



## Welcome to your Vision Service Plan.

### VISION CARE... EASY AS 1,2,3!!!

1. When you are ready to obtain vision care services, call your VSP participating doctor. If you need to locate a VSP participating doctor, call Vision Service Plan at (800) 877-7195 or visit their web site at [www.vsp.com](http://www.vsp.com).
2. The next step is to call the *VSP* participating doctor for an appointment and identify yourself as a *VSP* member. The participating doctor will also need the covered member's identification number (social security number) and that ***SMALL BUSINESS BENEFIT PLAN Group number 427401*** provides your vision benefits. The participating doctor will contact VSP to verify your eligibility and plan coverage. The participating doctor will also obtain authorization for services and materials. If you are eligible the doctor will notify you.
3. At your appointment, the participating doctor will provide an eye examination and determine if eye wear is necessary. If so, the participating doctor will coordinate the prescription with a VSP-approved contract laboratory. The participating doctor will itemize any non-covered charges and have you sign a form to document that you received services. VSP will pay the participating doctor directly for covered services and materials. You are responsible for paying the doctor and applicable co-payment(s) and any additional costs resulting from cosmetic options, or non-covered services and materials you have selected. Selecting a participating doctor from VSP's network assures direct payment to the doctor and guarantees quality services and materials.

### SCHEDULE OF BENEFITS

|                                      |                      |
|--------------------------------------|----------------------|
| <input type="checkbox"/> Examination | Once every 12 months |
| <input type="checkbox"/> Lenses      | Once every 12 months |
| <input type="checkbox"/> Frames      | Once every 24 months |

### *No Per Service Deductible*

#### **Eye Examination:**

A complete initial vision analysis which includes an appropriate examination of visual functions, including the prescription of corrective eyewear where indicated. Each Covered Person is entitled to a Eye Examination as indicated on the cover sheet of this Certificate.

#### **Spectacle Lenses and Frame:**

Lenses: The Member 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. VSP also has controlled costs for cosmetic options, and these charges are typically less than usual and customary fees. Please consult your participating doctor about lens options which may be cosmetic in nature and may result in additional costs.

Frames: VSP provides a \$130 allowance toward a new frame. If you choose a frame valued at more than the plan's allowance, you will receive a 20 percent discount on the amount over your frame allowance. The Member Doctor will assist in the selection of frames, properly fit and adjust the frames, and provide subsequent adjustments to frames to

maintain comfort and efficiency. Each Covered Person is entitled to new frames as indicated on the coversheet of this Certificate.

### **Contact Lenses:**

Your VSP plan provides you with the flexibility to choose contact lenses instead of glasses. You'll receive a \$120 allowance that is applied toward both your contact lens exam and your contact lenses. Your plan includes a 15 percent discount off the cost of your contact lens exam (fitting and evaluation) when obtained from a VSP doctor. This exam is performed in addition to your routine eye exam.

It is essential to check for eye health risks associated with improper wearing or fitting of contacts that if left untreated, can affect the overall health of your eyes.

You will be responsible for any costs exceeding the allowance. Remember, if you choose contacts, you will not be eligible to receive lenses and a frame during the same service period.

**Medically Necessary Contact Lenses:** Covered in full when prescribed by a participating doctor for one of the following conditions: following cataract surgery; to correct extreme vision problems that cannot be corrected with spectacle lenses; with certain conditions of anisometropia; with certain conditions of keratoconus. The participating doctor must secure prior approval from VSP for Medically Necessary contact lenses.

### **Laser VisionCare Services:**

If you're tired of wearing glasses and contacts, VSP's Laser VisionCare Program 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 to:
  - get details about the program and laser vision correction
  - learn what to expect during surgery
  - download questions to ask your doctor
  - review and download Frequently Asked Questions about the procedure
  - find a VSP network doctor
2. Confirm your eligibility before scheduling an appointment. Log on to [vsp.com](http://vsp.com) or call VSP Member Services at 800-877-7195.
3. Call your VSP network doctor to verify their participation in the program.
4. Schedule a complimentary screening with your VSP network doctor to learn more about laser vision correction.

If you decide to have laser vision correction, your VSP network doctor will make arrangements with one of the approved laser surgeons and centers. Your VSP network doctor will also provide your pre-operative care. Post-procedure care is coordinated between your VSP doctor and your VSP laser surgeon.

### **VSP Discounted Pricing**

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

### **Value-Added Discounts**

In addition to the 15 percent discount you will receive off your contact lens exam, you may also receive a discount on certain brands of contact lenses. Annual supplies of popular contact lenses are available to you at competitive prices. Visit [www.VSP.com](http://www.VSP.com) or ask your VSP doctor for details.

Your plan also provides a 20 percent discount on additional pairs of prescription glasses (lenses and frame) including prescription sunglasses. Simply return to the same VSP doctor who performed your last covered eye exam within 12 months from the date of the exam.

