

High Desert and Inland Trust

High Option Vision Plan Benefit Summary

This information represents a summary of plan benefits. Please refer to the group contract, available from your employer, for more details.

Plan feature	Plan benefit	
	Coverage for Participating Providers	Non-Participating Provider Allowance
Annual deductible	\$10	\$10
Comprehensive examination (every 12 months)		
Ophthalmologic	Covered	\$40
Optometric	Covered	\$40
Standard lenses¹ – per pair, every 12 months		
Single vision lenses	Covered	\$40
Bifocal lenses	Covered	\$60
Trifocal lenses	Covered	\$80
Enhanced benefits		
Tints	Covered	\$5
Photochromic	\$25	\$10
Progressive	\$120	\$95
Coatings	\$15	\$5
Standard frames²		
Every 12 months	\$90 ³	\$45
Contact Lenses (in lieu of lenses and frames) per pair, every 12 months		
Cosmetic or convenience ⁴	\$105	\$105
Medically necessary ⁵ (hard or soft)	Covered	\$210

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 Wal-Mart, Sears, and Target Optical. When you use a participating provider (and have met the deductible), there's no additional charge for most services. For example, you pay nothing additional for frames costing up to \$100 retail and lenses up to 61 mm eyesize. If you select a non-participating provider, you'll be reimbursed up to the allowance amounts listed in the chart above.

Find an MESVision Provider

Find a MESVision network provider nearest you by going to the Find a Provider section on blueshieldca.com. Here you'll find a complete listing of ophthalmologists, optometrists and opticians. Alternately, you may contact our Member Services department at **(877) 601-9083** for a listing of vision providers in the MESVision network.

Obtaining benefits

1. Prior to receiving a service, review your benefit information for coverage details outlined in the Benefits Summary chart.
2. Call and make an appointment with a participating MES provider.
3. Participating providers will submit the claim form and are paid directly by MESVision.

Or:

If you use a non-participating provider, you're required to pay 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 link, *Vision Benefit Claim Form*. Complete and submit the claim form with the itemized receipt and a copy of your prescription to:

MESVision
P.O. Box 25208
Santa Ana, CA 92799-5208
(877) 601-9083

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 identification number when filling out the form.

General exclusions

For additional Exclusions and Limitations, please see the *Evidence of Coverage*. Benefits are not provided (unless exemptions to the following exclusions are made elsewhere) for:

- Any eye examination required by the employer as a condition of employment;
- Any covered services provided by another vision plan;
- Conditions covered by workers' compensation;
- Covered services for which the vision plan member is not legally obligated to pay;
- Covered services required by any government agency or program, federal, state, or subdivision thereof;

- Covered services performed by a close relative or by an individual who ordinarily resides in the vision plan member's home;
- Medical or surgical treatments of the eyes;
- Non-prescription (plano) eyewear;
- Orthoptics, subnormal vision aids, or vision training;
- Contact lenses and contact lens fitting, except as specifically provided;
- Eyewear for which there is no prescription change, unless benefits are otherwise available;
- Replacement of lenses or frames which are lost, stolen, or broken, except at the normal intervals;
- Additional charges for no-line (progressive), coated, or oversize lenses are your responsibility.

Your vision coverage is underwritten by Blue Shield of California Life & Health Insurance Company and administered by MESVision.

This is only a summary of the Blue Shield Vision Plan. Please refer to the plan contract supplement and the *Evidence of Coverage* for a detailed description of covered benefits and limitations.

- 1 Fit any frame with an eye size less than 61 mm.
 - 2 Employees are responsible for the difference between the allowable amount and the charges for more expensive frames. This applies regardless of whether the frame is dispensed by a participating or non-participating provider.
 - 3 When the participating provider uses wholesale pricing, the maximum allowable frame allowance will be \$47, the wholesale equivalent to the standard allowance. Participating providers using wholesale pricing are identified in the Directory of Participating Vision Providers. You pay any cost above the allowed amount.
 - 4 Any cost over \$120 is your responsibility.
 - 5 Contact lenses are medically necessary following cataract surgery; 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 keratinous. Prior authorization by MESVision is required.
- * Nationwide vision providers are available by arrangement through MESvision, our vision plan administrator.

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An Independent Member of the Blue Shield Association