

## Preferred Vision Plus for Small Business 0/0/150/120

Exam copayment \$0, materials copayment \$0, 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 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
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>6</sup> - every 12 months</b>		
Non-Elective (Medically Necessary) - Hard <sup>7</sup>	100%	up to a maximum of \$200
Non-Elective (Medically Necessary) - Soft <sup>7</sup>	100%	up to a maximum of \$250
Elective (Cosmetic/Convenience) - Hard/Soft <sup>6</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>7</sup></b>	75%	Not Covered
<b>Plano (Non-Prescription) Sunglasses<sup>8</sup></b>	up to a maximum of \$150 <sup>3</sup>	Not Covered
<b>Diabetes Management Referral<sup>9</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 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**. 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**, 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 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: \$99.06, warehouse allowance \$103.64. 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 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).
- 7 A report from the provider and prior authorization from a contracted vision plan administrator is required.
- 8 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.
- 9 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 filing 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).

# Notice of the Availability of Language Assistance Services

## Blue Shield of California Life & Health Insurance Company

**No Cost Language Services.** You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or **1-866-346-7198**. For more help call the CA Dept. of Insurance at **1-800-927-4357**. English

**Servicios de idiomas sin costo.** Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al **1-866-346-7198**. Para obtener más ayuda, llame al Departamento de Seguros de CA al **1-800-927-4357**. Spanish

**免費語言服務。** 您可獲得口譯員服務。可以用中文把文件地給您聽。有些文件有中文的版本，也可以把這些文件寄給您。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 **1-866-346-7198** 與我們聯絡。欲取得其他協助，請致電 **1-800-927-4357** 與加州保險部聯絡。Chinese

**Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí.** Quý vị có thể được nhận dịch vụ thông dịch. Quý vị có thể được người khác đọc giúp các tài liệu và nhận một số tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc **1-866-346-7198**. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số **1-800-927-4357**. Vietnamese

**무료 통역 서비스.** 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: **1-866-346-7198**번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내 전화 **1-800-927-4357**번으로 연락해 주십시오. Korean

**Walang Gastos na mga Serbisyo sa Wikang Filipino.** Makakakuha ka ng interpreter o tagasalin at magpapabasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa **1-866-346-7198**. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa **1-800-927-4357**. Tagalog

**Անվճար Լեզվախոս Օգնություններ:** Հոսք կարող եք շարժան և ինտերնետ վիճակագրությունները ընթերցել սալի և կարող եք հարկեր լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տարբերակը կամ **1-866-346-7198** համարով: Լրացուցիչ օգնության համար **1-800-927-4357** համարով զանգահարեք Կալիֆոռնիայի Ազգայնականության Բաժանմունք: American

**Бесплатные услуги перевода.** Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или **1-866-346-7198**. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance), по телефону **1-800-927-4357**. Russian

**無料の言語サービス** 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または**1-866-346-7198**までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、**1-800-927-4357**までご連絡ください。Japanese

**خدمات مجانی مربوط به زبان:** می‌توانید از خدمات یک مترجم شفاهی استفاده کنید و برگه‌های مدارک به زبان فارسی برایتان خوانده شوند برای دریافت کمک‌ها یا از طریق شماره تلفنی که روی کارت شناسایی شما ثبت شده است و یا این شماره **1-866-346-7198** تماس بگیرید برای دریافت کمک بیشتر، به CA Dept. of Insurance (اداره بیمه کالیفرنیا) به شماره **1-800-927-4357** تلفن کنید. Persian

**ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ:** ਤੁਸੀਂ ਦੁਬਾਰੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਵਾਸਤੇ ਅਸਲ ਅਤੇ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਭੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ **1-866-346-7198** 'ਤੇ ' ਸਾਨੂੰ ਭੇਜ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫੋਰਨੀਆ ਵਿਭਾਗ ਮੈਟ ਆਫ਼ ਇਨਸੂਰੈਂਸ ਨੂੰ **1-800-927-4357** 'ਤੇ ਭੇਜ ਕਰੋ। Punjabi

**អោកម្មភាពសេរីសេរី:** អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអានឯកសារជូនអ្នកភាសាខ្មែរ ។ សម្រាប់ជំនួយសូមទូរស័ព្ទមកយើងឬតាមលេខដែលមានបញ្ជាក់លើកាត់សេវាសេវាសម្រាប់អ្នក ឬលេខ **1-866-346-7198** ។ សម្រាប់ជំនួយបន្ថែមទៀតសូមទូរស័ព្ទទៅក្រសួងពាណិជ្ជកម្មកម្ពុជា តាមលេខ **1-800-927-4357** Khmer

**خدمات ترجمة بدون تكلفة:** يمكنك الحصول على مترجم و قراءة الوثائق باللهجة العربية للحصول على المساعدة، اتصل بنا على الرقم المعين على بطاقة عضويتك أو على الرقم **1-866-346-7198** للحصول على المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم **1-800-927-4357**. Arabic

**Cov Kev Pab Txhais Lus Tsis Them Nqi.** Koj yuav thov tau kam muaj neeg los txhais lus rau koj thiab kam neeg nyeem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau pab ntawm tus xov tooj nyab hauv koj daim yuaj ID los sis **1-866-346-7198**. Yog xav tau kev pab ntawv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pav Hwm ntawm **1-800-927-4357** Hmong

**บริการทางภาษาอย่างไม่มีค่าใช้จ่าย** คุณสามารถรับบริการจากสาม รวมถึงให้เจ้าหน้าที่อ่านเอกสารให้คุณฟัง หรือส่งเอกสารบางส่วนในภาษาของคุณไปหาคุณได้ หากต้องการความช่วยเหลือ กรุณาโทรศัพท์ตามหมายเลขหรือระบุผู้อำนวยการประจำตัวของคุณ หรือ โทรหมายเลข **1-866-346-7198** หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรมาที่ กรมการประกันภัยของรัฐแคลิฟอร์เนียที่หมายเลข **1-800-927-4357** Thai

**निःशुल्क भाषा सेवाएँ।** आप एक दुभाषिया की सेवा प्राप्त कर सकते हैं। आप दस्तावेज़ों को पढ़वा के सुन सकते हैं और कुछ को अपनी भाषा में स्वयं को सिखा सकते हैं। सहायता के लिए, अपने ID कार्ड पर दिए गए नंबर पर, या **1-866-346-7198** पर हमें फोन करें। अधिक सहायता के लिए कैलिफोर्निया बीमा विभाग (CA Dept. of Insurance) को **1-800-927-4357** पर फोन करें। Hindi

**Doo bááh ilinígó suad bee yát'í' bee aná'áwo'.** Díí shá ata'halne' dooígí hóóogdoo nínizingo éí bíghah. Naaltsos naminááhóochígí shích'í' yídooltaah éí doodagó 'á' shích'í' ádooníí nínizingo bíghah. Shíká a' doowol nínizingo níhich'í' béesh bee hodíilíníh doó námboo éí díí nimaaltsos doo'í'zhígí bee nétho' dílzínígí bine' dèé' bíkíá' éí doodagó éí (866) 346-7198jii' hodíilíníh. Hózhó shíká aná' doowol nínizingo éí díí Akéésháshíh Béeso Ách'ágh Naa'níí bí haz'ághí' 1-800-927-4357jii' hodíilíníh. Navajo