

High Desert and Inland Trust

Low Option Vision Benefit Summary

This information represents a summary of plan benefits. Please refer to the group contract for more details.

Plan Feature	Plan Benefit	
	Coverage for Participating Providers	Non-Participating Provider Allowance
Annual Deductible	\$10.00	\$10.00
Comprehensive Examination (every 12 months)		
Ophthalmologic	Covered	\$40.00
Optometric	Covered	\$40.00
Lenses - per pair, every 12 months		
Single Vision Lenses	Covered	\$40.00
Bifocal Lenses	Covered	\$60.00
Trifocal Lenses	Covered	\$80.00
Enhanced Benefits		
Tints	Covered	\$5.00
Photochromatic	\$25.00	\$10.00
Progressive	\$120.00	\$95.00
Coatings	\$15.00	\$5.00
Frames ¹ (every 24 months)		
	\$100.00	\$45.00
Contact Lenses (in lieu of lenses and frames) per pair, every 12 months		
Cosmetic or Convenience (Hard or Soft)	\$105.00	\$105.00
Medically Necessary ²	Covered	\$210.00

¹Employees 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.

²Contact lenses are medically necessary 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 keratinous. Prior authorization by MES is required.

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 for your eyecare services, there's no additional charge for most services.

*Nationwide vision providers are available by arrangement through MESVision, our vision plan administrator.

Obtaining Benefits

1. Obtain a Blue Shield Life Vision claim form.
2. Make an appointment with any eye care specialist.
3. Complete appropriate section of claim form (Part 1) and present it to the provider at the time of visit. Participating providers submit claim forms to MES for direct payment. When a non-participating provider is used, reimbursement is made to the insured up to the Schedule of Allowances. Members must provide an itemized billing, a copy of the prescription and a completed claim form to MES.