

## EXAM & EYEWEAR - (Blue Shield PPO subscribers)

### BENEFITS PROVIDED:

The plan provides full coverage for covered services and/or materials when you go to a participating provider for:

- One comprehensive examination in any 24 consecutive months, with a follow-up examination at a 12-month interval.
- One pair of lenses in any 24 consecutive months, or at a 12-month interval if the prescription change so indicates.\*\*
- One frame in any 24 consecutive months.
- One pair of contact lenses in any 24 consecutive months, or at a 12-month interval if the prescription change so indicates.\*\*  
(This benefit is in lieu of lenses and frame.)

If contact lenses are for cosmetic or convenience purposes, the plan will pay up to \$100.00 toward their cost. Any balance is your responsibility.

If contact lenses are medically necessary, they are a fully covered benefit: following cataract surgery; or when visual acuity cannot be corrected to 20/70 in the better eye except through the use of contacts; or when necessitated by anisometropia or certain conditions of keratoconus. **Prior authorization from Medical Eye Services is required.**

\*\* A Prescription Change means any of the following:

- a change in prescription of 0.50 diopter or more in one or both eyes; a shift in axis of astigmatism of 15 degrees;
- or difference in vertical prism greater than 1 prism diopter.

BENEFITS	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
Examination Copayment	Not Applicable	Not Applicable
Comprehensive Examination	Paid in full	up to \$ 40.00
Follow-Up Examination	Paid in full	up to \$ 20.00
Lenses (per pair)**	<i>Up to 61mm eyesize</i>	
Single Vision	Paid in full	up to \$ 30.00
Bifocal	Paid in full	up to \$ 50.00
Trifocal	Paid in full	up to \$ 65.00
Aphakic/Lenticular	Paid in full	up to \$ 125.00
Frame	Up to \$ 60.00 Retail	up to \$ 40.00
Contact Lenses (per pair)**		
Medically Necessary	Paid in full	up to \$ 250.00
Cosmetic or Convenience	up to \$ 100.00	up to \$ 100.00

### HOW TO USE THE PLAN:

- After you obtain your claim form, make an appointment with the eye care specialist of your choice. With Part 1 of the claim form completed, present it to the provider at the time of your visit.
- Participating providers will submit the claim form to Medical Eye Services (MES) and are paid directly. If you do not bring your claim form with you at the time of your visit, you may be required to pay in full for the services.
- If Covered Services are received from a Non-Participating Provider, you or the provider must submit an itemized billing and a copy of your prescription with the claim form to Medical Eye Services. Reimbursement will be made to the Employee up to the Schedule of Allowances shown for Non-Participating Providers.

### LIMITATIONS:

Lenses or frames which were furnished under the plan and which have been lost, stolen or broken will not be replaced, except when benefits are otherwise available.      ■ Eyewear when there is no prescription change, except when benefits are otherwise available.      ■ Lenses such as no-line (blended type,)

### EXCLUSIONS:

Conditions covered by Workers' Compensation.      ■ Services which begin prior to the insured's effective date or after benefits have terminated.      ■ Services and supplies in connection with special procedures such as: orthoptics or vision training and subnormal vision aids.      ■ Non-prescription (plano) eyewear.      ■ Frame cases.      ■ Tints, other than Rose and Pink #1 and #2, except when noted.      ■ Contact lens fitting charges.      ■ Contact lens insurance, care kits and supplies.      ■ Medical or surgical treatment of the eyes.      ■ Charges for which the insured is not required to pay.      ■ Eye examinations required by an employer as a condition of employment.      ■ Any service or material provided by another vision plan.

If you have any questions about the plan, please contact the Medical Eye Services office.

P.O. Box 25209 Santa Ana, CA 92799-5209

■ (800) 877-6372

■ (714) 619-4660

■ [www.mesvision.com](http://www.mesvision.com)

THIS IS A BRIEF OUTLINE OF THE PLAN AND IS NOT TO BE ACCEPTED OR CONSTRUED AS A SUBSTITUTE FOR THE PROVISION OF THE CONTRACT