



## Welcome to VSP<sup>®</sup> Vision Care Signature Plan.

### SCHEDULE OF BENEFITS

Benefit	Copay	Frequency
WellVision Exam	No co-pay for exam and glasses	Once every 12 months
Prescription Glasses		Once every 12 months
<ul style="list-style-type: none"> <li>• Lenses</li> <li>• Frames</li> </ul>		Once every 12 months
Contacts (instead of glasses)	No copay	Once every 12 months

#### **WellVision Exam**

A WellVision Exam is more than just a quick eye check. It focused on your eye health and overall wellness. VSP doctors get to know you and your eyes. They take the time to look for vision problems and signs of other health conditions too. Your doctor will examine appropriate visual functions and recommend prescription eyewear, if necessary. Each covered person is entitled to a WellVision Exam as indicated on the cover sheet of this Certificate.

#### **Prescription Glasses**

- **Lenses:** Your VSP doctor will order the proper lenses necessary for your visual welfare. The doctor shall verify the accuracy of the finished lenses. Each covered person is entitled to new lenses as indicated on the cover sheet of this Certificate. If you choose non-covered lens options, they may result in additional costs.
- **Frame:** You get a \$175 allowance toward the frame of your choice. You'll also receive 20% off the amount over your allowance. Your VSP doctor will assist you in finding a frame, properly fit and adjust the frame, and provide subsequent adjustments to your frame to maintain comfort and efficiency. Each covered person is entitled to new frame as indicated on the coversheet of this Certificate.

#### **Contact Lenses (instead of glasses):**

You can either choose contact lenses or prescription glasses. You'll receive a \$175 allowance that is applied toward your contact lenses. The contact lens exam ensures proper fit of your contacts and is in addition to your WellVision Exam. It's essential to check for eye health risks associated with improper wearing or fitting of contacts, because if left untreated they can affect the overall health of your eyes. Your provider can charge a maximum of \$60 for the fitting and evaluation. You are responsible for any costs exceeding the allowance. Remember, if you choose contacts, you are not eligible to receive lenses and a frame during the same service period.

**Necessary Contact Lenses:** Covered in full less applicable copays, when prescribed by a VSP doctor for one of the following conditions: following cataract surgery; to correct extreme vision problems that cannot be corrected with prescription glasses; with certain conditions of anisometropia; or with certain conditions of keratoconus. Your VSP doctor must secure prior approval from VSP for medically necessary contact lenses.

#### **Suncare Enhancement:**

You can use your frame allowance toward non-prescription sunglasses from your VSP Preferred Provider's frame board, exhausting both your lens and frame eligibility. Any changes to the lens, you would be eligible for 20% discount off of usual and customary charges.

Help protect your eyes from damaging UV rays. UV exposure can lead to the development of serious eye diseases including, tumors, cataracts and macular degeneration

**Laser VisionCare Services:**

If you're tired of wearing glasses and contacts, VSP's Laser VisionCare Program<sup>SM</sup> could be just what you're looking for. If you're nearsighted, farsighted, or have astigmatism, are at least 18 years old and in good health with no eye diseases—you're a potential candidate for laser vision correction. Since laser vision correction is a surgical procedure, the decision to have it should be made carefully. Follow these steps to learn the facts and find out if it's right for you.

1. **Visit vsp.com.**
  - Get details about the program and laser vision correction.
  - Learn what to expect during surgery.
  - Download questions to ask your VSP doctor.
  - Review and download Frequently Asked Questions about the procedure.
  - Find a VSP Laser VisionCare doctor.
2. **Confirm your eligibility.**  
Before scheduling an appointment, log on to **vsp.com** or call VSP Member Services at **800.877.7195**.
3. **Call your VSP Laser VisionCare doctor.**  
Verify that the doctor participates in the program.
4. **Schedule a complimentary screening with your VSP LaserVisionCare doctor.**  
The laser vision correction screening and consultation with your VSP Laser VisionCare doctor are complimentary. If you have a pre-operative exam and don't proceed with the surgery, your VSP doctor may charge an exam fee up to \$100.

