

Blue Shield of California

Vision Basic 0/120

City of Milpitas - Benefit summary

Exam copayment \$0, material copayment \$0, frame allowance \$120

Effective July 1, 2011

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT 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 nationwide¹. 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 |
|---|---|---|
| Comprehensive examination - every 12 months | | |
| Ophthalmologic | 100% | up to a maximum of \$60 |
| Optometric | 100% | up to a maximum of \$50 |
| Lenses² - every 24 months³ | | |
| 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 |
| Frame - every 24 months | up to a maximum of \$120 ⁴ | up to a maximum of \$40 |
| Contact lenses⁵ - every 24 months³ | | |
| Non-elective (medically necessary) ⁴ | | |
| 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 |
| Supplemental low-vision testing and equipment - covered up to \$1000⁶ | 75% | Not Covered |
| Plano (non-prescription) sunglasses^{5,7} | up to a maximum of \$120 ⁴ | Not Covered |
| Diabetes management referral⁸ | 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. 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. 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
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 and administered by a contracted vision plan administrator.

This is only a summary of the Blue Shield Vision Basic 0/120 Plan. Please refer to the plan contract and the *Evidence of Coverage* 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, 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 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 permitted per 12-month period if required by qualified prescription change. 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.
- 4 When the network provider uses wholesale pricing, the maximum allowable frame allowance will be \$74.47 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.
- 5 In lieu of lenses and frame.
- 6 A report from the provider and prior authorization from a contracted vision plan administrator is required.
- 7 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.
- 8 The diabetes disease management referral program is available to employees who enroll in both Blue Shield medical and vision coverage.