

# Vision plan

## Vision plan at a glance

Routine eye exams can help detect both eye and systemic health problems. When detected early, many serious health conditions can be managed more effectively – with less costly treatment and a better chance for a healthy outcome.

Blue Shield vision plans offer access to a network with a variety of vision providers. Members have access to more than 20,000 ophthalmologists, optometrists, and opticians nationwide and more than 6,300 in California.<sup>1</sup> These providers include retail locations such as Wal-Mart, Lenscrafters, Pearle Vision, Site for Sore Eyes, For Eyes Optical, Target Optical, and Costco.<sup>2</sup> Many of these retail locations are conveniently open evenings and weekends, making accessing your vision care even easier.

1. Vision providers in California are available through the contracted vision plan administrator. Visit [blueshieldca.com/faq](http://blueshieldca.com/faq) to find a provider.  
2. Must be a Costco member.

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 nationwide<sup>1</sup>. Many of the providers are conveniently located in optical centers at retail stores<sup>2</sup> such as Costco (warehouse<sup>3</sup> membership required), LensCrafters, Wal-Mart (wholesale<sup>4</sup>), Sears, and Target Optical. You also can use an online network provider for 24/7 access to frames and lenses. When you use a network provider, most 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
<b>Comprehensive Examination - every 12 months</b>		
Ophthalmologic	100%	up to a maximum of \$60
Optometric	100%	up to a maximum of \$50
<b>Lenses<sup>5</sup> - every 12 months</b>		
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
<b>Photochromic lenses</b>		
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 - every 12 months	up to a maximum of \$150 <sup>6</sup>	up to a maximum of \$40
<b>Contact Lenses<sup>7</sup> - every 12 months</b>		
Non-Elective (medically necessary) – hard <sup>8</sup>	100%	up to a maximum of \$200
Non-Elective (Medically Necessary) – soft <sup>8</sup>	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 \$1000 <sup>9</sup>	75% (Member Copayment for Materials is not applicable)	Not Covered
Plano (Non-Prescription) Sunglasses <sup>7,7</sup>	up to a maximum of \$150 <sup>7</sup>	Not Covered
Diabetes Management Referral <sup>8</sup>	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.  
Or:
3. Login to My2020EyesDirect.com to access the online network provider to purchase eyeglasses and contact lenses online using your benefits. Note, you may choose to take your frames 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](http://blueshieldca.com). Click Member Forms and 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 program<sup>10</sup>

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

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

### Discount Vision Program<sup>11</sup>

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.

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](http://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 [blueshieldca.com](http://blueshieldca.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 is \$99.00; warehouse allowance is \$103.04. Network providers using wholesale or warehouse pricing are identified in the Directory of Network Vision Providers. You may incur any cost above the allowed amount.  
4. Fit any frame with an eye size less than 61 mm.  
5. Fit any frame with an eye size less than 61 mm.  
6. Fit any frame with an eye size less than 61 mm.  
7. Fit any frame with an eye size less than 61 mm.  
8. Fit any frame with an eye size less than 61 mm.  
9. Fit any frame with an eye size less than 61 mm.  
10. Fit any frame with an eye size less than 61 mm.  
11. Fit any frame with an eye size less than 61 mm.