

# Blue Shield of California Life & Health Insurance Company

## Vision Deluxe 0/0/130

Benefit summary

**Exam copayment \$0, material copayment \$0, frame allowance \$130**

Effective October 1, 2010

**THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE *CERTIFICATE OF INSURANCE* AND 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 such as LensCrafters, Wal-Mart, Sears, and Target Optical. 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	Coverage when provided by network providers	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>2</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
Aphakic monofocal or lenticular monofocal	100%	up to a maximum of \$120
Aphakic multifocal or lenticular multifocal	100%	up to a maximum of \$200
Polycarbonate lenses for covered dependent children	up to a maximum of \$100	up to a maximum of \$75
Progressive (no line bifocal)	up to a maximum of \$140	up to a maximum of \$100
Anti-reflective 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 lens (for covered dependent children)	up to a maximum of \$160	up to a maximum of \$115
<b>Frame - every 12 months</b>	up to a maximum of \$130 <sup>3</sup>	up to a maximum of \$40
<b>Contact lenses<sup>4</sup> - every 12 months</b>		
Non-elective (medically necessary) <sup>5</sup>		
Hard	100%	up to a maximum of \$200
Soft	100%	up to a maximum of \$250
Elective contact lenses (cosmetic/convenience)	up to a maximum of \$120	up to a maximum of \$120
<b>Supplemental low-vision testing and equipment - covered up to \$1000<sup>5</sup></b>	75%	Not Covered
<b>Plano (non-prescription) sunglasses<sup>6</sup></b>	up to a maximum of \$130 <sup>3</sup>	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.
3. Network providers are paid directly by a contracted vision plan administrator.

### 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 from your employer or by logging on to [blueshieldca.com](http://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:

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>7</sup>

LASIK and PRK correction surgery, an alternative to contacts or glasses, is one of the fastest-growing vision treatments. The discount program gives employees access to a 15% discount through the TLCVision provider network.

## Discount Vision Program<sup>7</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
- 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 Vision Deluxe 0/0/130 Plan. Please refer to the policy and the *Certificate of Insurance* 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 Nationwide vision providers are available by arrangement through a contracted vision plan administrator.
- 2 Fit any frame with an eye size less than 61 mm.
- 3 When the network provider uses wholesale pricing, the maximum allowable frame allowance will be \$84.91, the wholesale equivalent to the standard allowance. Network providers using wholesale pricing are identified in the Directory of Network Vision Providers. You pay any cost above the allowed amount.
- 4 In lieu of lenses and frame.
- 5 A report from the provider and prior authorization from a contracted vision plan administrator is required.
- 6 For employers 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.
- 7 The network of practitioners and facilities in the discount programs are managed by the external program administrators identified below, including any screening and credentialing of providers. Blue Shield does not review the services provided by discount program providers for medical necessity or efficacy. Nor does Blue Shield make any recommendations, representations, claims, or guarantees regarding the practitioners, their availability, fees, services, or products. Some services offered through the discount program may already be included as part of the Blue Shield plan covered benefits. Insured persons should access those covered services prior to using the discount program. Insured persons who are not satisfied with products or services received from the discount program may use Blue Shield's grievance process described in the Grievance Process section of the Certificate of Insurance or policy. Blue Shield reserves the right to terminate this program at any time without notice. Discount programs administered by or arranged through the following independent companies:
  - Vision program - MESVision
  - LASIK - Laser Eye Care of California, LLC (within California) and TLCVision (USA) Corporation (outside California)