If you decide to have laser vision correction, your VSP Laser VisionCare doctor will make arrangements with an approved laser surgeon and center and pre-operative care. Post-operative care is coordinated between your VSP Laser VisionCare doctor and your VSP laser surgeon.

**VSP Discounted Pricing**

You'll save an average of 15% off the regular price at contracted laser centers or 5% off of the center's promotional price—which could add up to hundreds of dollars in savings.

The VSP Laser VisionCare Program is a discount plan only. Discounts only apply to services received from a VSP participating laser center. No monetary benefits are payable to members under this program.

***Extra Discounts and Savings:***

**Glasses and Sunglasses**

- Average 35% - 40% savings on all non-covered lens enhancements

<i>Lens Enhancement</i>	<i>Single Vision</i>	<i>Multifocal</i>
<i>Anti-reflective coating</i>	\$37	\$37
<i>Polycarbonate</i>	\$23	\$28
<i>Progressive</i>	N/A	\$50
<i>Photochromic</i>	\$62	\$76
<i>Scratch –resistant coating</i>	\$15	\$15

*Prices above reflect standard lens enhancement selections; premium or custom lens enhancements may also be available at an additional cost.*

- 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP network doctor on the same day as your WellVision Exam. Or get 20% savings from any VSP network doctor within 12 months of your last WellVision Exam

**Contacts**

- 15% savings on the cost of contact lens exam (fitting and evaluation)

**Out-of-Network Benefits - Open Access Reimbursement Schedule**

While 95% of our members choose a VSP network doctor to maximize their benefits, you can choose to see an out-of-network provider, including national or local retail chains. However, your coverage with out-of-network providers is less than when you see a VSP network doctor. If you decide to see an out-of-network provider, review your benefits at vsp.com. You may also use an affiliate provider at Costco®. Costco® is considered an out-of-network provider. Though services will be reimbursed at the "Open Access Reimbursement Schedule (below). Costco can submit claims on your behalf directly to VSP.

	<b>Services from a VSP Doctor</b>	<b>Services from a out-of-network Provider</b>
Examination	Paid in full	Up to \$50.00
Single Vision Lenses	Paid in full	Up to \$50.00
Bifocal Lenses	Paid in full	Up to \$75.00
Trifocal Lenses	Paid in full	Up to \$100.00
Lenticular Lenses	Paid in full	Up to \$125.00
Frame	\$175.00 allowance	Up to \$70.00 Costco® \$95

**Contact Lenses (in lieu of spectacle lenses and frames)**

Necessary	Paid in full	Up to \$210.00
Elective	\$150.00	Up to \$105.00

If you receive an exam and/or eyewear from a non-VSP provider, you're responsible for paying the provider in full and submitting itemized receipts for reimbursement to **VSP Vision Care, PO Box 99710, Sacramento, CA 95899-7100**. It's important to note that the reimbursement schedule does not guarantee full payment.

## **Low Vision Benefit**

The Low Vision benefit is available to Covered Persons who have severe visual problems that are not correctable with regular lenses.

	Member Doctor Benefit	Non-Member Provider Benefit
Supplementary Testing	Covered in Full	Up to \$125.00
	Complete low vision analysis/diagnosis, which includes a comprehensive examination of visual functions, including the prescription of corrective eyewear or vision aids where indicated.	
Supplemental Care Aids	75% of Cost	75% of Cost
	Subsequent low vision aids	
	Copayment for Supplemental Aids: 25% payable by Covered Person.	

Benefit Maximum. The maximum benefit available is \$1000.00 (excluding Copayment) every two years.

