

# Vision Care

Your Vision Care benefits are included as part of your under age 65 medical plan coverage and are designed to provide you and your family with coverage for routine eye care.

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# Highlights

## Your Benefits ...

### **... Provide Vision Care Regardless of Medical Plan You Select**

Vision Care benefits provided by Vision Service Plan (VSP) are the same under each Medical Plan option. You are covered automatically for vision benefits when you enroll in a Medical Plan.

### **... Offer Coverage for Both You and Your Eligible Dependents**

You may enroll your eligible dependents for coverage under the same plan in which you are enrolled.

# How the Vision Service Plan Works

The Vision Service Plan (VSP) offers increased benefits when you see an in-network provider. A list of VSP in-network providers is available on the provider directories link at [www.vsp.com](http://www.vsp.com) or by calling VSP at 1-800-877-7195.

You do not need a referral from a primary care physician to see an optometrist for a routine eye exam. You use your vision benefit, not your medical benefit, for routine eye care.

See the Summary of Benefits for a summary of the co-payments, deductibles, coinsurance, and related limits under the plan.

## Administrative Information

Information about the administration of your vision care benefits can be found in the chapter titled “Administrative Information.”

## What happens to your benefits when ...

For more information about what happens to your vision care benefits when certain changes or events occur, see “How Changes Affect Your Benefits” in the “About Your Benefits” chapter.

# Summary of Benefits

## Provided by Vision Services Plan (VSP), through the VSP Choice Network

Covered Services	In-Network	Out-of-Network
Adult Vision Services— Age 19 and Older	<p>No charge for yearly exam</p> <p>No charge for lenses every 12 months: single vision, bifocal, trifocal, or polycarbonate (for dependent children)</p> <p>Frames allowance of up to \$120 plus 20% off excess of \$120 every 24 months;</p> <p><b>OR</b></p> <p>Contact lens every 12 months covered up to \$120; allowance applies to cost of contacts and contact lens exam plus 15% off cost of contact exam</p>	<p>Allowance of up to:</p> <ul style="list-style-type: none"> <li>• Exam: \$45</li> <li>• Single Vision: \$30</li> <li>• Bifocals: \$50</li> <li>• Trifocals: \$65</li> <li>• Frame: \$70</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• Elective Contacts: \$105</li> </ul>
Lens Options	20–25% discount on lens enhancements and upgrades	
Additional Discounts	<p>20% discount on additional prescription glasses and sunglasses</p> <p>Laser vision correction services at reduced cost through VSP network doctors and contracted laser surgery centers</p>	
Child Benefit— Up to Age 19	<p>The plan provides a covered-in-full annual eye exam, lenses, and child's frame through the VSP Otis &amp; Piper™ frames every 12 months. Patients have the option of providing their own frame, or purchasing a non-Otis &amp; Piper frame from their VSP doctor at 20% off. If patients choose this option, their frame will not be covered by the program. However, their lenses will still be covered. Polycarbonate lenses, scratch-resistant coating, UV protection, and rimless mounting are covered in full.</p> <p><b>OR</b></p> <p>Elective contact lens services and materials are covered in full, based on the following:</p> <p>Prescription contact lenses are covered up to a minimum three-month supply for the following modalities:</p> <ul style="list-style-type: none"> <li>• Standard (one pair annually) = 1 contact lens per eye (total 2 lenses)</li> <li>• Monthly (6 month supply) = 6 lenses per eye (total 12 lenses)</li> <li>• Bi-weekly (3 month supply) = 6 lenses per eye (total 12 lenses)</li> <li>• Dailies (3 month supply) = 90 lenses per eye (total 180 lenses)</li> </ul>	50% of the provider's billed amount

# Other Important Information

## Vision Services Claims Review and Appeal Procedures

### Out-of-Network Claims Procedures

When you see a provider other than a VSP doctor, you must submit a claim to VSP for reimbursement. You have 6 months from the date of service to submit a claim for reimbursement. There are two ways to submit a claim to VSP.

### Your Provider Submits a Claim

You pay your provider any applicable co-pays, taxes, and any amount over the coverage allotment. Your provider then submits a claim to VSP, and VSP pays the provider directly for your services and eyewear. Not all providers will submit a claim to VSP; ask the provider before you receive services.

### You Submit a Claim

Pay the provider in full for services and eyewear received, including taxes. Submit your receipt with an itemized list of services and eyewear using the VSP Member Reimbursement Form. VSP then reimburses you the allotted amount based on your coverage. Log on to [www.vsp.com](http://www.vsp.com) to access the form. For questions about submitting a claim, contact Member Services or call VSP at (800) 877-7195.

Mail the completed claim, including form and receipts, to:

**VSP**  
**PO Box 997105**  
**Sacramento, CA 95899-7105**

### Claim Denial Appeals

If, under the terms of this Plan, a claim is denied in whole or in part, a request may be submitted to VSP by the Covered Person or Covered Person's authorized representative for a full review of the denial. The Covered Person may designate any person, including his/her provider, as the authorized representative. References in this section to "Covered Person" include the Covered Person's authorized representative, where applicable.

### Initial Appeal

The request must be made within 180 days following denial of a claim and should contain sufficient information to identify the Covered Person for whom the claim was denied, including the VSP enrollee's name, the VSP enrollee's Member Identification Number, the Covered Person's name and date of birth, the provider of services, and the claim number. The Covered Person may review, during normal working hours, any documents held by VSP pertinent to the denial. The Covered Person may also submit written comments or supporting documentation concerning the claim to assist in VSP's review.

VSP's response to the initial appeal, including specific reasons for the decision, shall be provided and communicated to the Covered Person as follows:

**Denied Claims for Services Rendered:** within 30 calendar days after receipt of a request for an appeal from the Covered Person.

### Second Level Appeal

If the Covered Person disagrees with the response to the initial appeal of the claim, the Covered Person has a right to a second level appeal. Within 60 calendar days after receipt of VSP's response to the initial appeal, the Covered Person may submit a second appeal to VSP along with any pertinent documentation. VSP shall communicate its final determination to the Covered Person in compliance with all applicable state and federal laws and regulations and shall include the specific reasons for the determination.

# Other Important Information (cont.)

## Other Remedies

When the Covered Person has completed the appeals process stated herein, additional voluntary alternative dispute resolution options may be available, including mediation, or Group should advise the Covered Person to contact the US Department of Labor or the state insurance regulatory agency for details. Additionally, under the provisions of ERISA [Section 502(a)(1)(B)] [29 U.S.C. 1132(a)(1)(B)], the Covered Person has the right to bring a civil action when all available levels of review of denied claims, including the appeals process, have been completed, the claims were not approved in whole or in part, and the Covered Person disagrees with the outcome.

## Time of Action

No action in law or in equity shall be brought to recover on the Plan prior to the Covered Person exhausting his grievance rights as described above and/or prior to the expiration of 60 days after the claim and any applicable invoices have been filed with VSP. No such action shall be brought after the expiration of 6 years from the last date that the claim and any applicable invoices may be submitted to VSP, in accordance with the terms of this Plan.