

# Supplemental Benefit Plan

Vision VSAO

## 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](http://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 \$40. 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 997105  
Sacramento, CA 95899-7105

# Supplemental Benefit Plan

## *Vision VSA0 (continued)*

### *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:

<b>Benefit</b>	<b>Frequency<sup>1</sup></b>	<b>Copayment</b>	<b>From VSP Doctor</b>
Comprehensive eye exam including refraction <sup>2</sup>	Once every 12 months	None	Covered in full
Laser vision <sup>3</sup>			Discounted services <sup>7</sup>
Lenses and frames <sup>4</sup>			Discounted services <sup>7</sup>
Contact lenses <sup>5</sup>			Discounted services <sup>7</sup>
Glasses and sunglasses <sup>6</sup>			Discounted services <sup>7</sup>

<sup>1</sup> Based on your last date of service.

<sup>2</sup> WellVision Exam®.

<sup>3</sup> Laser vision correction (PRK and LASIK surgery) discount are available through contracted laser centers.

<sup>4</sup> Your plan provides a 20 percent discount when a complete pair of prescription glasses is purchased and a 20 percent discount on additional complete pairs of prescription glasses.

<sup>5</sup> Your plan includes a 15 percent discount off the contact lens fitting and evaluation exam. (This exam is in addition to your vision exam to ensure proper fit of contacts.) Exclusive pricing is also available on annual supplies of popular contact lens brands.

<sup>6</sup> 20 percent off additional glasses and sunglasses, including lens options.

<sup>7</sup> Based on retail cost.

### *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
- Contact lenses (except as noted elsewhere within)
- Corrective vision services, treatments and materials of an experimental nature
- Costs associated with securing materials such as lenses or frames (except as noted elsewhere within)
- Medical or surgical treatment of the eye (except as noted elsewhere within)
- Orthoptics or vision training and any associated supplemental testing

**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](http://www.vsp.com).**