
SUPPLEMENTAL BENEFIT PLAN | Vision VSA2

General information

Sharp Health Plan provides the following supplemental evidence of covered vision benefits in addition to the coverages described in your Member Handbook. Under this supplemental benefit plan, you are entitled to receive the benefits described below, subject to all the terms, conditions, exclusions, and limitations described in the Member Handbook.

Vision Service Plan (VSP) has an extensive nationwide network of doctors who agree to provide the finest ophthalmic care and eyewear to persons covered under the Plan. The Plan is designed to encourage you to maintain your vision through regular eye exams and to help with vision care expenses for required glasses or contact lenses.

How does this plan work for me?

- ▶ **Step One:** Call your VSP doctor and make an appointment.
- ▶ **Step Two:** When you call, tell the doctor you are a VSP Member and provide the following information:
 - Your name and date of birth
 - Covered Member's identification number (the covered Member is the person whose group provides your vision coverage; it will be either you, your spouse/domestic partner or your parent)
- ▶ **Step Three:** After you make an appointment, your doctor and VSP will handle the rest. The doctor will check your eligibility for services and plan coverage.

During your doctor visit, ask whether the services and eyewear that you want are covered by your vision plan. Tints, special lenses and scratch-resistant coatings are some of the cosmetic options that may or may not be covered under your plan, or may be available to you at discounted prices.

VSP pays the doctor for services covered by your vision plan. However, you will need to pay for any copayments and other costs not covered by the Plan.

How do I find a VSP doctor?

You can easily find a VSP doctor by calling VSP Member Services at 1-800-877-7195, or visiting www.vsp.com.

You have access to any available provider in the VSP **Signature** network.

Services from a non-VSP provider:

If you wish to see a non-VSP provider, VSP will reimburse you up to the amount allowed under your plan's out-of-network provider reimbursement rates as shown in the *What Are My Covered Benefits and Copayments?* section of this handout. Services obtained through non-VSP providers are subject to the same copayments and limitations as services obtained through VSP doctors. Be aware that your out-of-network provider reimbursement rate does not guarantee full payment, and VSP cannot guarantee patient satisfaction when services are received from a non-VSP provider. You may be required to pay the entire bill when you see the non-VSP provider. To submit for reimbursement, gather the following information:

- The provider's bill, including a detailed list of the services received
- The covered Member's name, date of birth, identification number, phone number and address
- Your name, date of birth, phone number and address
- Your relationship to the covered VSP Member (such as self, spouse, child, etc.)
- The name of your health insurance carrier (Sharp Health Plan)

Claims must be filed with VSP within six months after seeing the provider. Please keep a copy of the information for your records and send the originals to: VSP, P.O. Box 495918, Cincinnati, OH 45249-5918

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What are my covered benefits and copayments?

This plan is designed to help you protect your vision. The following summarizes the main benefits of your plan:

Benefit	Frequency ¹	Copayment	From VSP Doctor	From Out-of-Network Provider
Comprehensive eye exam including refraction²	Once every 12 months	\$20	Covered in full	Reimbursed up to \$50
Lenses³	Once every 24 months	\$20	Single vision, lined bifocal and lined trifocal lenses are covered in full	Reimbursed up to \$50/single vision Reimbursed up to \$75/lined bifocal Reimbursed up to \$100/lined trifocal
Frames³	Once every 24 months	\$20	\$95 allowance for frame of your choice	Reimbursed up to \$70
Contact lenses⁴	Once every 24 months	None	Covered up to \$105 allowance	Reimbursed up to \$105
Laser vision⁵			Discounted services	Not covered

What are the limitations?

This plan is designed to cover your visual needs rather than cosmetic materials. If you select any of the following, you will be responsible for additional charges:

- Blended lenses
- Certain limitations on low-vision care
- Coated or laminated lenses
- Contact lenses (except as noted elsewhere herein)
- Cosmetic lenses
- Costs for services and/or materials exceeding plan benefit allowances
- Optional cosmetic processes
- Oversize lenses
- Photochromic or tinted lenses (other than Pink 1 or 2)
- Progressive multifocal lenses
- UV protected lenses

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What is not covered?

The Plan does not cover the following professional services or materials, but discounts may apply to some items:

- Any eye exam or any corrective eyewear required by an employer as a condition of employment
- Corrective vision services, treatments and materials of an experimental nature
- Lenses and frames furnished under this program that 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 (except as noted elsewhere within)
- Orthoptics or vision training and any supplemental testing
- Plano lenses (non-prescription)
- Two pair of glasses in lieu of bifocals

This information is only a summary of your VSP benefit. For more information, call VSP Member Services' 24-hour phone number at 1-800-877-7195, or visit www.vsp.com.

¹ Based on your last date of service.

² WellVision Exam®.

³ Your plan provides a 20 percent discount on non-covered pairs of prescription glasses (services must be received within 12 months from the same VSP doctor who provided the last covered eye exam). Average 30 percent savings on lens options like progressives, scratch-resistant and anti-reflective coatings.

⁴ You may choose contacts or glasses but not both. If you choose contacts, you are using your lens and frame benefit. Your plan includes a 15 percent discount off the cost of your contact lens exam (fitting and evaluation) when obtained from a VSP doctor. The allowance is applied to the contact lens exam (fitting and evaluation) and the contact lenses.

⁵ Laser vision correction (PRK and LASIK surgery) is available at discounted rates (average 15 percent) through contracted laser centers.