim as described below.

If you receive Covered Services from a Non-Participating Provider, either you or the provider may file a claim using the claim form which may be obtained by calling 1-877-601-9083 or visiting the Blue Shield website at [www.blueshieldca.com](http://www.blueshieldca.com).

#### **Proof of Claim**

Blue Shield Life must receive written proof of claim within 90 days after the date of service for which claim is being made from a Participating Provider and no later than 180 days for claims from a Non-Participating Provider.

A claim will not be reduced or denied for failure to provide proof within this time if it is shown that it was not reasonably possible to furnish proof, and that proof was provided as soon as it was reasonably possible. However, no claim will be paid if proof is received more than one (1) year after the date of loss, unless the Insured Person was legally unable to notify Blue Shield Life.

#### **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 on line or by claim form obtained from the VPA and are paid directly by Blue Shield Life.

If the Insured Person receives services from a Non-Participating Provider, payment will be made directly to the Insured Person, and the Insured Person is responsible for payment to the Non-Participating Provider. The Insured Person may assign payment to the Non-Participating Provider who then will receive payment directly from the VPA.

#### **Legal Actions**

No action at law in equity shall be brought to recover on this Policy prior to the expiration of 60 days after written proof of claim has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of three (3) years after the time written proof of claim is required to be furnished.

#### **Endorsements and Appendices**

Attached to and incorporated in this Policy by reference are appendices pertaining to deductibles and premiums. Endorsements may be issued from time to time subject to the notice provisions of the section entitled Duration of the Policy. Nothing contained in any endorsement shall affect this Policy, except as expressly provided in the endorsement.

#### **Notices**

Any notice required by this Policy may be delivered by United States mail, postage prepaid. Notices to the Insured Person may

be mailed to the address appearing on the records of Blue Shield Life and notice to Blue Shield Life may be mailed to:

Blue Shield Life  
601 12<sup>th</sup> Street  
Oakland, CA 94607

#### **Commencement or Termination of Coverage**

Whenever this Policy provides for a date of commencement or termination of any part or all of the coverage herein, such commencement or termination shall be effective at 12:01 a.m. Pacific Time of the commencement date and as of 11:59 P.M. Pacific Time of the termination date.

#### **Legal Process**

Legal process or service upon Blue Shield Life must be served upon a corporate officer of Blue Shield Life.

#### **Notice**

The Insured Person hereby expressly acknowledges its understanding that this Policy constitutes a contract solely between the Insured Person and Blue Shield Life (hereafter referred to as "the Plan"), which is an independent corporation operating under a license from the Blue Cross and Blue Shield Association ("Association"), an Association of independent Blue Cross and Blue Shield plans, permitting the Plan to use the Blue Shield Service Mark in the State of California and that the Plan is not contracting as the agent of the Association.

The Insured Person further acknowledges and agrees that it has not entered into this Policy based upon representations by any person other than the Plan and that neither the Association nor any person, entity or organization affiliated with the Association, shall be held accountable or liable to the Insured Person for any of the Plan's obligations to the Insured Person created under this Policy. This paragraph shall not create any additional obligations whatsoever on the part of the Plan, other than those obligations created under other provisions of this Policy.

#### **Customer Service**

If you have a question about services, providers, Benefits, how to use this Policy, or concerns regarding the quality of care or access to care that you have experienced, you may contact Blue Shield Life's Customer Service Department at:

1-877-601-9083

[www.blueshieldca.com](http://www.blueshieldca.com)

The hearing impaired may contact the Customer Service Department through the toll-free TTY number, 1-844-230-6498.

Customer Service can answer many questions over the telephone.

#### **California Department of Insurance Review**

The California Department of Insurance is responsible for regulating health insurance. The Department's Consumer Communications Bureau has a toll-free number (1-800-927-HELP (4357) or TDD 1-800-482-4833) to receive complaints

regarding health insurance from either the Insured Person or his or her provider.

If you have a complaint against Blue Shield of California Life & Health Insurance Company, you should contact Blue Shield Life first and use their grievance process. If you need the Department's help with a complaint or grievance that has not been satisfactorily resolved by Blue Shield Life, you may call the Department's toll-free telephone number from 8:00 a.m. to 5:00 P.M., Monday through Friday (excluding holidays). You may also submit a complaint in writing to:

California Department of Insurance  
Consumer Communications Bureau  
300 S. Spring Street, South Tower  
Los Angeles, California 90013

Or through the website [www.insurance.ca.gov](http://www.insurance.ca.gov).

## Grievance Process

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

The Insured Person, a designated representative, or a provider on behalf of the Insured Person, may also initiate a grievance by submitting a letter or a completed "Grievance Form". The Insured Person may request this Form from the Vision Customer Service Department. If the Insured Person wishes, the Vision Customer Service staff will assist in completing the grievance form. Completed grievance forms must be mailed to a Vision Plan Administrator at the address provided below. The Insured Person may also submit the grievance to the Vision Customer Service Department online by visiting <http://www.blueshieldca.com>.

