

VISION SERVICE PLAN
A Supplemental Summary Plan Description

A general description of the Vision Service Plan (VSP) is provided on the enclosed VSP Vision Benefits Summary. This supplement provides additional information for ILWU-PMA Welfare Plan Participants. The supplement and benefits summary together comprise the ILWU-PMA Welfare Supplemental Summary Plan Description of the Vision Service Plan.

ELIGIBILITY

The Vision Service Plan covers Active and Retired Longshoremen and their qualified Survivors and Dependents who are eligible for ILWU-PMA Welfare Plan hospital-medical-surgical benefits through the ILWU-PMA Coastwise Indemnity Plan. A full explanation of how eligibility is determined is given in the ILWU-PMA Welfare Plan Summary Plan Description.

HOW THE PROGRAM WORKS

UTILIZING A VSP MEMBER DOCTOR

STEP ONE: When you are ready to obtain vision care services, call your VSP Member Doctor. If you need to locate a VSP Member Doctor, call Vision Service Plan at (800) 877-7195 or visit www.vsp.com.

STEP TWO: When making an appointment, identify yourself as a VSP member and your group's name as the ILWU-PMA Welfare Plan. The doctor will contact VSP to verify your eligibility, plan coverage and will also obtain authorization for services and materials. If you are not eligible, the VSP doctor will notify you.

STEP THREE: At your appointment, the doctor will provide an eye examination and determine what care, if any, is necessary. The doctor will coordinate the prescription with a VSP approved contract laboratory. The doctor will itemize any non-covered charges and have you sign a form to document that you received services. VSP will pay the VSP Member Doctor directly for covered services and materials. You are responsible for paying the doctor a \$5.00 copayment, and any additional costs resulting from cosmetic options, or non-covered services and materials you have selected. Selecting a Member Doctor from VSP's network assures direct payment to the doctor and guarantees quality services and materials.

UTILIZING A NON-MEMBER PROVIDER

Although you may select any licensed vision care provider for services, the reimbursement schedule does not guarantee full payment, nor can VSP guarantee patient satisfaction when services are obtained from a non-member provider.

Follow these steps if you obtain services and/or materials from a non-member provider:

1. Pay the provider the full amount of the bill and request a copy of the bill that shows the amount of the services provided.
2. Send a copy of the itemized bill(s) to VSP. The following information **must** also be included in your documentation:
 - a. Member's name and mailing address.

- b. Member's welfare identification number
- c. Member's employer or group name (ILWU-PMA Welfare Plan).
- d. Patient's name, relationship to member and date of birth.

You may submit the above information on any insurance claim form that may be available from your non-member provider upon request. For any questions regarding submitting a claim, visit VSP at www.vsp.com or call (800) 877-7195.

Please mail the itemized bill(s) and form to the following address:

Vision Service Plan
P.O. Box 997105
Sacramento, CA 95899-7105

Please note that you must file this claim for reimbursement within **six** months of the date services were completed.

BENEFITS AND COVERAGE

Standard Eye Examination and Glasses

- | | |
|---|---|
| <ul style="list-style-type: none"> • Well Vision Exam • Prescription Glasses Lenses • Prescription Glasses Frame | <p>Every 12 months*</p> <p>Every 12 months*</p> <p>Every 24 months*</p> |
|---|---|

*from your last date of service.

Copayment

A Copayment amount of \$5.00 shall be payable by the Covered Person to the Member Doctor at the time of the examination.

Frames

VSP covers a wide selection of frames, but not all frames will be covered in full. The Plan allows a \$300.00 benefit allowance every 24 months for frames and 20% off the amount over your allowance.

Lenses

The following lenses are covered in full when provided by a VSP Member Doctor

- Single vision
- Bifocal
- Trifocal
- Lenticular

The following lens options are covered in full when provided by a VSP Member Doctor

- Anti-reflective coating
- Scratch coating
- Mirror coating
- Color coating
- Blended lenses
- Polycarbonate lenses
- Progressive lenses
- Photochromic lenses
- Polarized lenses

Elective Contact Lenses

The Plan allows a \$300.00 benefit allowance every 12 months which applies to the cost for your contacts and the contact lens exam (fitting and evaluation). This additional exam ensures proper fit of the contacts. Any costs exceeding the allowance are the patient's responsibility.

Medically Necessary Contact Lenses

Covered in full when VSP benefit criteria are met and verified by a VSP Member Doctor for eye conditions that would prohibit the use of glasses. The conditions covered include aphakia, anisometropia, high ametropia, nystagmus, keratoconus and other eye conditions that make contact lenses necessary.

Extra Discounts and Savings

Glasses and Sunglasses

- Average 35 – 40% savings on all non-covered lens options
- 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam or receive 20% off from any VSP doctor within 12 months of your last WellVision Exam

Contacts

- 15% off cost of contact lens exam (fitting and evaluation)

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.

