

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 385018
Birmingham, AL 35238-5018

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

- Well Vision Exam Every 12 months*
- Prescription Glasses Lenses Every 12 months*
- Prescription Glasses Frame Every 24 months*

*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)
TH:jk/opeiu29affcio/VSP SSPD (03-10-2017)



Protect
your vision
with VSP.

Get the best in eyecare and eyewear with ILWU-PMA WELFARE PLAN and VSP® Vision Care.



At VSP, we invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we're the only national not-for-profit vision care company, you can trust that we'll always put your wellness first.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP provider, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, your satisfaction is guaranteed.
- **Choice of Providers.** The decision is yours to make—choose a VSP provider or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

- **Register at vsp.com** Once your plan is effective, review your benefit information.
- **Find an eyecare provider who's right for you.** To find a VSP provider, visit vsp.com or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more¹. Visit vsp.com to find a VSP provider who carries these brands.

See why we're consumers' #1
choice in vision care².

Contact us. 800.877.7195
vsp.com

Your VSP Vision Benefits Summary

ILWU-PMA WELFARE PLAN and VSP provide you with an affordable eyecare plan.



VSP Provider Network: VSP Signature

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$5	Every 12 Months
Prescription Glasses			
Contact Lenses	<ul style="list-style-type: none"> \$300 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 		Every 12 months
Lenses and Frames in addition to contact lenses	<ul style="list-style-type: none"> \$300 allowance for a wide selection of frames \$320 allowance for featured frame brands Single vision, lined bifocal, and lined trifocal lenses 20% savings on the amount over your allowance 		Lenses every 12 Months and Frames every 24 Months
Lens Enhancements	<ul style="list-style-type: none"> Progressive lenses Blended Polycarbonate Hi Index Photochromic Polarized Scratch resistant coating Anti-reflective coating Color and Mirror coating Average savings of 35-40% on other lens enhancements 		Every 12 Months
Diabetic Eyecare Program	<ul style="list-style-type: none"> Services related to type 1 diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		
Your Coverage with Out-of-Network Providers			
Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.			
Exam	up to \$45	Lined Bifocal Lenses	up to \$65
Frame	up to \$47	Lined Trifocal Lenses	up to \$85
Single Vision Lenses	up to \$45	Progressive Lenses	up to \$85
		Contacts	up to \$300
VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.			

Contact us. [800.877.7195](tel:800.877.7195) | vsp.com

¹Brands/Promotion subject to change.

²Blueocean Market Intelligence National Vision Plan Member Research, 2014

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