### **NON-Member Provider Benefit**

Low Vision benefits secured from a Non-Member Provider are subject to the same time limits and Copayment arrangements as described above for a Member Doctor. The Covered Person should pay the Non-Member Provider his full fee. The Covered Person will be reimbursed in accordance with an amount not to exceed what VSP would pay a Member Doctor in similar Circumstances. NOTE: There is no assurance that this amount will be within the 25% Copayment feature.

**VSP Primary EyeCare Plan:** Supplemental medical coverage for specialty eyecare services and conditions, such as pink eye and other urgent eyesore needs. \$20 copay per visit.

## **Diabetic EyeCare Program**

Plan Benefits under the Diabetic Eyecare Program ("DEP") are available to Covered Persons who have been diagnosed with Type 1 diabetes and specific ophthalmological conditions, and who are covered under the VSP Signature Plan®. The Diabetic Eyecare Program allows Covered Person's Member Doctor to provide diagnostic services not available under the VSP Signature Plan. The Diabetic Eyecare Program does not cover medical treatment for Covered Persons with diabetic or any other medical conditions.

### **PROCEDURES FOR OBTAINING DIABETIC EYECARE PROGRAM SERVICES**

Covered Person's Member Doctor will provide services under the DEP as needed following Covered Person's routine VSP Signature Plan eye examination. No referrals or authorizations are required for services provided under the DEP.

### **COPAYMENT**

A Copayment of \$5.00 is required for each Ophthalmological Service and Office Visit under the DEP, and is paid to the Member Doctor at the time of service. Other Copayments may apply to services under Covered Person's VSP Signature Plan.

### **PLAN BENEFITS**

SERVICE*	MEMBER DOCTOR BENEFIT	BENEFIT FREQUENCY†	
Ophthalmological services and Office Visits	Covered in full, less \$5.00 Copayment	Once every 12 months	
Gonioscopy	Covered in full	Once every 12 months	
Extended Ophthalmoscopy	Covered in full	Once every 6 months*	
Fundus Photography	Covered in full	Once every 6 months*	

### **COVERED SERVICES**

Description	Procedure Code
Ophthalmological services	92002, 92004, 92012, 92014
Office Visits	99201 - 99205, 99211 - 99215
Gonioscopy	92020
Extended Ophthalmoscopy	92225, 92226
Fundus Photography	92250

\*Service and/or diagnosis limitations apply, or certain procedures require special handling. Member Doctors must consult the *VSP Provider Reference Manual* for details before rendering services.

†Benefit frequency periods begin on the date of the first Ophthalmological Service or Office Visit.

## **EXCLUSIONS AND LIMITATIONS OF BENEFITS**

The DEP covers diabetic eyecare evaluation services only. There is no coverage provided under the Plan for the following:

- Costs associated with securing frames, lenses or any other materials.
- Orthoptics or vision training and any associated supplemental testing.
- Surgical procedures, including Laser or any other form of refractive surgery, and any pre- or post-operative services.
- Pathological treatment of any type for any condition.
- Any eye examination required by an employer as a condition of employment.
- Insulin or any medications or supplies of any type.
- Services and/or materials not included in this Rider as covered Plan Benefits.

### **DIABETIC EYECARE PROGRAM DEFINITIONS**

Diabetes	A disease where the pancreas has a problem either making, or making and using, insulin.
Type 1 Diabetes	A disease in which the pancreas stops making insulin.
Type 2 Diabetes	A disease in which the pancreas makes insufficient insulin or can't efficiently use it.
Fundus Photography	Taking photos of the inside of the eye that show the optic nerve and retinal vessels.
Extended Ophthalmoscopy	A method of examining the posterior of the eye, including a true drawing of the retina accompanied by an interpretation and plan.
Gonioscopy	Use of a special contact lens to look at the eye's aqueous drainage area.

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## **PARTICIPANT ELIGIBILITY**

**FOR EMPLOYEE** - All full-time, active employees of the subscribing employer working at least 20 hours a week are eligible for the trust. The minimum number of hours for eligibility is set by each employer and may be higher for your group.

