



Vision plans – Broker information for groups with 1 to 100 employees

Effective January 1, 2019

Vision coverage is an essential part of a comprehensive benefit package that can help your clients maintain a healthy workforce and increase employee productivity, which helps their bottom line. Groups with one or more eligible employees can purchase vision coverage* with or without Blue Shield medical coverage.

Our advantages are plain to see

Return on investment

Vision benefits offer positive return on investment by potentially increasing workforce productivity. When vision is moderately uncorrected, performance can be decreased up to 20%.[†] Studies show employers gain \$7 for every dollar spent on vision coverage.[‡] Vision problems are the second most prevalent health problem in the country, affecting more than 120 million people.[†] As baby boomers age, these issues are expected to become even more prevalent, which will affect your clients' bottom line.

Large vision provider network

Members have access to more than 29,000 ophthalmologists, optometrists, and opticians nationwide, including more than 7,000 in California.[‡] These providers include retail locations such as LensCrafters, Site for Sore Eyes, For Eyes Optical, and Target Optical; wholesale locations including Walmart and Sam's Club; and a warehouse provider, Costco. These locations are often open evenings and weekends, making it easier and more convenient for members to purchase frames, lenses and contacts.

Bundled savings

Give your small business clients a 10% specialty discount! Anytime you add dental and/or vision to a new or existing small business client's medical coverage, a 10% discount will be applied to the dental and/or vision premiums.

Online options

Our network includes a convenient online provider, **MESVisionOptics.com**, which allows members to shop for contact lenses, readers, and other accessories 24/7.

Contact lens "Plus" plans

Our Plus plans cover both contact lens coverage (including evaluation, fittings, and materials up to \$120) and eyeglass lenses/frames during the benefit period. No more picking between contact lenses or glasses, because both are covered.

Low eye exam copayment on all vision plans

We don't want anything to stand in the way of getting regular eye exams because annual eye exams play an important role in early detection of serious health problems including glaucoma, diabetes, and hypertension. That's why all our vision plans have a \$0 or \$10 annual eye exam copayment.

* Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life).

† "Vision in Business Report," Vision Council of America, July 2, 2007.

‡ Available through a contracted provider. Count per August 2018 NetMinder report.

Generous allowances versus copays.

Blue Shield gives vision plan members generous allowances toward lens extras like progressive lenses and anti-reflective coating, which can result in lower out-of-pocket costs. Other vision providers charge copays, which can result in higher out-of-pocket costs for members. When a member visits a vision network provider, the cost for standard lenses is covered at 100%. When enhanced lens benefits are added, there are generally higher out-of-pocket costs to the member. With Blue Shield's generous allowances, these out-of-pocket costs are reduced.

Industry-leading lens benefits

Vision plans with a \$150 frame allowance also include coverage for progressive lenses, photochromic lenses, and anti-reflective coating, the three most common lens enhancements.

Voluntary vision plans

For even greater flexibility, voluntary vision plans are a great option for employers to offer vision coverage. Plans require one participating employee, and there is no minimum employer contribution. All other plans (non-voluntary) require a 25% employer contribution and 65% employee participation.

Coverage for sunglasses

Members who have had PRK, LASIK, or custom LASIK vision correction surgery can use their frame allowance toward any pair of sunglasses. All they need to do is see a network provider and provide proof of surgery, or substantiate the surgery through an eye exam.

Easy to sell

Vision coverage is available with or without Blue Shield medical coverage. Neither underwriting nor a DE-9C is required for vision coverage when written without Blue Shield medical coverage. All that's needed is an application, payment, and enrollment information.

* Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life).

† "Vision in Business Report," Vision Council of America, July 2, 2007.

‡ Available through a contracted vision plan administrator.

All vision plans include the following benefits:

Service and eyewear	Coverage when provided by network providers after applicable copay	Maximum benefit when provided by non-network providers¹
Annual examination every 12 months		
Ophthalmologic exam	100%	\$60
Optometric exam	100%	\$50
Standard lenses² every 12 or 24 months³		
Single-vision	100%	\$43
Bifocal	100%	\$60
Trifocal	100%	\$75
Aphakic/lenticular monofocal	100%	\$120
Aphakic/lenticular multifocal	100%	\$200
Lens Options		
Polycarbonate lenses for dependent children	Up to \$100	\$75
Standard frame every 12 or 24 months		
Frame allowance	Up to \$120 or \$150 ⁴ depending on the plan selected	\$40
Contact lenses⁵ every 12 or 24 months³		
Non-elective, medically necessary ⁶		
Hard	100%	\$200
Soft	100%	\$250
Elective cosmetic or convenience (hard/soft) ⁷	Up to \$120	Up to \$120
Other vision benefits		
Low-vision testing and equipment covered up to \$1,000 ⁷	75% coverage	Not covered
Plano sunglasses ^{5, 8}	Up to \$120 or \$150 ⁴ depending on the plan selected	Not covered
Diabetes management referral	100%	Not covered
Additional benefits included on plans with \$150 frame allowance		
All benefits stated above plus the following:		
Lens options		
Progressive (no-line bifocals)	Up to \$140	\$100
Anti-reflective coating	Up to \$50	\$35
Photochromic lenses	Up to \$160	\$115
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 dependent children	Up to \$160	\$115
Additional benefits included on all Ultimate, Preferred, and Basic Plus plans		
All benefits stated above plus the following:		
Contact lenses every 12 or 24 months³		
Standard contact lens fitting and evaluation	100%	Not covered
Elective cosmetic or convenience (hard/soft) ⁹	Up to \$120 in addition to frame allowance	Up to a maximum of \$120 in lieu of glasses

