

# Understanding your Vision Coverage included in the NEW Blue Shield Group Medicare Advantage PPO Plan

Effective January 1, 2021 a new vision benefit administered by Vision Service Plan (VSP) will be embedded in your coverage under the Blue Shield Group Medicare Advantage PPO plan.

VSP offers our members one of the largest national networks of independent doctors located in retail settings, neighborhood, and medical and professional settings which will provide you with the greatest access to the most high-quality doctors, including 8,100 provider settings in California.

- VSP Doctors are full service; providing you routine exams and dispensing a wide variety of materials that are included in your benefit plan
- You can lower any out of pocket expense by choosing one a network provider for covered services
- A list of local participating providers may be located through the online directory at **[blueshieldca.com/fad](https://blueshieldca.com/fad)**
- As a VSP member through Blue Shield, you can also take advantage of additional savings through VSP's member offerings by visiting **<https://www.vsp.com/offers>**



The vision benefits offered through the new Blue Shield Group Medicare Advantage PPO plan includes:

Benefits	In Network You Pay	Out-of-Network You Pay	What you should know
<b>Vision services</b> <ul style="list-style-type: none"> <li>• Medicare-covered vision exam to diagnose and treat diseases and conditions of the eye</li> <li>• Yearly glaucoma screening</li> <li>• Eyeglasses or contact lenses after cataract surgery</li> </ul>	\$20 copay for each Medicare-covered visit  \$0 copay  \$0 copay	\$20 copay for each Medicare-covered visit  \$0 copay  \$0 copay	<b>Prior authorization may be required for an exam, treatment of diseases, conditions of the eye, and yearly glaucoma screenings and is the responsibility of your provider.</b>
<b>Vision Care (non-Medicare covered)</b> <ul style="list-style-type: none"> <li>• Routine eye exam, including refraction</li> <li>• Eyeglass lenses (standard)*</li> <li>• Frames and contact lenses</li> </ul>	\$10 copay every 12 months  \$150 allowance every 2 years  \$150 combined frame allowance every 2 years  \$150 contact lens allowance in lieu of eyewear	\$10 copay every 12 months  \$150 allowance every 2 years  \$150 combined frame allowance every 2 years  \$150 contact lens allowance in lieu of eyewear	*Includes single, bifocal, trifocal and lenticular lenses.

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

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