1-877-601-9083  
Vision Plan Administrator  
Attn: Quality Assurance  
4000 Luxottica Place  
Cincinnati, OH 45040  
[eyemedqa@eyemed.com](mailto:eyemedqa@eyemed.com)  
Fax: 513-492-3259

A 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 Insured Persons to file grievances within 180 days following any incident or action that is the subject of the Insured Person's dissatisfaction.

## Definitions

Whenever the following definitions are capitalized in this booklet, they will have the meaning stated below.

**Allowable Amount** – the maximum amount Blue Shield Life will pay for Covered Services, or the provider's billed charge for those Covered Services, whichever is less. Unless specified for a particular service elsewhere in this Policy, the Allowable Amount is:

1. For a Participating Provider: the amount the Participating Provider and the contracted VPA have agreed by contract will be accepted as payment in full for the service(s) rendered; or
2. Non-Participating Provider: the amount is the lesser of the billed charge or the Allowance for the Covered Service.

**Allowance** – A dollar amount available to apply towards Covered Services.

**Blue Shield Life** – Blue Shield of California Life & Health Insurance Company, a California corporation licensed as a life and disability insurer.

**Calendar Year** – a period beginning on January 1 of any year and terminating on January 1 of the following year.

**Coinsurance** – the percentage of the Allowable Amount that an Insured Person is required to pay for specific services after meeting any applicable Deductible.

**Copayment** – the amount that an Insured Person is required to pay for certain Covered Services.

**Covered Services (Benefits)** – only those services which an Insured Person is entitled to receive pursuant to the terms of this Policy.

**Dependent** – an individual who is enrolled and maintains coverage under this Agreement, and who meets one of the following eligibility requirements, as:

1. A Dependent spouse is an individual who is legally married to the Insured Person, and who is not legally separated from the Insured Person.
2. A Dependent child is a child of, adopted by, or in legal guardianship of the Insured Person, spouse, or Domestic Partner, and who is not covered as an Insured Person. A child includes any stepchild, child placed for adoption, or any other child for whom the Insured Person, spouse, or Domestic Partner has been appointed as a non-temporary legal guardian by a court of appropriate legal jurisdiction. A child is an individual less than 26 years of age (or less than 18 years of age if the child has been enrolled as a result of a court-ordered non-temporary legal guardianship. A child does not include any children of a Dependent child (i.e., grandchildren of the Insured Person, spouse, or Domestic Partner), unless the Insured Person, spouse, or Domestic Partner has adopted or is the legal guardian of the grandchild.

3. If coverage for a Dependent child would be terminated because of the attainment of age 26, and the Dependent child is disabled and incapable of self-sustaining employment, Benefits for such Dependent child will be continued upon the following conditions:
  - a. the child must be chiefly dependent upon the Insured Person, spouse, or Domestic Partner for support and maintenance;
  - b. the Insured Person, spouse, or Domestic Partner must submit to Blue Shield Life a physician's written certification of disability within 60 days from the date of the Employer's or Blue Shield Life's request; and
  - c. thereafter, certification of continuing disability and dependency from a physician must be submitted to Blue Shield Life on the following schedule:
    - i. 24 months after the month when the Dependent child's coverage would otherwise have been terminated; and
    - ii. annually thereafter on the same month when certification was made in accordance with item (1) above. In no event will coverage be continued beyond the date when the Dependent child becomes ineligible for coverage for any reason other than attained age.

**Domestic Partner** – An individual who is personally related to the Insured by a domestic partnership that meets the following requirements:

1. Both partners are 18 years of age or older, except as provided in Section 297.1 of the California Family Code;
2. The partners have chosen to share an intimate and committed relationship of mutual caring;
3. The partners are (a) not currently married to someone else or a member of another domestic partnership, and (b) not so closely related by blood that legal marriage or registered domestic partnership would otherwise be prohibited;
4. Both partners are capable of consenting to the domestic partnership; and
5. Both partners must file a Declaration of Domestic Partnership with the California Secretary of State, pursuant to the California Family Code.

The domestic partnership is deemed created on the date when both partners meet the above requirements.

**Effective Date** – the date an applicant meets all enrollment and prepayment requirements and is accepted by Blue Shield Life.

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

**Experimental or Investigational in Nature** – any treatment, therapy, procedure, drug or drug usage, facility or facility usage, equipment or equipment usage, device or device usage, or supplies which are not recognized in accordance with generally accepted professional medical/vision standards as

being safe and effective for use in the treatment of the illness, injury, or condition at issue. Services which require approval by the Federal government or any agency thereof, or by any State government agency, prior to use and where such approval has not been granted at the time the services or supplies were rendered, shall be considered Experimental or Investigational in Nature. Services or supplies which themselves are not approved or recognized in accordance with accepted professional medical/vision standards, but nevertheless are authorized by law or by a government agency for use in testing, trials, or other studies on human patients, shall be considered Experimental or Investigational in Nature.

