



**Blue Shield of California Life & Health Insurance Company**  
**Summary of Benefits**

**Group Vision Plan**

**Eye Exam Only**

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This Summary of Benefits shows the amount you will pay for Covered Services under this Blue Shield of California Life & Health Insurance Company (Blue Shield Life) Plan. It is only a summary and it is included as part of the Certificate of Insurance (COI).<sup>1</sup> Please read both documents carefully for details.

**Provider Network:**

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This Plan uses a contracted network of vision care providers. Providers in this network are called Participating Providers. You pay less for Covered Services when you use a Participating Provider than when you use a Non-Participating Provider. You can find Participating Providers in this network at [blueshieldca.com](http://blueshieldca.com).

**Benefit Frequency Limits**

This Plan pays up to the Allowance and frequency limits as listed for Covered Services.

<b>Comprehensive exam</b>	One every 12 consecutive months
<b>Diabetes management referral</b>	One every Calendar Year

**Waiting Period**

A waiting period is the length of time you must be covered under the Plan before Blue Shield Life will pay for Covered Services.

<b>Waiting period</b>	No waiting period
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**No Deductible**

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Under this Plan there is no dollar amount an Insured must pay before Blue Shield Life will pay for Covered Services.

**No Lifetime Dollar Limit**

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Under this Plan there is no dollar limit on the total amount Blue Shield Life will pay for Covered Services in an Insured's lifetime.

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Blue Shield of California Life & Health Insurance Company is an independent licensee of the Blue Shield Association

## Benefits<sup>2</sup>

## Your payment

	When using a Participating Provider <sup>3</sup>	When using a Non-Participating Provider <sup>4</sup>
<b>Eye examinations</b>		
Comprehensive exam <i>One per Insured every 12 months.</i>		
Ophthalmologic visit	\$10	All charges above \$60
Optometric visit	\$10	All charges above \$50
Retinal Imaging <i>One per Insured every 12 months by a Participating Provider instead of a standard comprehensive exam with dilation.</i>	\$39	Not covered
Standard contact lens fitting and evaluation <i>One per Insured every 12 months by a Participating Provider if administered at the same time as the comprehensive exam.</i>	Not covered	Not covered
<b>Other services</b>		
Low-vision testing and equipment <i>One per Insured every 12 months by a Participating Provider. Exam must be Medically Necessary, requires a report from the provider and prior authorization from the VPA.</i>	Not covered	Not covered
Diabetes management referral <i>One per Insured, per Calendar Year to a Participating Provider when you are known to have or be at risk for diabetes.</i>	\$0	Not covered

## Notes

### 1 Certificate of Insurance (COI):

The Certificate of Insurance (COI) describes the Benefits, limitations, and exclusions that apply to coverage under this Plan. Please review the COI for more details of coverage outlined in this Summary of Benefits. You can request a copy of the COI at any time.

Capitalized terms are defined in the COI. Refer to the COI for an explanation of the terms used in this Summary of Benefits.

### 2 Vision Care Services:

All vision Benefits are provided through Blue Shield Life's Vision Plan Administrator (VPA).

### 3 Using Participating Providers:

Participating Providers have a contract to provide vision care services to Insureds. When you receive Covered Services from a Participating Provider, you are responsible for:

- the Copayment, and
- any charges above the stated Allowance, which is the Benefit maximum.

#### 4 Using Non-Participating Providers:

Non-Participating Providers do not have a contract to provide vision care services to Insureds. When you receive Covered Services from a Non-Participating Provider, you are responsible for:

- the Copayment, and
  - any charges above the stated Allowance, which is the Benefit maximum.
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Plans may be modified to ensure compliance with State and Federal requirements.

# Notices available online

## Nondiscrimination and Language Assistance Services

Blue Shield complies with applicable state and federal civil rights laws. We also offer language assistance services at no additional cost.

View our nondiscrimination notice and language assistance notice: [blueshieldca.com/notices](https://blueshieldca.com/notices). You can also call for language assistance services: **(866) 346-7198 (TTY: 711)**

If you are unable to access the website above and would like to receive a copy of the nondiscrimination notice and language assistance notice, please call Customer Care at **(888) 256-3650 (TTY: 711)**.

## Servicios de asistencia en idiomas y avisos de no discriminación

Blue Shield cumple con las leyes de derechos civiles federales y estatales aplicables. También, ofrecemos servicios de asistencia en idiomas sin costo adicional.

Vea nuestro aviso de no discriminación y nuestro aviso de asistencia en idiomas en [blueshieldca.com/notices](https://blueshieldca.com/notices). Para obtener servicios de asistencia en idiomas, también puede llamar al **(866) 346-7198 (TTY: 711)**.

Si no puede acceder al sitio web que aparece arriba y desea recibir una copia del aviso de no discriminación y del aviso de asistencia en idiomas, llame a Atención al Cliente al **(888) 256-3650 (TTY: 711)**.

## 非歧視通知和語言協助服務

Blue Shield 遵守適用的州及聯邦政府的民權法。同時，我們免費提供語言協助服務。

如需檢視我司的非歧視通知和語言幫助通知，請造訪 [blueshieldca.com/notices](https://blueshieldca.com/notices)。您還可致電尋求語言協助服務：**(866) 346-7198 (TTY: 711)**。

如果您無法造訪上述網站，且希望收到一份非歧視通知和語言幫助通知的副本，請致電客戶服務部，電話：**(888) 256-3650 (TTY: 711)**。