**Custom Vision 10/10/130**

Exam copayment $10, materials copayment $10, frame allowance $130

City of Los Angeles Custom Benefit Summary
Effective January 1, 2015

**THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE 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. Many of the providers are conveniently located in optical centers at retail stores such as LensCrafters, Sears, Target Optical, Wal-Mart (wholesale), and Costco (warehouse, membership required). You also can use an online network provider for 24/7 access to contact lenses. When you use a network provider other than an online provider, many of your eyecare services are provided at no additional charge.

**What your vision plan covers**

<table>
<thead>
<tr>
<th>Covered services and eyewear</th>
<th>Coverage when provided by network providers (after applicable copayment)</th>
<th>Maximum payment when provided by non-network provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comprehensive Examination - every 12 months</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ophthalmologic</td>
<td>100%</td>
<td>up to a maximum of $49</td>
</tr>
<tr>
<td>Optometric</td>
<td>100%</td>
<td>up to a maximum of $49</td>
</tr>
<tr>
<td><strong>Lenses - every 24 months</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>100%</td>
<td>up to a maximum of $35</td>
</tr>
<tr>
<td>Bifocal</td>
<td>100%</td>
<td>up to a maximum of $49</td>
</tr>
<tr>
<td>Trifocal</td>
<td>100%</td>
<td>up to a maximum of $74</td>
</tr>
<tr>
<td>Lenticular or Aphakic Monofocal</td>
<td>100%</td>
<td>up to a maximum of $120</td>
</tr>
<tr>
<td>Lenticular or Aphakic Multifocal</td>
<td>100%</td>
<td>up to a maximum of $200</td>
</tr>
<tr>
<td>Polycarbonate Lenses for Dependent Children (to age 19)</td>
<td>100%</td>
<td>N/A</td>
</tr>
<tr>
<td>Progressive Lenses (no-line bifocals)</td>
<td>100% after copay + $65</td>
<td>up to a maximum of $49</td>
</tr>
<tr>
<td><strong>Frame - every 24 months</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contact Lenses - every 24 months</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Elective (Medically Necessary) - Hard</td>
<td>100%</td>
<td>up to a maximum of $250</td>
</tr>
<tr>
<td>Non-Elective (Medically Necessary) - Soft</td>
<td>100%</td>
<td>up to a maximum of $250</td>
</tr>
<tr>
<td>Elective (Cosmetic/Convenience) - Hard/Soft</td>
<td>up to a maximum of $130</td>
<td>up to a maximum of $92</td>
</tr>
<tr>
<td>Diabetes Management Referral</td>
<td>100%</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>
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.

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

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 blueshieldca.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: $84.91, warehouse allowance $88.83. 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. The diabetes disease management referral program is available to employees who enroll in both Blue Shield medical and vision coverage.