

## Enhanced Vision Plus for Small Business 15/25/150/120

Exam copayment \$15, materials copayment \$25, frame allowance \$150  
Contact lens allowance, \$120

Benefit summary  
Effective January 1, 2018

**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<sup>2</sup> such as LensCrafters, Sears, Target Optical, Wal-Mart (wholesale<sup>3</sup>), and Costco (warehouse<sup>3</sup>, membership required). When you use a network provider, many of your eyecare services are provided at no additional charge.

### What your vision plan covers

Covered services and eyewear	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>Contact Lens Fitting &amp; Evaluation<sup>4</sup></b>	100%	Not Covered
<b>Lenses<sup>5</sup> - every 24 months<sup>6</sup></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
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 Single Vision Lens for Dependent Children	up to a maximum of \$160	up to a maximum of \$115
<b>Frame allowance - every 24 months</b>	up to a maximum of \$150 <sup>3</sup>	up to a maximum of \$40
<b>Contact Lenses<sup>7</sup> - every 24 months<sup>6</sup></b>		
Non-Elective (Medically Necessary) - Hard <sup>8</sup>	100%	up to a maximum of \$200
Non-Elective (Medically Necessary) - Soft <sup>9</sup>	100%	up to a maximum of \$250
Elective (Cosmetic/Convenience) - Hard/Soft <sup>7</sup>	up to a maximum of \$120 in addition to frame allowance	up to a maximum of \$120 in lieu of eyeglasses
<b>Supplemental Low-Vision Testing and Equipment - covered up to \$1000<sup>8</sup></b>	75%	Not Covered
<b>Plano (Non-Prescription) Sunglasses<sup>9</sup></b>	up to a maximum of \$150 <sup>3</sup>	Not Covered
<b>Diabetes Management Referral<sup>10</sup></b>	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.
3. Alternatively, log into [MESVisionOptics.com](http://MESVisionOptics.com) to access the online network provider to purchase contact lenses online using your benefits. Note, if you choose to take the materials you purchased online to your preferred eye care provider for adjustments you may incur a fitting or adjustment fee which is not covered under your vision benefit 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 from your employer or by logging on to [blueshieldca.com](http://blueshieldca.com). Select *Members*, then *Forms* and then 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.

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.

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 Availability of retail store locations varies by state. Refer to [blueshieldcavision.com](http://blueshieldcavision.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: \$84.91, warehouse allowance \$88.83. Network providers using wholesale or warehouse pricing are identified in the Directory of Network Vision Providers. You pay any cost above the allowed amount.
- 4 The contact lens fitting and evaluation is covered for standard contacts must occur in connection with the comprehensive eye examination for employees who wear or want to wear contact lenses and request a contact lens exam.
- 5 Fit any frame with an eye size less than 61 mm.
- 6 A change in standard lenses (excludes unusual lenses, such as oversize, no-line bifocal, or a material other than ordinary plastic) or contact lenses is covered per 12-month period if required by qualified prescription change, defined as a change in prescription of 0.50 diopters or more in one or both eyes; a shift in axis of astigmatism of 15 degrees; a difference in vertical prism greater than one prism diopter; or a change in lens type.
- 7 The Elective Contact lens allowance of \$120 is in addition to the Frame Allowance for in-network coverage only. Out of network, the contact lens allowance is in lieu of glasses (frame and lens pair).
- 8 A report from the provider and prior authorization from a contracted vision plan administrator is required.
- 9 For insured persons 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. Plano sunglasses are in lieu of frame and lens pair.
- 10 The diabetes disease management referral program is available to employees who enroll in both Blue Shield medical and vision coverage.

## Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

### Discrimination is against the law

Blue Shield of California Life & Health Insurance Company complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Shield Life does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Shield Life:

- Provides aids and services at no cost to people with disabilities to communicate effectively with us such as:
  - Qualified sign language interpreters
  - Written information in other formats (including large print, audio, accessible electronic formats and other formats)
- Provides language services at no cost to people whose primary language is not English such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Blue Shield Life Civil Rights Coordinator.

If you believe that Blue Shield Life has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Blue Shield of California Life & Health Insurance Company  
Civil Rights Coordinator  
P.O. Box 629007  
El Dorado Hills, CA 95762-9007

**Phone: (844) 831-4133 (TTY: 711)**

**Fax: (916) 350-7405**

**Email: [BlueShieldCivilRightsCoordinator@blueshieldca.com](mailto:BlueShieldCivilRightsCoordinator@blueshieldca.com)**

You can file a grievance in person or by mail, fax or email. If you need help filling a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW.  
Room 509F, HHH Building Washington, DC 20201  
(800) 368-1019; TTY: (800) 537-7697

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

