



blueshieldca.com/go
 Member/Patient Services:(877) 601-9083
 Insight Network
 Blue Shield of California
 Suzy Sample
 Member ID: 123456789
 Group #:1234567
 Effective: 01/01/2024

Blue Shield of California is an independent member of the Blue Shield Association



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Unlock all your membership benefits. Log in or create an account on the Blue Shield member portal.

This Certificate of Insurance is on file with your employer.
 Contact your employer to review a copy of the certificate.

Professional Providers Near You

Provider Name	Provider Name
Location	Location
Proximity	Proximity
Address Line 1	Address Line 1
Address Line 2	Address Line 2
Phone Number	Phone Number
Provider Name	Provider Name
Location	Location
Proximity	Proximity
Address Line 1	Address Line 1
Address Line 2	Address Line 2
Phone Number	Phone Number
Provider Name	Provider Name
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Proximity	Proximity
Address Line 1	Address Line 1
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Phone Number	Phone Number
Provider Name	Provider Name
Location	Location
Proximity	Proximity
Address Line 1	Address Line 1
Address Line 2	Address Line 2
Phone Number	Phone Number

Vision Benefit Summary

Service Type	Allowed Frequency - Adults	Allowed Frequency - Kids
Exam	Once every calendar year	Once every calendar year
Lenses	Once every calendar year	Once every calendar year
Frames	Once every 2 years	Once every 2 years
Contact Lenses	Once every calendar year	Once every calendar year
(Plan allows the member to receive either contacts and frame, or frame and lens services)		
Vision Care Services	Member Cost In-network	Out-of-Network Member Reimbursement
Exam Services		
Exam with Dilation as Necessary	\$10 Copay	Up to \$40
Retinal Imaging	Up to \$39	
Contact Lens Fit and Follow-up		
Fit and Follow-up Standard	Up to \$55	
Fit and Follow-up Prem	10% off Retail Price	
Frames		
Frame	\$0 Copay; 20% off balance over \$130 allowance	
Lenses		
Single Vision	\$20 Copay	Up to \$40
Bifocal	\$20 Copay	Up to \$60
Trifocal	\$20 Copay	Up to \$80
Lenticular	\$20 Copay	Up to \$125
Progressive Standard	\$85 Copay	Up to \$78
Progressive Prem Tier 1-3	\$105-\$130 Copay	Up to \$78
Progressive Prem Tier 4	\$85 Copay; 20% off retail price less \$120 allowance	Up to \$78
Lens Options		
Anti Reflective Coating Standard	\$45	
Anti Reflective Coating Prem Tier 1-2	\$57-\$68	
Anti Reflective Coating Prem Tier 3	20% off retail price	
Photochromic Plastic	\$75	
Polycarbonate Standard	\$0 Copay	Up to \$32
Scratch Coating Standard Plastic	\$15	
Tint Solid or Gradient	\$15	
UV Treatment	\$15	
All Other Lens Options	20% off retail price	
Contact Lenses		
Contacts Conventional	\$0 Copay; 15% off balance over \$130 Allowance	Up to \$105
Contacts Disposable	\$0 Copay; 100% off balance over \$130 Allowance	Up to \$105
Contacts Medically Necessary	\$0 Copay	Up to \$210
Other		
Hearing care from Amplifon network	Discounts on hearing exam and aids; call 1-877-203-0675	
Lasik or PRK from U.S. Laser network	15% off retail or 5% off promo price; call 1-800-988-4221	

ADDED PERKS



Create an account online to get savings including discounts on frames, lenses and contacts at providers near you or online at Glasses.com and ContactsDirect.com.



If you lose or break your glasses while travelling abroad, call our International CustomerCare Center day or night at 1-513-765-2870.

** Location is based on Subscribers home address. Locations subject to change. When making your appointment, please confirm all discounts and services are offered. Participating Doctors of Optometry located at or next to LensCrafters, Pearle Vision, and Target Optical are independent of, and not employed by, optical dispensary.

Please reference your current Summary of Benefits through the Member Portal for your most up to date vision benefits. Notice of Privacy Practice: Your Notice of Privacy Practice can be obtained at any time by calling the phone number listed on your ID card or by visiting blueshieldca.com/go.

No benefits will be paid for services or materials connected with or charges arising from: orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; medical and/or surgical treatment of the eye, eyes or supporting structures; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; plano (non-prescription) lenses; non-prescription sunglasses; two pair of glasses in lieu of bifocals; services or materials provided by any other group benefit plan providing vision care; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time. Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the Policy. Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.



LENSCRAFTERS



LANGUAGE ASSISTANCE

English Language assistance: 888-249-5194	Spanish Asistencia de idiomas: 888-249-5194	Chinese 語言協助: 888-249-5194
Korean 언어 지원: 888-249-5194	Japanese 言語サポート: 888-249-5194	French Aide linguistique: 888-249-5194

*****SINGLP



SUSAN SAMPLE
 PO BOX 000
 GEORGETOWN MA 01833-2116



VISION PLAN ID CARD

Member/Patient Services

Visit the member website or call the number on the front of the card.

Doctors/Providers Only

Visit blueshieldca.com/provider to receive plan information or call (877) 601-9083.

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LENSCRAFTERS

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OPTICAL



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VISION

OPTICAL



Why should I get an annual eye exam?

Getting an eye exam isn't just about needing glasses. It's also about your health. An eye exam can detect eye health problems like glaucoma or cataracts, but it can also help identify early signs of serious diseases, like high blood pressure, diabetes and high cholesterol—just to name a few.¹

What's a copay?

A fixed amount that you owe at the time of your visit. Flip this over to check out yours.

What's an allowance?

How much we give you to buy the frames and lenses you want. So, if your allowance is \$100 and you pick frames that are \$150 then you owe \$50.

When can I use my benefits?

Check out the effective date on the front of your ID card.

How often can I use my benefits?

This is what we call frequency. It's the first line item in the chart on the other side of the page.

How do I save more money?

You receive 40% off additional complete pairs of prescription eyeglasses and 20% off non-prescription sunglasses at participating in-network eye doctors. Plus, you can access your account on the Blue Shield Member Portal for additional discounts.

Where can I use my benefits?

Check out the eye doctors closest to you on the other side or visit our online Provider Locator on the Blue Shield Member Portal to find the perfect fit. Now that's convenient.

1 Mukamal, R.; "20 Surprising Health Problems an Eye Exam Can Catch"; American Academy of Ophthalmology; aao.org; April 29, 2022.



Welcome to your happy place.



Register online to start using your benefits. Find eye doctors near you, view your benefits, see your claims, get special offers and more just by registering on the member website listed on the front of your ID card.

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