



2014 Pediatric Vision Benefits

Benefits	Participating Provider*	Non-Participating Provider**
Exam:		
Exam Per 12 Months	100% of Negotiated Rate	\$30 Maximum
LENSES:		
SINGLE VISION PER 12 MONTHS	100% of Negotiated Rate	\$25 Maximum
BIFOCAL PER 12 MONTHS	100% of Negotiated Rate	\$40 Maximum
TRIFOCAL PER 12 MONTHS	100% of Negotiated Rate	\$55 Maximum
Frames and Contact Lenses***:		
Frames	100% of Negotiated Rate	\$45 Maximum
Contact Lenses	100% of Negotiated Rate	\$60 Maximum
Non Elective Contact Lenses	100% of Negotiated Rate	\$210 Maximum

*Pediatric Vision uses the Blue View Vision Network

**If you have a PPO medical plan, it will include out-of-network benefits for vision. If you have an HMO medical plan, the vision benefit includes in-network benefits only.

***May choose either Frames or Contacts every calendar year

This is a benefit included in the CalCPA ProtectPlus medical plans. This benefit is available only to pediatric members under the age of 19.