## **EFFECTIVE DATE OF COVERAGE**

All regular employees of a participating employer are required to enroll and will become eligible to receive VSP vision benefits on the first day of the month following the probationary period established by your employer. You're not eligible if you're not reporting to work on a regular basis and aren't actively employed. Coverage resumes on the first day of the month after you return to active employment, report to work regularly, and amounts due to VSP for coverage have been paid. But, coverage can continue without interruption if the Trust continues to report you as a primary enrollee and amounts due VSP for your coverage continue to be paid. Coverage is reinstated on the day employment is resumed for enrollees that are members of the National Guard or a military reserve unit absent from work due to active military duty.

- **Family and Medical Leave Act of 1993**

You can continue your coverage if you take a leave governed by the Family and Medical Leave Act of 1993. If you don't continue your coverage during the governed leave, it will be reinstated at the same benefit level you received before your leave.

- **Uniformed Services Employment and Re-employment Rights Act of 1994**

You can continue coverage for up to 24 months, if you take a leave governed by the Uniformed Services Employment and Re-employment Rights Act of 1994. If you make this election, you must submit any premiums necessary, which may include administrative costs, to the Trust. If you don't continue your coverage during a military leave, it will be reinstated at the same benefit level you received before your leave.

## **ELIGIBLE DEPENDENTS**

- Your legal spouse or domestic partner\*
- Any child of an Enrollee, including any natural child from the moment of birth, or legally adopted child from the moment of placement for adoption with the Enrollee, or other child for whom a court holds the Enrollee responsible; and for whose support the Enrollee is legally responsible. Such dependent children shall be eligible until the end of the month in which they attain the age of 26.
- A dependent child aged 26 or older who is incapable of self-support because of a physical or mental handicap that occurred before he or she turned 26, if the child is mostly dependent on you for support. Proof of this handicap must be given to Wolfpack Insurance Services or your employer within 31 days, if it is requested. Proof will not be required more than once a year after the child has reached age 26.
- No Dependent in the military service is eligible.

\*Domestic partners are defined as same-sex and opposite-sex couples registered with any government agency authorizing such registrations. Your domestic partner is subject to the same terms and conditions as any other dependent enrolled in this plan.

### **TERMINATION OF COVERAGE**

Your coverage shall terminate on the last day of the month in which your full-time employment has terminated unless you elect to continue coverage under COBRA or CAL-COBRA. Your dependents shall remain eligible until the last day of the month coincident with or following termination of your eligibility or until loss of their dependent status, whichever shall occur first, unless continued coverage under COBRA or CAL-COBRA is chosen in a timely fashion by or on behalf of the dependent(s). Eligibility shall, in any event, terminate immediately upon termination of this program.

### **CANCELLATION AND RENEWAL**

This program may be cancelled by VSP only on an anniversary date (one year after the program first takes effect or at the end of each one year period thereafter), or at any time the employer fails to make applicable payments as required by the contract, or if the number of eligible employees reported to Wolfpack Insurance Services, Inc. is less than 2 employees in any three consecutive months, or upon the employer's failure to furnish Wolfpack Insurance Services, Inc. a list of all eligible employees as specified in the contract, or refusal to permit the inspection of employer's records as specified in the contract. Upon cancellation of the program, individual employees and their dependents of the group have no right to renewal or reinstatement.

### **CONTINUED COVERAGE OPTION (COBRA and CAL-COBRA)**

Please check with your employer if you are eligible to continue coverage under the COBRA or CAL-COBRA laws. The election is bound by the timelines and regulations as set forth in the respective laws.

### **FUNDING POLICY AND PAYMENT OF DUES**

The funding policy and method requires the payment of monthly dues by the employer to Wolfpack Insurance Services, Inc.