**Insurance Month** – that period of time:

1. beginning at 12:01 A.M. Pacific Time on the first day of any calendar month; and
2. ending at 11:59 P.M. Pacific Time on the last day of the same calendar month.

**Insured Person** – an Insured Person or Dependent who has completed an enrollment form approved by Blue Shield Life and for whom coverages provided by this Policy are in effect.

**Materials** – any type of lenses, including contact lenses (Medically Necessary or Elective), frames, and low vision aids.

**Non-Selective (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).

**Non-Participating Provider** – a licensed ophthalmologist, optometrist, or dispensing optician who has not signed a service contract with the VPA.

**Participating Provider** – a provider who has agreed to accept Blue Shield Life's payment, plus any applicable Insured Person Deductible, Copayment, Coinsurance, or amounts in excess of specified Benefit maximums, as payment in full for Covered Services provided to the Insured Person.

**Plan** – the vision plan indicated on the cover of this document.

**Prescription Change** – any of the following:

1. A change in prescription of 0.50 diopter or more; or
2. A Shift in axis of astigmatism of 15 degrees; or
3. A difference in vertical prism greater than 1 prism diopter; or
4. A change in lens type (for example contact lenses to glasses or single vision lenses to bifocal lenses).

**Resident of California** – an individual who spends in the aggregate more than 180 days each year within the State of California and has not established a permanent residence in another state or country.

**Vision Plan Administrator (VPA)** – a vision care service plan licensed by the California Department of Managed Health

Care, which contracts with Blue Shield Life to administer delivery of eyewear and eye exams covered under this vision Plan through a network of Participating Providers. The VPA also contracts with Blue Shield Life to serve as a claims administrator for the processing of claims for services received from Non-Participating Providers.

**Vision Plan Information Card** – a card mailed to the Insured Person that is not required to access care and is not a verification of eligibility in the vision Plan. The Vision Plan Information Card contains telephone numbers, a website address, and other information to assist the Insured Person and providers in obtaining benefit information as well as verify eligibility in the vision Plan.

**Waiting Period** – no Benefits are paid or otherwise available during the first ninety (90) consecutive days of coverage. Each Insured Person must satisfy this Waiting Period independently and it is calculated beginning on the Insured Person's Effective Date of coverage.

---

**IN WITNESS WHEREOF, Blue Shield of California Life & Health Insurance Company, through its duly authorized Officers, execute this Policy, to take effect on the Insured Person's Effective Date.**



Hope H. Scott  
Secretary  
Blue Shield of California Life & Health  
Insurance Company



Patrice Bergman  
Vice President and General Manager  
Individual and Family Plans  
Blue Shield of California

**Vision Customer Service Telephone Numbers:**

Blue Shield Life  
Vision Plan Administrator  
1-877-601-9083

Blue Shield Life may be reached by calling 1-800-431-2809.

Claims for all other Covered Services should be sent to:  
Vision Plan Administrator  
Attn: OON Claims  
P.O. Box 8504  
Mason, OH 45040-7111

## Notes

## Notes



(Intentionally left blank)

## NOTICES AVAILABLE ONLINE

### Nondiscrimination and Language Assistance Services

Blue Shield complies with applicable state and federal civil rights laws. We also offer language assistance services at no additional cost.

View our nondiscrimination notice and language assistance notice: [blueshieldca.com/notices](https://blueshieldca.com/notices). You can also call for language assistance services: **(866) 346-7198 (TTY: 711)**.

If you are unable to access the website above and would like to receive a copy of the nondiscrimination notice and language assistance notice, please call Customer Care at **(888) 256-3650 (TTY: 711)**.

### Servicios de asistencia en idiomas y avisos de no discriminación

Blue Shield cumple con las leyes de derechos civiles federales y estatales aplicables. También, ofrecemos servicios de asistencia en idiomas sin costo adicional.

Vea nuestro aviso de no discriminación y nuestro aviso de asistencia en idiomas en [blueshieldca.com/notices](https://blueshieldca.com/notices). Para obtener servicios de asistencia en idiomas, también puede llamar al **(866) 346-7198 (TTY: 711)**.

Si no puede acceder al sitio web que aparece arriba y desea recibir una copia del aviso de no discriminación y del aviso de asistencia en idiomas, llame a Atención al Cliente al **(888) 256-3650 (TTY: 711)**.

### 非歧視通知和語言協助服務

Blue Shield 遵守適用的州及聯邦政府的民權法。同時，我們免費提供語言協助服務。

如需檢視我司的非歧視通知和語言幫助通知，請造訪 [blueshieldca.com/notices](https://blueshieldca.com/notices)。您還可致電尋求語言協助服務：**(866) 346-7198 (TTY: 711)**。

如果您無法造訪上述網站，且希望收到一份非歧視通知和語言幫助通知的副本，請致電客戶服務部，電話：**(888) 256-3650 (TTY: 711)**。