Blue Shield of California
Vision Plan

Custom Vision Plan 25/0/80

Exam copayment $25, materials copayment $0, frame allowance $80

City of Clovis - Benefit summary

Effective January 1, 2016

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 nationwide[1]. Many of the providers are conveniently located in optical centers at retail stores[2] such as LensCrafters, Sears, Target Optical, Wal-Mart (wholesale[3]), and Costco (warehouse[3], 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
Comprehensive Examination - every 12 months		
Ophthalmologic	100%	up to a maximum of $40
Optometric	100%	up to a maximum of $40
Lenses[4] - every 12 months[5]		
Single Vision	100%	up to a maximum of $30
Bifocal	100%	up to a maximum of $50
Trifocal	100%	up to a maximum of $65
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
Frame allowance - every 12 months	up to a maximum of $80[3] retail	up to a maximum of $32 retail
Contact Lenses[6] - every 12 months[5]		
Non-Elective (Medically Necessary) - Hard[7]	100%	up to a maximum of $200
Non-Elective (Medically Necessary) - Soft[7]	100%	up to a maximum of $250
Elective (Cosmetic/Convenience) - Hard/Soft	up to a maximum of $150	up to a maximum of $120
Diabetes Management Referral[9]	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, login to 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.** Click *Member Forms* and 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
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.

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: $50.94, warehouse allowance: $53.30. 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 Fit any frame with an eye size less than 61 mm.

5 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.

6 In lieu of lenses and frame.

7 A report from the provider and prior authorization from a contracted vision plan administrator is 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 The diabetes disease management referral program is available to employees who enroll in both Blue Shield medical and vision coverage.