

## **VISION SERVICE PLAN**

### **FOR ELIGIBILITY REFER TO GENERAL INFORMATION SECTION**

Vision coverage for Prudent Buyer and Blue Cross HMO members is available through Vision Service Plan (VSP).

Eligible employees may elect vision coverage even if they are not enrolled in any of the District's medical plans.

Prudent Buyer and Blue Cross HMO members can elect to have vision coverage under the Vision Service Plan. Kaiser members are covered for vision coverage through Kaiser.

### **How the Vision Service Plan Works**

1. Locate a VSP doctor by calling VSP at 1-800-877-7195 or go on-line at [www.vsp.com](http://www.vsp.com).
2. Once you have located a VSP provider, call the VSP doctor to make an appointment. Make sure you identify yourself as a VSP member.
3. The VSP doctor will contact Vision Service Plan to verify your eligibility and plan coverage. The VSP doctor will also obtain authorization so you can receive services and materials. If you are not currently eligible for services, the VSP doctor is responsible for communicating this to you.
4. Keep your appointment with the member doctor. After your eye examination, the VSP doctor will determine if eyewear is necessary. If so, the VSP doctor will coordinate your prescription with one of our contract wholesale laboratories and dispense your eyewear.
5. Although more than 90% of VSP patients receive services from member doctors, VSP will reimburse you for services received from any licensed optometrist, ophthalmologist or optician. If you receive services from a non-member provider, you are responsible for paying the provider in full, and submitting itemized receipts to VSP for reimbursement. It is important to note that your reimbursement schedule does not guarantee full payment, and VSP cannot guarantee your satisfaction when services are received from a non-member provider.
6. When the examination has been completed, the VSP doctor has the patient sign the benefit form in the space provided. The patient does not pay the panel doctor anything for services described herein, except the \$20.00 deductible and for services or materials not covered under the plan. VSP pays the panel doctor directly in accordance with its agreement with the doctor.

You may obtain a VSP brochure from your benefits representative. The brochure explains your vision coverage and how to obtain vision care services.

## **PANEL DOCTOR SERVICES**

### **Locating a VSP Participating Doctor**

Most VSP members have an established relationship with a VSP participating doctor. VSP members should always call their doctor to confirm his/her participation in our extensive network. However, if assistance in locating a VSP doctor is needed, the following methods are available:

*On-line.* Through the World Wide Web, VSP members enjoy the easiest method of all to select their doctor. Members simply go on-line to the VSP web site at [www.vsp.com](http://www.vsp.com), click on Members and Consumers and go to Find a VSP Network Doctor.

*Integrated Voice Response System.* Vision Service Plan has implemented an automated member service system accessible via a toll-free number. By calling 800-VSP-7195 (8777195), members have the following provider directory service options:

- Request a list of participating doctors to be mailed to them.
- Enter a doctor's telephone number to verify his/her office's participation in the VSP Network.

*Should the caller need additional assistance, a Customer Service Department representative is available at the touch of a button.*

### **Paid in Full**

The main advantages of the VSP program lie in our ability to control both the quality and the cost of the program. Through our panel of doctors and our purchase of ophthalmic materials we are able to deliver consistent high quality vision care. Through our agreements with our doctors who accept VSP fees as full payment for covered services, and through our materials purchasing ability, we are able to deliver these quality services and materials at a controlled cost.

Therefore, the plan works best when a patient seeks the services of a VSP panel doctor. However, for various reasons patients may choose to seek the services of a doctor or optician who is not a member of VSP. In that case, the patient should pay the itemized bills himself and submit them to VSP for reimbursement in accordance with a schedule. The patient receives lesser benefits and incurs more out-of-pocket expenses.

### **Out of State Services**

In addition to the VSP panel of doctors, VSP maintains reciprocal agreements with many other states across the county. Members or dependents seeking services in these states receive the same quality of service on a similar basis to a VSP state.

- In states where VSP has a reciprocal agreement with a panel of doctors, services are available on a similar basis as in a VSP state.

- In states where VSP does not have a reciprocal agreement, the member may obtain service from any licensed practitioner and receive reimbursement under a schedule.

Availability of services under the reimbursement schedule is subject to the same time limits and deductible as described for panel services, and is in lieu of obtaining these services from a VSP Panel doctor.

## **BENEFITS**

### **Vision Examination**

The primary purpose of this vision care plan is to provide professional vision examination. Each covered person is entitled to an examination every 12 months. This examination includes a complete analysis of the visual functions, including prescription of glasses where indicated.

Lenses every 24 months if doctor recommends. If there is a significant change in prescription, lenses will be covered every 12 months. If a prescription for new lenses differs from the most recent by an axis change of 20 degrees or .50 diopter sphere or cylinder change and the new prescription improves visual acuity by at least one line on the standard eye chart, lenses will be replaced at a 12-month frequency.

When a correction is prescribed by the doctor, the plan includes the necessary materials and professional services connected with the ordering, fitting, and adjusting of such materials.

- **Spectacle Lenses** - The VSP doctor will order the proper lenses from the VSP laboratory (or from another approved laboratory). The VSP doctor verifies the accuracy of the finished lenses when they are returned from the laboratory to make sure they comply with the prescription as written.

The plan provides any *necessary* lenses, including single vision, bifocal, trifocal, or other complex lenses necessary for the patient's visual welfare.

- **Contact Lenses** - Contact lenses are furnished under the plan when the VSP panel doctor secures prior approval for the following conditions:
  1. Following cataract surgery;
  2. To correct extreme visual acuity problems that cannot be corrected with spectacle lenses;
  3. Anisometropia; or
  4. Keratoconus.