1 Members who use a non-network provider will be reimbursed according to allowable amounts. Members are responsible for any costs above those maximums.

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

3 Or 12-month benefit if the following conditions exist: A qualified change in prescription of 0.50 diopter or more in one or both eyes; a shift in axis of astigmatism of 12 degrees; or a difference in vertical prism greater than 1 prism diopter, or as a change in lens type.

4 When the network provider uses wholesale or warehouse pricing, the maximum allowable frame allowance will be as follows: Wholesale allowance (\$75.47-\$99.06) and warehouse allowance (\$78.96-\$103.64). Note that this pricing replaces the frame allowance shown in the Summary of Benefits (\$120 and \$150), the wholesale equivalent to the standard allowance. If a more expensive frame is selected at a provider location that uses wholesale or warehouse pricing, the member is responsible for the additional cost above the wholesale or warehouse allowance. Network providers using wholesale pricing are identified in the *Directory of Network Vision Providers*. Any cost over the allowable amount is the employee's responsibility.

5 In lieu of lenses and frame.

6 Prior authorization from the vision plan administrator is required.

7 A report from the provider and prior authorization from the contracted vision plan administrator are required.

8 For members 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.

9 Any cost over \$120 is the employee's responsibility. Members may apply contact lens allowance to the contact lens fitting fees.

Selecting the right vision plan is easy

Our vision plan portfolio offers even more choices through a few simple options:

- 1 Frequency of coverage for eye exam, lenses, and frames
- 2 With or without exam and materials copayments
- 3 Frame allowance – \$120 or \$150
- 4 Plus: Contact lens coverage – \$120 materials allowance with covered fitting and evaluation in addition to regular frame and materials benefits

How to read our plan names

Plan names correlate to dollar amounts for eye exam copayment, materials copayment (lenses, frames, and low-vision aids), and frame allowance. For example, the Basic Vision 0/0/120 Plan offers a \$0 annual eye exam copayment, \$0 copayment for materials, and a \$120 frame allowance.

Vision plan rates for 1-50 eligible employees

New business rates effective January 1, 2019, through December 15, 2019.

For all of California (Regions 1 to 19)

Vision plans				Rates			
Exam copayment	Materials copayment	Frame allowance	"Plus" contact lens benefits	Employee	Employee + spouse	Employee + children	Employee + family
Basic Vision for Small Business (12-24-24)							
\$10 (Voluntary*)	\$25	\$120	N/A	\$9.16	\$17.39	\$15.99	\$22.62
\$10	\$25	\$120	N/A	\$6.45	\$12.15	\$11.22	\$15.89
\$0	\$0	\$120	N/A	\$9.00	\$17.10	\$15.80	\$22.30
\$10	\$25	\$150	N/A	\$7.47	\$14.11	\$12.98	\$18.50
\$10 (Plus)	\$25	\$150	\$120 [†]	\$9.90	\$18.68	\$17.19	\$24.29
\$0	\$0	\$150	N/A	\$10.50	\$19.80	\$18.20	\$25.80
\$0 (Plus)	\$0	\$150	\$120 [†]	\$13.00	\$24.70	\$22.70	\$32.20
Preferred Vision for Small Business (12-12-24)							
\$10 (Voluntary*)	\$25	\$120	N/A	\$9.89	\$18.84	\$17.26	\$24.44
\$10	\$25	\$120	N/A	\$6.90	\$13.15	\$12.13	\$17.07
\$0	\$0	\$120	N/A	\$9.80	\$18.60	\$17.10	\$24.20
\$10	\$25	\$150	N/A	\$8.12	\$15.39	\$14.18	\$20.06
\$10 (Plus)	\$25	\$150	\$120 [†]	\$10.63	\$20.06	\$18.47	\$26.12
\$0	\$0	\$150	N/A	\$11.40	\$21.50	\$19.80	\$28.00
\$0 (Plus)	\$0	\$150	\$120 [†]	\$14.00	\$26.50	\$24.40	\$34.50
Ultimate Vision for Small Business (12-12-12)							
\$10	\$25	\$120	N/A	\$9.86	\$18.78	\$17.20	\$24.36
\$0	\$0	\$120	N/A	\$13.80	\$26.10	\$23.90	\$33.90
\$10 (Voluntary*)	\$25	\$150	N/A	\$16.46	\$31.06	\$28.64	\$40.54
\$10	\$25	\$150	N/A	\$11.53	\$21.76	\$20.08	\$28.45
\$10 (Plus)	\$25	\$150	\$120 [†]	\$15.44	\$29.29	\$26.96	\$38.12
\$0	\$0	\$150	N/A	\$16.00	\$30.30	\$27.80	\$39.40
\$0 (Plus)	\$0	\$150	\$120 [†]	\$20.20	\$38.20	\$35.10	\$49.70