### **VSP LIMITATIONS**

This plan is designed to cover your visual needs rather than cosmetic eyewear. If you select any of the following, you will be responsible for an additional charge: blended lenses; contact lenses (except as noted elsewhere herein); oversize lenses; progressive multifocal lenses; photochromatic or tinted lenses other than pink 1 or 2; coated or laminated lenses; a frame that exceeds the plan allowance; certain limitations on low vision care; cosmetic lenses; optional cosmetic processes; ultra-violet protected lenses.

### **NOT COVERED**

The following professional services or materials are not covered. Discounts may apply to some items: orthoptics or vision training and any associated supplemental testing; non-prescription lenses; two pair of glasses in lieu of bifocals; lenses and frames furnished under this program which are lost or broken will not be replaced except at the normal intervals when services are otherwise available; medical or surgical treatment of the eyes; any eye examination, or any corrective eyewear, required by an employer as a condition of employment; corrective vision services, treatments, and materials of an experimental nature.

### **CLAIMS APPEALS**

VSP shall notify in writing each covered person who submits a claim, if such claim is denied in whole or in part, of the reason or reasons for the denial. Within (60) days after receipt of such notice, a covered person may make a written request for review of such denial, by addressing such request to VSP. VSP will review the claim and provide the covered person the opportunity to review pertinent documents, submit any statements, documents or written arguments in support of the claim, and appear personally to present materials or arguments. The determination of VSP, including specific reasons for the decision, shall be provided and communicated to the covered person in writing within (60) days after receipt of a request for review unless special circumstances require an extension of time for processing, in which case a decision shall be rendered as soon as possible, but not later than one hundred twenty (120) days after receipt of a request for review.

## **COMPLAINTS OR GRIEVANCES**

VSP's top priority is meeting its members' needs, and that means providing exceptional service. If you ever have a question or problem, your first step is to call VSP Member Services at 800.877.7195. A Member Service Representative will make every effort to assist you. If you feel the situation hasn't been addressed to your satisfaction, you may initiate a formal appeal within 180 days of an initial determination through VSP's Member Appeals Department. Appeals may be submitted verbally or in writing to: **VSP Member Appeals 3333 Quality Drive Rancho Cordova CA 95670**. You may submit written comments, documents, records, and any other information relating to your appeal regardless of whether this information was submitted or considered in the initial determination. You may obtain, upon request and free of charge, copies of all documents, records, and other information relevant to your appeal. The appeal will be reviewed by an individual who is neither the individual who made the initial determination that is the subject of the appeal nor the subordinate of that person. If you disagree with resolution of this claim, you have the right to a second level appeal. Within 60 days after the receipt of VSP's final determination, you may submit your appeal along with any further documentation to the address listed above. VSP will respond within the appropriate time period for the type of claim. This response will include the reasons for the decision and references to plan provisions on which the decision was based. Once you have completed all mandatory appeals, you and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your State insurance regulatory agency. Under ERISA Section 502(a)(1)(B), you have the right to bring civil action. This right can be exercised when all required reviews of your claims, including the appeal process, have been completed, your claim was not approved, in whole or in part, and you disagree with the outcome.

VSP makes these decisions within the following timeframes required by federal law:

- **Urgent care:** Initial determination within 72 hours and appeals 72 hours
- **Prior Authorization:** Initial determination 15 days and appeals 30 days
- **Services already provided to patient:** Initial determination 30 days and appeals 60 days

## **NOTICE OF PRIVACY PRACTICES**

For the HIPAA Notice of Privacy Practices please visit the VSP website listed below:

<https://www.vsp.com/privacy.html>

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**THIS EVIDENCE OF COVERAGE CONSTITUTES ONLY A SUMMARY OF THE VISION PLAN.  
THE VISION PLAN CONTRACT MUST BE CONSULTED TO DETERMINE THE EXACT TERMS AND CONDITIONS OF  
COVERAGE.**

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For information regarding your premium, coverage or dependent status please contact Wolfpack Insurance Services at (800)296-0192.  
Thank you choosing Wolfpack Insurance Services, Inc.

**Dental**and**Vision**Ins.com