

Blue Shield of California Life & Health Insurance Company (Blue Shield Life)

Vision plans

Broker information for groups with 2 to 50 employees

Effective January 1, 2011

We realize employers are looking for ways to stretch their benefit dollars. While you help them consider their options, remember that vision coverage is an essential part of a benefit package that can help your clients maintain a happy, healthy workforce and increase employee productivity, which helps their bottom line.

Our advantages are plain to see

One of the largest vision provider networks. Members have access to nearly 16,550 ophthalmologists, optometrists, and opticians nationwide, including 5,900 in California¹. These providers include independent eyecare professionals, as well as retail providers such as Wal-Mart, LensCrafters, Pearle Vision, Site For Sore Eyes, For Eyes Optical, Target Optical, and many more.

\$0 eye exam copayment on all vision plans. We don't want anything to stand in the way of members getting their vision checked regularly, because annual eye exams play an important role in early detection of serious health problems including glaucoma, diabetes and hypertension. That's why all of our vision plans have no annual eye exam copayment.

Return on investment. Vision benefits offer positive return on investment by potentially increasing workforce productivity. When vision is even moderately uncorrected, performance can be decreased up to 20%². Studies show employers gain \$7 for every dollar spent on vision coverage². Vision problems are the second most prevalent health problem in the country, affecting more than 120 million people². As baby boomers age, these issues are expected to become even more prevalent which will affect your clients' bottom line.

Rich benefits. Our vision plans with a \$130 frame allowance include coverage for progressive lenses, photochromic lenses and anti-reflective coating. These attractive plans provide benefits that members want, for enhancements they would normally need to pay for out-of-pocket.

Easy to sell. Vision coverage is available with or without Blue Shield medical coverage. Neither underwriting nor a DE-6 is required for vision coverage. All that's needed is an application, payment, and enrollment information.

Voluntary vision plan. For even greater flexibility, our voluntary vision plan is a great option for employers to offer vision coverage. The plan requires 10 participating employees and there is no minimum employer contribution.

Coverage for sunglasses. Employees who have had PRK, LASIK or custom LASIK vision correction surgery can use their frame allowance toward any pair of sunglasses. All they need to do is see an in-network provider and provide proof of surgery, or substantiate the surgery through an eye exam.

One-stop solution for benefits. By purchasing vision coverage through Blue Shield Life, employers enjoy the convenience of a one-stop solution for their health benefit package.

Please note that vision plans are not available with Access Baja® HMO plans.

(1) Available through a contracted vision plan administrator, (2) Vision in Business Report. (July 2, 2007). *Vision Council of America*.

Selecting the right vision plan is easy

Help your clients choose the right vision plan according to a set combination of:

- 1 Frequency of coverage for eye exam, lenses, and frames
- 2 Materials copayment - \$0, \$10, or \$25
- 3 Frame allowance - \$100, \$120, or \$130

How to read our plan names:

Plan names correlate to dollar amounts for eye exam copayment, materials copayment (lenses, frames, and low-vision aids), and frame allowance. For example, the Vision Plus 0/15/120 plan offers a \$0 annual eye exam copayment, \$15 copayment for materials, and a \$120 frame allowance.

Vision plan rates and benefit frequencies

Plans are billed separately and are available with or without other Blue Shield plans. Vision enrollment does not need to match other Blue Shield plan enrollment.

Eye exam copayment	Materials copayment	Frame allowance	Employee	Employee + spouse	Employee + children	Family
Vision Basic (12-24-24)*			Rates			
\$0	\$25	\$100	\$9.00	\$17.00	\$16.10	\$22.40
\$0	\$15	\$120	\$10.70	\$20.40	\$19.30	\$26.80
\$0	\$0	\$130	\$15.00	\$28.90	\$25.40	\$37.00
Vision Basic Plus (12-12-24)*						
\$0	\$15	\$120	\$11.80	\$22.40	\$21.20	\$29.40
Vision Standard (12-24-24)						
\$0	\$25	\$100	\$9.00	\$17.00	\$16.10	\$22.40
\$0	\$15	\$120	\$10.70	\$20.40	\$19.30	\$26.80
\$0**	\$25	\$120	\$14.20	\$27.00	\$25.60	\$35.50
\$0	\$25	\$130	\$11.10	\$21.10	\$20.00	\$27.80
\$0	\$0	\$130	\$15.00	\$28.90	\$25.40	\$37.00
Vision Plus (12-12-24)						
\$0	\$25	\$100	\$9.70	\$18.40	\$17.50	\$24.20
\$0	\$15	\$120	\$11.80	\$22.40	\$21.20	\$29.40
\$0	\$25	\$130	\$12.20	\$23.20	\$21.90	\$30.50
\$0	\$0	\$130	\$16.70	\$31.60	\$28.30	\$41.60
Vision Deluxe (12-12-12)						
\$0	\$25	\$100	\$11.00	\$20.90	\$19.80	\$27.50
\$0	\$15	\$120	\$13.40	\$25.50	\$24.10	\$33.50
\$0	\$25	\$130	\$13.90	\$26.50	\$25.10	\$34.90
\$0	\$0	\$130	\$18.80	\$34.80	\$31.10	\$47.00

*Must be sold alongside a Blue Shield medical plan. Vision plan enrollment must match medical plan enrollment.

