

Blue Shield of California

Vision Basic 0/130

Annual copayment \$0, frame allowance \$130

Using your vision plan

With this vision plan, you have access to an extensive network of vision providers in California and nationwide.* Many of the providers are conveniently located in optical centers at retail stores such as LensCrafters, Wal-Mart, Sears, and Target Optical. When you use a participating provider, most of your eyecare services are provided at no additional charge.

*Nationwide vision providers are available by arrangement through MESVision, our vision plan administrator.

What your vision plan covers

| Service and eyewear | Coverage when provided by participating providers | Maximum payment when provided by non-participating provider |
|--|---|---|
| Annual examination – every 12 months | | |
| Ophthalmologic exam | 100% | \$60 |
| Optometric exam | 100% | \$50 |
| Standard lenses¹ – every 24 months² | | |
| Single vision | 100% | \$43 |
| Bifocal | 100% | \$60 |
| Trifocal | 100% | \$75 |
| Aphakic monofocal | 100% | \$120 |
| Aphakic multifocal | 100% | \$200 |
| Polycarbonate lenses (for covered dependent children) | Up to \$100 | \$75 |
| Progressive (no line bifocal) | Up to \$140 | \$100 |
| Anti-reflective coating | Up to \$50 | \$35 |
| Photochromic lenses | | |
| Single vision | Up to \$115 | \$85 |
| Bifocal | Up to \$130 | \$95 |
| Trifocal | Up to \$150 | \$110 |
| Progressive | Up to \$200 | \$150 |
| Polycarbonate photochromic lenses (for covered dependent children) | Up to \$160 | \$115 |
| Standard frame – every 24 months | Up to \$130 ³ | \$40 |
| Contact lenses⁴ – every 24 months² | | |
| Medically necessary ⁵ | | |
| Hard | 100% | \$200 |
| Soft | 100% | \$250 |
| Cosmetic or convenience ⁶ | Up to \$120 | \$120 |

1 Fit any frame with an eye size less than 61 mm.

2 Or standard lenses or contacts permitted per 12-month period if required by qualified prescription change. A change in prescription of 0.50 diopter or more in one or both eyes; a shift in axis of astigmatism of 15 degrees; or a difference in vertical prism greater than one prism diopter.

3 When the participating provider uses wholesale pricing, the maximum allowable frame allowance will be \$84.91, the wholesale equivalent to the standard allowance. Participating providers using wholesale pricing are identified in the Directory of Participating Vision Providers. You pay any cost above the allowed amount.

4 In lieu of lenses and frame.

5 Prior authorization is required.

6 Any cost over \$120 is your responsibility.

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 participating provider.
3. Participating providers are paid directly by MESVision.

Or:

If you use a non-participating provider, you're required to pay the provider's bill at the time of service. You can get reimbursement by obtaining a claim form from your employer or by logging on to blueshieldca.com. Click *download form* and select the *Vision Benefit Claim Form* link. Complete and submit the claim form with the itemized receipt and a copy of your prescription to:

MESVision
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 identification number when filling out the form.

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.

General exclusions

For additional exclusions and limitations, please see the *Evidence of Coverage*. Benefits are not provided (unless exemptions to the following exclusions are made elsewhere) for:

- Any eye examination required by the employer as a condition of employment;
- Any covered services provided by another vision plan;
- Conditions covered by workers' compensation;
- Covered services for which the vision plan member is not legally obligated to pay;
- Covered services required by any government agency or program, federal, state, or subdivision thereof;
- Covered services performed by a close relative or by an individual who ordinarily resides in the vision plan member's home;
- Medical or surgical treatments of the eyes;
- Non-prescription (plano) eyewear;
- Orthoptics, subnormal vision aids or vision training;
- Contact lenses and contact lens fitting, except as specifically provided;
- Eyewear for which there is no prescription change, unless benefits are otherwise available;
- Replacement of lenses or frames which are lost, stolen or broken, except at the normal intervals;
- Additional charges for no-line (progressive), coated or oversize lenses are your responsibility.

Your vision coverage is underwritten by Blue Shield of California and administered by MESVision.

This is only a summary of the Blue Shield Vision Basic 0/130 Plan. Please refer to the plan contract supplement and the *Evidence of Coverage* for a detailed description of covered benefits and limitations.