

Vision Care (VPA Optional Benefit)

Benefit Coverage

Blue Shield HMO offers optional vision plans through Blue Shield's Vision Plan Administrator (VPA) to group members. The plan provides payments based on prevailing fees not to exceed amounts calculated under the VPA's Schedule of Allowances. Covered benefits vary by plan and may include the following services:

- Comprehensive eye examination
- Pair of standard lenses
- Standard frames up to the amount specified by the plan
- Contact lenses
- Medically necessary contact lenses

Copayment

See the members' *Evidence of Coverage* (EOC) and *Summary of Benefits and Coverage* for member copayments.

Benefit Exclusions

- Services and supplies in connection with special procedures such as orthoptics or vision training except when medically necessary, and subnormal vision aids (e.g., magnifying glass).

References

Blue Shield HMO Evidence of Coverage and Disclosure Form Vision Plan Benefits Supplement

Original Date: 08/01/1995
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Effective Date: 01/01/2025

Blue Shield of California
HMO Benefit Guidelines

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