LIMITATIONS

Options: This Plan is designed to cover your visual needs rather than cosmetic materials. If you select any of the following extras, the Plan will pay the basic cost of the allowed lenses, and you will be responsible for the additional costs for the options:

- Optional cosmetic processes.
- Cosmetic lenses.
- Oversize lenses.
- UV (ultraviolet) protected lenses.
- Certain limitations on low vision care.

VSP also has controlled costs for cosmetic options, and these charges are typically less than the Maximum Allowable Charge (MAC). Please consult your VSP Member Doctor about lens options which may be cosmetic in nature, and may result in additional costs.

Not Covered: There is no benefit under the Plan for professional services or materials connected with:

- Orthoptics or vision training and any associated supplemental testing.
- Plano lenses (non-prescription).
- 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.
- Corrective vision treatment of an experimental nature.

- Costs for services and/or materials above Plan Benefit allowances or not indicated as a covered Plan Benefit.
- Any eye examination or any corrective eyewear required by an employer as a condition of employment.

CLAIM REVIEW PROCEDURE

If a claim for benefits is wholly or partially denied, Vision Service Plan will notify the claimant in writing of the specific reasons for the denial, including specific references to pertinent plan provisions. VSP will also describe any additional materials or information, if any, necessary for the claimant to perfect his/her claim, and will explain the VSP's claim review procedure.

Within 180 days of the date of receipt of written denial of a claim, the claimant or his/her duly authorized representative may request a review of the decision denying the claim. The claimant will have a reasonable opportunity for a full and fair review of the decision denying the claim. He/she will be given the opportunity to review pertinent documents, and to submit any statements, documents, or written arguments in support of his/her claim.

Within 30 days after receipt of the request for review, the VSP will advise the claimant in writing of its decision, including specific reference to plan provisions on which the decision is based.

Requests for review of wholly or partially denied claims may also be submitted to the ILWU-PMA Benefit Plans office. The Claims Review Procedure is described completely in your Welfare Plan Summary Plan Description.

A Special Note about the California Department of Managed Health Care's Review of Member Complaints

The California Department of Managed Health Care is responsible for regulating health care service plans. The department has a toll-free telephone number, (888) 466-2219, to receive complaints regarding health plans.

Where to Submit Complaint/Requests for Review

Vision Service Plan
Member Appeals
3333 Quality Drive
Rancho Cordova, CA 95670
(800) 877-7195

The information in this booklet is subject to and does not change the provisions of the ILWU-PMA Welfare Plan Agreement or the provisions of the Welfare Plan Summary Plan Description.

VSP (09/12)
ES:jo/opeiu29aficio/VSP SSPD-091212

Your VSP Vision Benefits



Welcome to VSP® Vision Care. We'll help keep you and your eyes healthy through personalized care from a doctor you can trust.

Your eyes say a lot about you and can even tell your VSP doctor about you. During your WellVision Exam®, your VSP doctor will look for vision problems and signs of health conditions too.

Getting started is a breeze.

- **Find the right VSP doctor for you.** You'll find plenty to choose from at vsp.com or by calling **800.877.7195**.
- **Already have a VSP doctor?** At your appointment, tell them you're a VSP member.
- **Check out your coverage and savings.** Visit vsp.com to see your benefits anytime and check out how much you saved with VSP after your appointment.

That's it! We'll handle the rest—no ID card necessary or claim forms to complete.

Visit the Eyecare Discovery Center® at vsp.com for eye health articles, videos, and interactive games.

**Keep your eyes healthy
and your vision clear with VSP.**

Contact VSP | vsp.com
800.877.7195



ILWU PMA Welfare Plan and VSP provide you an affordable eyecare plan.

Your Coverage from a VSP Doctor

\$5 copay **every 12 months**

WellVision Exam® focuses on your eye health and overall wellness..... **every 12 months**

Prescription Glasses

Lenses **every 12 months**

- Single vision, lined bifocal, and lined trifocal lenses
- Blended, polycarbonate, progressive, photochromic and polarized lenses.
- Anti-reflective, color, mirror, scratch coating

Frame..... **every 24 months**

- \$300 allowance for frame of your choice
- 20% off the amount over your allowance.

~AND~

Contact Lens Care **every 12 months**

\$300 allowance applies to the contacts and the contact lens exam (fitting and evaluation). This additional exam ensures proper fit of contacts.

Extra Discounts and Savings

Glasses and Sunglasses

- Average 35 - 40% savings on all non-covered lens options
- 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam

Contacts

- 15% off cost of contact lens exam (fitting and evaluation)

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor

If you see a non-VSP provider, you'll receive a lesser benefit. Before seeing a non-VSP provider, call us at 800.877.7195 for more details.

Out-of-Network Reimbursement Amounts:

Exam.....	Up to \$45
Single vision lenses	Up to \$45
Lined bifocal lenses	Up to \$65
Lined trifocal lenses	Up to \$85
Frame.....	Up to \$47
Contacts.....	Up to \$300

VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.