** The voluntary vision plan requires 10 or more participating employees.

Vision plan portfolio

Service and eyewear	Coverage when provided by network providers	Maximum benefit when provided by non-network providers
Annual examination every 12 months		
Ophthalmologic exam	100%	\$60
Optometric exam	100%	\$50
Standard lenses¹ every 12 or 24² months		
Single-vision	100%	\$43
Bifocal	100%	\$60
Trifocal	100%	\$75
Aphakic/lenticular monofocal	100%	\$120
Aphakic/lenticular multifocal	100%	\$200
Progressive (no-line bifocal) ³	Up to \$140	\$100
Polycarbonate lenses for dependent children	Up to \$100	\$75
Anti-reflective coating ³	Up to \$50	\$35
Photochromic lenses ³		
Single vision	Up to \$115	\$85
Bifocal	Up to \$130	\$95
Trifocal	Up to \$150	\$110
Progressive	Up to \$200	\$150
Polycarbonate photochromic lenses for dependent children ³	Up to \$160	\$115
Standard frame every 12 or 24 months		
	Up to 100, \$120, or \$130 ⁴ retail, depending on the plan selected	\$40
Contact lenses⁵ every 12 or 24² months		
Medically necessary ⁶		
Hard	100%	\$200
Soft	100%	\$250
Cosmetic or convenience		Up to \$120
Low-vision testing and equipment covered up to \$1,000 ⁷	75% coverage	Not covered
Plano sunglasses ^{5, 8}	Up to \$100, \$120, or \$130 ⁴ depending on the plan selected	Not covered

Getting coverage out of network

Members who use a non-network provider will be reimbursed according to allowable amounts. Members are responsible for any costs above those maximums.

Find eyecare providers online

Search the directory of vision care providers at blueshieldca.com. To find providers outside California, go to blueshieldcavision.com.

1 Fit any frame with an eye size less than 61 mm.

2 Or 12-month benefit if the following conditions exist: A qualified change in prescription of 0.50 diopter or more in one or both eyes; a shift in axis of astigmatism of 15 degrees; or a difference in vertical prism greater than 1 prism diopter. Or as a change in lens type.

3 Available for plans with \$130 frame allowance only.

4 When the network provider uses wholesale pricing, the maximum allowable frame allowance will be \$47.27, \$75.49 or \$84.91 depending on the plan,

the wholesale equivalent to the standard allowance. Network providers using wholesale pricing are identified in the *Directory of Network Vision Providers*. Any cost over the allowed amount is the employee's responsibility.

5 In lieu of lenses and frame.

6 Prior authorization from the vision plan administrator is required.

7 A report from the provider and prior authorization from the contracted vision plan administrator.

8 For employees who have had PRK, LASIK or custom LASIK vision correction surgery only, this benefit of plano sunglasses allowance is equal to the plan's frame allowance. An eye exam by a network provider is required to verify laser surgery or a note from the surgeon who performed the laser surgery is required to verify laser surgery.

Help your clients get a return on their investment

Look at the following example of the costs of coverage and employees' potential savings. For only \$3.50 per employee per month, you can help your clients provide coverage that keeps employees healthy and on the job.

The example below shows the annual costs for the employer and employee based on the Vision Deluxe 0/25/130 plan.

With vision plan coverage		Without vision plan coverage	
Annual premium (\$13.90 x 12 months)	\$166.80	Annual premium	\$0
Employer-paid (minimum of 25%)	-\$41.70		
Employee total annual premium	=\$125.10		
Vision exam copayment	\$0	Vision exam	\$73.00
Copayment for materials	+\$25	Lenses (progressive photochromic)	\$200.00
		Anti-reflective coating	\$50.00
		Frames	+\$130.00
Total employee cost	=\$150.10	Total retail cost	=\$453.00
This difference is clear – with vision coverage: a \$300 savings .			

Rates effective October 1, 2010. Based on a \$13.90 monthly premium at 25% employer contribution, as shown in example. All rates subject to change.

Learn more

Find out how easy it is to combine our plans in one comprehensive package. Contact your Blue Shield sales representative to help you develop a customized benefit solution.

If your clients or their employees have questions about their existing vision coverage, the Vision Member Services team is available at **(877) 601-9083** weekdays from 8 a.m. to 5 p.m. Or, refer them to blueshieldca.com/employer for more information.