### Non-Member Doctor Services

|                      | Services from a VSP Member Doctor* | Services from a NON-member Doctor. |
|----------------------|------------------------------------|------------------------------------|
| Examination          | Paid in full                       | \$45.00 after a \$20 co-payment    |
| Single Vision Lenses | Paid in full                       | \$45.00                            |
| Bifocal Lenses       | Paid in full                       | \$65.00                            |
| Trifocal Lenses      | Paid in full                       | \$85.00                            |
| Lenticular Lenses    | Paid in full                       | \$125.00                           |
| Frame                | \$130.00 allowance                 | \$47.00                            |

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

|           |              |          |
|-----------|--------------|----------|
| Necessary | Paid in full | \$210.00 |
| Elective  | \$120.00     | \$105.00 |

Services and materials obtained from a non-member doctor will be reimbursed up to amounts on the above schedule. If you receive an exam and /or materials from a non-member doctor, you are responsible for paying the provider in full and submitting itemized receipts to VSP for reimbursement. It is important to note that the reimbursement schedule does not guarantee full payment. VSP, PO Box 99710 Sacramento CA 95899-7100

\*When an examination and/or materials are received from a VSP Member Doctor, the patient will have no out-of-pocket expense other than the deductible, unless optional items are selected that the plan does not cover. Optional items include, but are not limited to, oversize lenses (61 mm or larger), tinted or photochromic lenses, coated lenses, non-line multifocal lenses, or a frame which exceeds the wholesale allowance.

#### **PARTICIPANT ELIGIBILITY**

**FOR EMPLOYEE** - All full-time, active employees of the subscribing employer working at least 20 hours a week are eligible.

#### **EFFECTIVE DATE OF COVERAGE**

All regular employees of a Participating Employer are required to enroll and will become eligible to receive Benefits on the first day of the month following the probationary period established by your employer. You are not eligible if you are not reporting to work on a regular basis and are not 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 Vision Service Plan 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 Vision Service Plan 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 do not 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 do not continue your coverage during a military leave, it will be reinstated at the same Benefit level you received before your leave.

#### **WHO ARE YOUR ELIGIBLE DEPENDENTS?**

- Your legal spouse or domestic partner;
- Your unmarried dependent children until their 19th birthday;
- Your unmarried dependent children until their 25th birthday if enrolled full-time in an accredited school, college or university;
- An unmarried dependent child aged 19 or older who is incapable of self-support because of a physical or mental handicap that occurred before he or she turned 19, if the child is mostly dependent on you for support. Proof of this handicap must be given to Delta Dental 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 21. "Dependent children" also means stepchildren, adopted children, children of a domestic partner, children placed for adoption and foster children, provided that they are dependent upon you for support and maintenance.

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.

Dependent coverage is also extended to any child who is recognized under a Qualified Medical Child Support Order (QMCSO).

No Dependent in the military service is eligible.

#### **TERMINATION OF COVERAGE**

Your coverage shall terminate on the last day of the month in which your full-time employment has terminated unless they 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 Vision Service Plan Program may be cancelled by Vision Service Plan 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 unrelated employees in any three consecutive months, or upon 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. Wolfpack Insurance Services, Inc. will supply an election form for you to complete and sign. 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.

#### **V.S.P. Vision, Limitations**

Options - This plan is designed to cover you visual needs rather than cosmetic materials. 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; UV 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; 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; 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 give 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 customers' needs, and that means providing responsive service. If you ever have a question or problem, your first step is to call VSP member services at 1-800-877-7195. A Customer Service Representative will make every effort to assist you. If you feel the situation has not been addressed to your satisfaction, you may initiate a formal appeal within 180 days of an initial determination through our Member Appeals Department. Appeals may be submitted verbally or in writing to: VSP Member Appeals 333 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 at least the following timeframes required by federal law:

Urgent care: Initial determination within 72 hours, Appeals 72 hours. Prior Authorization: Initial determination 15 days, Appeals 30 days. Services already provided to patient: Initial determination 30 days, Appeals 60 days.

### Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Purpose** - The purpose of this notice is to: Provide you with notice of VSP's information protection practices, and explain your rights as a VSP member.

**VSP's Responsibilities** - VSP is required to abide by the terms of this notice currently in effect by: Maintaining the privacy of your Protected Health Information, and Providing you with notice of our legal duties and privacy practices with respect to Protected Health Information.

**Notice Revisions** VSP reserves the right to revise the terms of this notice, and to make the revised terms effective for all Protected Health Information that it maintains. If VSP revises this notice, we will make the revised notice available within sixty (60) days.

#### Definitions

**Business Associate** A person or entity that uses Protected Health Information to perform a service for VSP. These services include, but are not limited to: billing; claim processing and data entry.

**Health Care** Activities related to VSP's operations, including but not limited to:

**Operations:** quality assessment and improvement, doctor performance evaluations, fraud and abuse detection, claim payment, claim audits, customer issue resolution.

**Payment** VSP's collection of insurance premiums or its determination and payment of claims.

**Protected Health Information** Information relating to a VSP patient's past, present or future health or condition, the provision of health care to a VSP patient, or payment for the provision of health care to a VSP patient. Protected Health Information includes, but is not limited to: patient name; Social Security number/member ID; service date; diagnosis information; claim information.

