

Blue Shield of California

Vision Basic 10/130

Annual copayment \$10, 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 10/130 Plan. Please refer to the plan contract supplement and the *Evidence of Coverage* for a detailed description of covered benefits and limitations.