When VSP panel doctors receive approval for such cases, they are fully covered by VSP.

When patients choose contact lenses for other reasons, VSP will make an allowance of \$120 toward their cost in lieu of all other benefits.

**Frames (every 24 months)**

The program provides a wide selection of quality frames. Because of the cosmetic nature of frames and the rapidly changing styles, VSP has a limit on the cost of frames provided under the program. However, because we buy frames at wholesale cost, the limit is designed to cover the majority of frames in current use. Patients who select frames that exceed the limit will pay the additional laboratory cost plus a modest additional fee.

**Dual Choice Plan - Panel or Non-Panel Doctors**

The VSP plan provides a dual choice to the patient. If the patient elects to receive vision care service from one of the 10,000 panel doctors, VSP is a PREPAID program and covered services are provided at no out-of-pocket cost, except for the \$20.00 copay.

If the patient chooses to go to a non-panel provider, VSP becomes an indemnity plan and reimburses according to the following schedule:

<b>Professional Fees</b>	<b><u>Member Provider Benefit</u></b>	<b><u>Non-Member Provider Benefit</u></b>
<b>Eye Examination *</b>	Covered in Full	Up to \$ 45.00
<b>Lenses *</b>		
Single Vision	Covered in Full	Up to \$ 45.00
Bifocals	Covered in Full	Up to \$ 65.00
Trifocals	Covered in Full	Up to \$ 85.00
Lenticular	Covered in Full	Up to \$125.00
<b>Frames *</b>	Covered up to Plan Allowance	Up to \$ 47.00
<b>Contact Lenses *</b>		
Necessary	Covered in Full	Up to \$210.00
Elective	Up to \$105.00	Up to \$105.00

\* Subject to Copayment

**LIMITATIONS**

This plan is designed to cover visual needs rather than cosmetic materials. When a patient selects any of the following extras and the VSP doctor does not receive prior authorization VSP will pay the basic cost of the allowed lenses, and the patient will pay the additional laboratory cost for the extras plus a modest additional fee:

1. Blended lenses;
2. Contact lenses;
3. Double segment bifocals;
4. Oversize lenses,
5. Photochromic lenses;
6. Tinted lenses except Pink #1 and Pink #2; or
7. Progressive Multifocal Lenses.

**Not Covered**

There is no benefit for professional services or materials connected with:

1. The additional costs associated with
  - Coated lenses;
  - Laminated lenses; or
  - A frame that costs more than the plan allowance.
2. Orthoptics or vision training and any associated supplemental testing.
3. Plano (non-prescription) lenses.
4. Glasses secured when there is no prescription change; or two pair of glasses in lieu of bifocals.
5. Supplemental testing for contact lenses.
6. 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.
7. Medical or surgical treatment of the eyes.
8. Services or materials provided as a result of any Workers' Compensation law, or similar legislation, or obtained through or required by any government agency or program whether federal, state or any subdivision thereof.
9. Any eye examination required by an employer as a condition of employment.
10. If the covered person does not obtain the VSP benefit form in advance, but visits the panel doctor as a private patient, the panel doctor is not obligated to accept VSP fees as full payment for these services, but may elect to charge his usual and customary fees

The contract gives VSP the right to waive any of the plan limitations, if in the opinion of our optometric consultants this is necessary for the patient's visual welfare.

### **Prior Authorization**

The Vision Service Plan contains limitations in order to control cost. Most of these limitations concern the availability of certain materials that are either cosmetic in nature, or extremely expensive such as multifocal plastic lenses.

However, one of the important features of our plan is that we try to match benefits to the patient's visual needs. If a patient visits a VSP panel doctor, and the doctor sees the need for materials that are excluded by VSP, he has prior authorization forms so he can petition the VSP consultants to make an exception.

Examples of this would be:

- **Oversize Lenses** for a patient whose size and/or weight would indicate that these are not cosmetic but necessary because a large frame is needed.
- **Multifocal Plastic Lenses** where a strong prescription makes the weight of glass unacceptable or where a skin condition might dictate the need for lighter lenses.
- **Contact Lenses** where visual acuity is extremely poor and spectacles give only minimal improvement, but the doctor believes that contact lenses would provide significant improvement in acuity.

### **GRIEVANCE SYSTEM**

The California Department of Corporations is responsible for regulating the Vision Service Plan (VSP). The department has a toll-free telephone number (1-800-400-0815) to receive complaints.

If you have a grievance against VSP, you should contact VSP and use the grievance process. If you need the department's help with a complaint involving an emergency grievance or with a grievance that has not been satisfactorily resolved by VSP, you may call the department's toll-free telephone number.

If a member has a complaint/grievance (hereafter "grievance") regarding VSP service or claim payment, he/she may communicate the grievance to VSP by using the form which is available by calling VSP Customer Service Department's toll free number (1-800-877-7195) Monday through Friday, 6:00 a.m. to 6:00 p.m. Pacific Standard Time. Grievances may be filed in writing with VSP at 333 Quality Drive, Rancho Cordova, California 95670.

Upon receipt of a written grievance, VSP will respond in writing to the member acknowledging receipt and/or disposition of the grievance within ten (10) days. If a resolution cannot be achieved in fifteen (15) days, a notice of grievance receipt will be forwarded to the member which will include an estimation of the date of disposition.

VSP will resolve all grievances within thirty (30) working days of the date the grievance is received. The member will be sent written notification of the finding of fact and an explanation of the resolution or disposition of the grievance within five (5) days of the date the decision is rendered. The member and VSP may, by mutual consent, agree in writing to an extension of the thirty (30) day grievance resolution period.

All grievances and the responses thereto shall remain on file for a period of five years.