**Treatment** The provision, coordination or management of vision care and related services by one or more vision care providers.

#### Privacy Practices

##### How VSP Uses and Discloses Information About You

VSP will only use and disclose your Protected Health Information without your authorization when necessary for: coordination of your vision care treatment; disclosure to your plan sponsor to the extent permitted by law; payment, health care operations, or as required or permitted by law (please see "Use or Disclosure Required or Permitted by Law" section).

##### Disclosure to VSP's Business Associates

VSP will only disclose your Protected Health Information to Business Associates who have agreed in writing to maintain the privacy of Protected Health Information as required by law.

##### Use or Disclosure Requiring Authorization

VSP will not use or disclose your Protected Health Information for purposes other than those described in this notice. If it becomes necessary to disclose any of your Protected Health Information for other reasons, VSP will request your written authorization.

**Revoking Authorization:** If you provide written authorization, you may revoke it at any time in writing, except to the extent that VSP has relied upon the authorization prior to its being revoked.

##### Use or Disclosure Required or Permitted by Law

VSP may use or disclose your Protected Health Information to the extent that the law requires the use or disclosure:

**Public Health:** For public health activities or as required by the public health authority; **Health Oversight:** To a health oversight agency for activities such as audits, investigations and inspections. Oversight agencies include, but are not limited to, government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws; **Legal Proceedings:** In response to an order of a court or administrative

tribunal, in response to a subpoena, discovery request or other lawful process; **Law Enforcement:** For law enforcement purposes, including: – legal process or as otherwise required by law; limited information requests for identification and location; use or disclosure related to a victim of a crime; suspicion that death has occurred as a result of criminal conduct; if a crime occurs on VSP's premises; or in a medical emergency where it is likely that a crime has occurred. **Criminal Activity:** As requested by law enforcement authorities, if the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

#### **Use and Disclosure Examples**

**Payment:** VSP uses Protected Health Information for payment processing to verify that services provided were covered under the patient's vision care plan.

**Health Care Operations:** VSP uses and discloses Protected Health Information to audit and review claims payment activity to ensure that claims were paid correctly.

**Treatment:** To coordinate treatment by a health care provider.

#### **Know Your Rights**

##### **Review Your Protected Health Information**

You have a right to inspect and obtain a copy of your Protected Health Information.

**Important:** If you feel your Protected Health Information is incorrect, you have the right to request that it be amended.

##### **Request to Restrict Your Protected Health Information**

You can request restrictions on the use and disclosure of your Protected Health Information. VSP is not required to agree to a requested restriction.

**Example:** If a restriction request prevents us from providing service to you or from performing payment related functions, we will not be able to agree to the request.

**Confidential Communication** When necessary, VSP mails your Protected Health Information to your home. If you feel receiving a copy of your Protected Health Information at your home could compromise your safety, you may request in writing, an alternate communication method and/or location. **Important:** VSP will not ask for an explanation for such requests, but may request payment for this service.

**Examples:** The patient may decide, for his or her safety, to have correspondence containing his or her Protected Health Information sent somewhere other than to his or her home, or to have the information sent via fax rather than mailed.

##### **Accounting of Disclosures**

If a disclosure of your Protected Health Information was made for a reason other than treatment, payment or health care operations, you have a right to receive an accounting of the disclosure. **Important:** If the disclosure was made to you, VSP will not provide an accounting.

**Receive a Copy** You can view and print a copy of this Notice of Privacy Practices through vsp.com. You may also request a copy from your Benefit Administrator, or you may request a paper copy from VSP.

**Complaints** If you believe that your privacy rights have been violated, you may submit a complaint to VSP or to the U.S. Secretary of Health and Human Services at any time. VSP will not retaliate against you for filing a complaint. File complaints with VSP at vsp.com, or by calling our Member Services Department at 800-877-7195, for complaints regarding:

- restrictions on the use or disclosure of your Protected Health Information
- amendments to your Protected Health Information, or
- accounting of the use or disclosure of your Protected Health Information.

File complaints with the U.S. Secretary of Health and Human Services using the *HIPAA Complaint Submission Form* at [cms.hhs.gov/hipaa/hipaa 2/default.asp](http://cms.hhs.gov/hipaa/hipaa%20/default.asp), or by mail to: HIPAA Complaint, 7500 Security Blvd., C5-24-04, Baltimore, MD 21244, for complaints regarding: VSP's business practices, or the use of your Protected Health Information.

**Contact Information - Contact VSP** Contact us through vsp.com, or call our Member Services Department at 800-877-7195 to request: restrictions on the use or disclosure of your Protected Health Information, amendments to your Protected Health Information, revoking authorizations, accounting of the use or disclosure of your Protected Health Information, or a copy of your Protected Health Information.

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**THIS EVIDENCE OF COVERAGE CONSTITUTES ONLY A SUMMARY OF THE HEALTH PLAN.  
THE HEALTH 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.

01-01-2008

[www.DentalandVisionIns.com](http://www.DentalandVisionIns.com)