

CITY OF BAKERSFIELD
Vision Benefits
MEDICAL EYE SERVICES (MES VISION)
1-800-877-6372
www.mesvision.com

	BLUE SHIELD HMO and KAISER PERMANENTE MATERIALS ONLY Vision exam through Blue Shield/Kaiser Group #16269		BLUE SHIELD PPO PPO Not available to Retirees VISION EXAM & MATERIALS Group #16270	
	NO MES CLAIM FORM REQUIRED WHEN GOING TO A PARTICIPATING PROVIDER		NO MES CLAIM FORM REQUIRED WHEN GOING TO A PARTICIPATING PROVIDER (Not available to Retirees)	
	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers
Deductible	None	None	None	None
Exam	Your HMO copay (Medical provider)	Contact your medical group One each 12 months	Paid in full (MES provider)	\$40 Maximum benefit
Lenses				
Up to 61 mm eyesize				
Single	Paid in full	\$30 Maximum benefit	Paid in full	\$30 Maximum benefit
Bifocal	Paid in full	\$50 Maximum benefit	Paid in full	\$50 Maximum benefit
Trifocal	Paid in full	\$65 Maximum benefit	Paid in full	\$65 Maximum benefit
Lenticular or Aphakic	Paid in full	\$125 Maximum benefit	Paid in full	\$125 Maximum benefit
Contact lenses				
Medically Necessary	Paid in full	\$250 Maximum benefit	Paid in full	\$250 Maximum benefit
Cosmetic or Convenience	up to \$100	\$100 Maximum benefit	up to \$100	\$100 Maximum benefit
Frames (Standard)	\$60 Maximum benefit	\$40 Maximum benefit	\$60 Maximum benefit	\$40 Maximum benefit
Limitations		Exam Covered under your medical plan benefits Lenses Every 24 months or at 12 months with RX change Frames Every 24 months		Exam Every 24 months with a 12 month follow up exam Lenses Every 24 months or at 12 months with RX change Frames Every 24 months