



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

Superior Court of California, County of San Bernardino
Effective January 1, 2022

Eye Exam Only for Trio and Access+ HMO Plans

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).¹ Please read both documents carefully for details.

Provider Network:

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.

Benefit Frequency Limits

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

Comprehensive exam	One every 24 consecutive months
Diabetes management referral	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.

Waiting period	No waiting period
-----------------------	-------------------

No Deductible

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

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.

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

Benefits²

Your payment

	When using a Participating Provider ³	When using a Non-Participating Provider ⁴
Eye examinations		
Comprehensive exam <i>One per Insured every 24 months.</i>		
Ophthalmologic visit	\$10	All charges above \$60
Optometric visit	\$10	All charges above \$50
Retinal Imaging <i>One per Insured every 24 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
Other services		
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

Notes

- 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.
-

Plans may be modified to ensure compliance with State and Federal requirements.