* The voluntary vision plan requires one or more enrolled employees.

† Basic, Preferred, and Ultimate Vision Plus plans cover both contact lens coverage (including evaluation, fittings, and materials up to \$120) and eyeglass lenses/frames during the benefit period. For non-Plus plans, contact lens materials may be selected in lieu of eyeglasses.

Vision plan rates for 51-100 eligible employees

New business rates effective January 1, 2019, through December 15, 2019.

For all of California (Regions 1 to 19)

Vision plans				Rates			
Exam copayment	Materials copayment	Frame allowance	"Plus" contact lens benefits	Employee	Employee + spouse	Employee + children	Employee + family
Basic Vision for Small Business (12-24-24)							
\$10 (Voluntary*)	\$25	\$120	N/A	\$7.39	\$13.93	\$12.81	\$18.14
\$10	\$25	\$120	N/A	\$5.14	\$9.72	\$8.98	\$12.71
\$0	\$0	\$120	N/A	\$7.20	\$13.70	\$12.60	\$17.90
\$10	\$25	\$150	N/A	\$5.98	\$11.30	\$10.37	\$14.76
\$10 (Plus)	\$25	\$150	\$120 [†]	\$7.85	\$14.95	\$13.73	\$19.43
\$0	\$0	\$150	N/A	\$8.40	\$15.90	\$14.60	\$20.70
\$0 (Plus)	\$0	\$150	\$120 [†]	\$10.40	\$19.80	\$18.20	\$25.70
Preferred Vision for Small Business (12-12-24)							
\$10 (Voluntary*)	\$25	\$120	N/A	\$7.93	\$15.02	\$13.81	\$19.59
\$10	\$25	\$120	N/A	\$5.60	\$10.54	\$9.70	\$13.71
\$0	\$0	\$120	N/A	\$7.90	\$14.90	\$13.70	\$19.40
\$10	\$25	\$150	N/A	\$6.53	\$12.31	\$11.38	\$16.04
\$10 (Plus)	\$25	\$150	\$120 [†]	\$8.49	\$16.04	\$14.74	\$20.89
\$0	\$0	\$150	N/A	\$9.10	\$17.20	\$15.80	\$22.40
\$0 (Plus)	\$0	\$150	\$120 [†]	\$11.20	\$21.20	\$19.50	\$27.60
Ultimate Vision for Small Business (12-12-12)							
\$10	\$25	\$120	N/A	\$7.90	\$14.97	\$13.76	\$19.53
\$0	\$0	\$120	N/A	\$11.00	\$20.90	\$19.10	\$27.10
\$10 (Voluntary*)	\$25	\$150	N/A	\$13.11	\$24.92	\$22.87	\$32.45
\$10	\$25	\$150	N/A	\$9.21	\$17.48	\$16.09	\$22.69
\$10 (Plus)	\$25	\$150	\$120 [†]	\$12.37	\$23.43	\$21.57	\$30.50
\$0	\$0	\$150	N/A	\$12.80	\$24.30	\$22.30	\$31.60
\$0 (Plus)	\$0	\$150	\$120 [†]	\$16.10	\$30.50	\$28.10	\$39.70

* The voluntary vision plan requires one or more enrolled employees.

† Basic, Preferred, and Ultimate Vision Plus plans cover both contact lens coverage (including evaluation, fittings, and materials up to \$120) and eyeglass lenses/frames during the benefit period. For non-Plus plans, contact lens materials may be selected in lieu of eyeglasses.

Learn more

Find out how easy it is to combine our plans in one comprehensive package. Contact your Blue Shield sales representative to help you develop a customized benefit solution.

ACA-mandated pediatric vision benefits are embedded in our medical plans. Please see medical benefit plan summaries for details.

If your clients or their employees have questions about their existing vision coverage, the Vision Member Services team is available at **(877) 601-9083** weekdays from 8 a.m. to 5 p.m. Or, refer your clients to **blueshieldca.com/employer** for more information.