Carrier Name: Blue Shield of California

Plan Name: Ultimate Vision Plus for Small Business 10/25/150/150

In-Network Eye Exam: 10

Out-of-Network Eye Exam: All charges above $60

In-Network Single Vision Lens: 25

Out-of-Network Single Vision Lens: All charges above $43

In-Network Lined Bi-Focal Lens: 25

Out-of-Network Lined Bi-Focal Lens: All charges above $60

In-Network Lined Tri-Focal Lens: 25

Out-of-Network Lined Tri-Focal Lens: All charges above $75

In-Network Lenticular Lens: 25

Out-of-Network Lenticular Lens: All charges above $200

In-Network Contact Lens Allowance: $25 plus all charges above $150

Out-of-Network Contact Lens Allowance: All charges above $100

In-Network Frame Allowance: $25 plus all charges above $150

Out-of-Network Frame Allowance: All charges above $100

Exam Frequency: One every 12 consecutive months.

Lens Frequency: Once every 12 consecutive months.

Frame Frequency: One every 12 consecutive months.

Out of Network Explanation: When you receive Covered Services from a Non-Participating Provider, you are responsible for: any charges above the stated Allowance, which is the Benefit maximum.

Plan Year:

Network Name:

Member Website: blueshieldca.com

Customer Service Phone Number: