

# Spectera Vision Plan

<http://www.spectera.com/myfedvision>



# 2007

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## Spectera Vision Plan Description

### Who may enroll in this plan:

All Federal employees and annuitants in the United States and overseas who are eligible to enroll in the Federal Employees Dental and Vision Insurance Program

### Enrollment Options for this Plan:

- High Option – Self Only
- High Option – Self Plus One
- High Option – Self and Family
- Standard Option – Self Only
- Standard Option – Self Plus One
- Standard Option – Self Plus Family



Federal Employees  
Dental And Vision Insurance Program

Authorized for distribution by the:



**United States  
Office of Personnel Management**

Center for  
Retirement and Insurance Services  
<http://www.opm.gov/insure>

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## Introduction

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On December 23, 2004, President George W. Bush signed the Federal Employee Dental and Vision Benefits Enhancement Act of 2004 (Public Law 108-496). The Act directed the Office of Personnel Management (OPM) to establish supplemental dental and vision benefit programs to be made available to Federal employees, annuitants, and their eligible family members. In response to the legislation, OPM established the Federal Employees Dental and Vision Insurance Program (FEDVIP). OPM has contracted with dental and vision insurers to offer an array of choices to Federal employees and annuitants.

This brochure describes the benefits of Spectera Vision under Spectera's contract OPM-06-00060-7 with OPM, as authorized by the FEDVIP law. The address for our administrative office is:

Spectera Vision  
2811 Lord Baltimore Drive  
Baltimore, MD 21244  
1-866-375-3263  
[www.spectera.com/myfedvision](http://www.spectera.com/myfedvision)

This brochure is the official statement of benefits. No oral statement can modify or otherwise affect the benefits, limitations, and exclusions of this brochure. It is your responsibility to be informed about your benefits.

If you are enrolled in this Plan, you are entitled to the benefits described in this brochure. If you are enrolled in Self Plus One, you and your designated family member are entitled to these benefits. If you are enrolled in Self and Family coverage, each of your eligible family members is also entitled to these benefits.

OPM negotiates rates with each carrier annually. Rates are shown at the end of this brochure.

**This Vision Plan and all other FEDVIP plans are not a part of the Federal Employees Health Benefits (FEHB) Program.**

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## Program Highlights

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<b>A choice of plans and options</b>	You can select from several national, and in some areas regional, dental Preferred Provider Organizations (PPO), and high and standard coverage options. You can also select from several nationwide vision plans. You may enroll in a dental plan or a vision plan, or both. Visit <a href="http://www.opm.gov/insure/dentalvision">www.opm.gov/insure/dentalvision</a> for more information.
<b>Enroll through BENEFEDS</b>	You enroll through the Internet at <a href="http://www.BENEFEDS.com">www.BENEFEDS.com</a> . See page 6 for more information.
<b>Coverage effective date</b>	If you sign up for a dental and/or vision plan during the 2006 Open Season, your coverage will begin on December 31, 2006. Premium deductions will start with the first full pay period beginning on/after January 1, 2007. You can use your benefits as soon as your coverage becomes effective.
<b>Pre-tax salary deduction for employees</b>	Employees automatically pay premiums through payroll deductions using pre-tax dollars. Annuitants automatically pay premiums through annuity deductions using post-tax dollars.
<b>Annual enrollment opportunity</b>	Each year, an open season will be held, during which you can enroll or change your dental and/or vision plan enrollment. This year the Open Season runs from November 13, 2006 through December 11, 2006. You do not need to re-enroll each open season unless you wish to change plans or plan options. Your coverage will continue from the previous year. In addition to the annual open season, there are certain events that allow you to make specific types of enrollment changes throughout the year. See page 6 for more information.
<b>Continued group coverage</b>	Your enrollment or your eligibility to enroll may continue after retirement. You do not need to be enrolled in FEDVIP for any length of time to continue enrollment into retirement. Your family members may be able to continue enrollment after your death. See page 5 for more information.
<b>Waiting period</b>	The only waiting period is for orthodontic services. To meet this requirement, the person receiving the services must be enrolled in the same plan for the entire waiting period.

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## Section 1 Eligibility

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<b>Federal employees</b>	If you are a Federal or U.S. Postal Service employee, you are eligible to enroll in FEDVIP if you are eligible for the Federal Employees Health Benefits (FEHB) Program. Enrollment in the FEHB Program is not required.
<b>Federal annuitants</b>	<p>You are eligible to enroll if you:</p> <ul style="list-style-type: none"><li>retired on an immediate annuity under the Civil Service Retirement System (CSRS), the Federal Employees Retirement System (FERS) or another retirement system for employees of the Federal Government;</li><li>retired for disability under CSRS, FERS, or another retirement system for employees of the Federal Government.</li></ul> <p>You may continue your FEDVIP enrollment into retirement if you retire on an immediate annuity or for disability under CSRS, FERS or another retirement system for employees of the Government, regardless of the length of time you had FEDVIP coverage as an employee. There is no requirement to have coverage for the 5 years of service prior to retirement to continue coverage into retirement, as there is with the FEHB Program.</p> <p>Your FEDVIP coverage will end if you retire on a Minimum Retirement Age (MRA) + 10 retirement and postpone receipt of your annuity. You can enroll in FEDVIP again when you begin to receive your annuity.</p>
<b>Survivor annuitants</b>	If you are a survivor of a deceased Federal/ U.S. Postal Service employee or annuitant and you are receiving an annuity, you can enroll or continue the existing enrollment.
<b>Compensationers</b>	A compensationer is someone receiving monthly compensation from the Department of Labor's Office of Workers' Compensation Programs (OWCP) due to an on-the-job injury who is determined by the Secretary of Labor to be unable to return to duty. You are eligible to enroll in FEDVIP or continue FEDVIP enrollment into compensation status.
<b>Family members</b>	<p>Eligible family members include your spouse and unmarried dependent children under age 22. This includes legally adopted children and recognized natural children who meet certain dependency requirements. This also includes stepchildren and foster children who live with you in a regular parent-child relationship. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support.</p> <p>FEDVIP rules and FEHB rules for family member eligibility are the same. For more information on family member eligibility, see the FEHB Handbook at <a href="http://www.opm.gov/insure/handbook">www.opm.gov/insure/handbook</a> or contact your employing agency or retirement system.</p>
<b>Not eligible</b>	<p>The following persons are not eligible to enroll in FEDVIP, regardless of FEHB eligibility or receipt of an annuity or portion of an annuity:</p> <ul style="list-style-type: none"><li>Deferred annuitants;</li><li>Former spouses of employees or annuitants;</li><li>FEHB temporary continuation of coverage (TCC) enrollees.</li></ul>

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## Section 2 Enrollment

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### Enroll through BENEFEDES

**You must use BENEFEDES to enroll or change enrollment in a FEDVIP plan. BENEFEDES is a secure enrollment website ([www.BENEFEDES.com](http://www.BENEFEDES.com)) sponsored by OPM where you enter your name, personal information such as your address and Social Security Number, the agency you work for (or retirement system that pays your annuity), and the dental/vision plan you select.** If you do not have access to a computer, call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680 to enroll or change your enrollment.

**Note:** You cannot enroll in a FEDVIP plan using the Health Benefits Election Form (SF 2809) or through an agency self-service system, such as Employee Express, PostalEase, EBIS, MyPay, or Employee Personal Page. However, those sites may provide a link to BENEFEDES.

### Enrollment types

**Self Only:** A Self Only enrollment covers only you as the enrolled employee or annuitant. You may choose a Self Only enrollment even though you have a family; however, your family members will not be covered under FEDVIP.

**Self Plus One:** A Self Plus One enrollment covers you as the enrolled employee or annuitant plus one eligible family member whom you specify. You may choose a Self Plus One enrollment even though you have additional eligible family members, but the additional family members will not be covered under FEDVIP.

**Note: A Self Plus One enrollment option does not exist under the FEHB Program.**

**Self and Family:** A Self and Family enrollment covers you as the employed enrollee or annuitant and all of your eligible family members. You must list all eligible family members when enrolling.

### Opportunities to enroll or change enrollment

#### *Open season*

If you are an eligible employee or an eligible annuitant, you can enroll in a dental and/or vision plan during the November 13 through December 11, 2006 Open Season. Coverage is effective December 31, 2006.

During future annual open seasons, you may enroll in a plan, or change or cancel your dental and/or vision coverage. The effective date of these open season enrollments and changes will be set by OPM. If you want to continue your current enrollment, do nothing. Your enrollment carries over from year to year, unless you change it.

#### *New hire / Newly eligible*

You can enroll within 60 days after you become eligible as:

- a new employee;
- a previously ineligible employee who transferred to a covered position;
- a survivor annuitant if not already covered under FEDVIP;

or within 60 days of a return to service following a break in service of at least 31 days.

Your enrollment will be effective the first day of the pay period following the one in which BENEFEDES receives your enrollment.

#### *Qualifying Life Event*

A qualifying life event (QLE) is an event that allows you to enroll, or if you are already enrolled, allows you to change your enrollment outside of an open season.

The following chart lists the QLE's and the enrollment actions you may take.

Qualifying Life Event	From Not Enrolled to Enrolled	INCREASE: Enrollment Type	DECREASE: Enrollment Type	Cancel	CHANGE: from one plan to another
Acquiring an eligible family member	No	Yes	No	No	No
Losing a covered family member	No	No	Yes	No	No
Losing other dental/vision coverage (eligible or covered person)	Yes	Yes	No	No	No
Moving out of regional plan's service area	No	No	No	No	Yes
Return to pay status from active military duty	Yes	No	No	No	No
Annuity/compensation restored	Yes	No	No	No	No

The timeframe for requesting a QLE change is from 31 days before to 60 days after the event. There are two exceptions:

- There is no time limit for a change based on moving from a regional plan's service area and
- You cannot request a new enrollment based on a QLE before the QLE occurs. You must make the change no later than 60 days after the event.

Generally, enrollments and enrollment changes made based on a QLE are effective on the first day of the pay period following the one in which BENEFEDS receives the enrollment or change. BENEFEDS will send you confirmation of your new coverage effective date.

***Canceling an enrollment***

You can cancel your enrollment only during the annual open season. An eligible family member's coverage also ends upon the effective date of the cancellation.

Your cancellation is effective at the end of the day before the date OPM sets as the open season effective date.

**When coverage stops**

Coverage ends when you:

- no longer meet the definition of an eligible employee or annuitant;
- begin a period of non-pay status or pay that is insufficient to have your FEDVIP premiums withheld and you do not make direct premium payments to BENEFEDS;
- are making direct premium payments to BENEFEDS and you stop making the payments; or



- cancel the enrollment during open season.

Coverage for a family member ends when:

- you as the enrollee lose coverage; or
- the family member no longer meets the definition of an eligible family member.

**Under FEDVIP, there is no 31-day extension of coverage, temporary continuation of coverage, spouse equity coverage, or right to convert to an individual policy.**

**FSAFEDS/High Deductible  
Health Plans and  
FEDVIP**

If you are planning to enroll in an FSAFEDS Health Care Flexible Spending Account (HCFSAs) or Limited Expense Health Care Flexible Spending Account (LEX HCFSAs), you should consider how coverage under a FEDVIP plan will affect your annual expenses, and thus the amount that you should allot to an FSAFEDS account. Please note that insurance premiums are not eligible expenses for either type of FSA.

Because of the tax benefits an FSA provides, the IRS requires that you forfeit any money for which you did not incur an eligible expense and file a claim in the time period permitted. This is known as the “Use-it-or-Lose-it” rule. Carefully consider the amount you will elect.

Current FSAFEDS participants must re-enroll to participate in 2007. See [www.fsafeds.com](http://www.fsafeds.com) or call 1-877-FSAFEDS (372-3337) or TTY: 1-800-952-0450.

If you enroll or are enrolled in a high deductible health plan with a health savings account (HSA) or health reimbursement arrangement (HRA), you can use your HSA or HRA to pay for qualified dental/vision costs not covered by your FEHB and FEDVIP plans.

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## Section 3 How you get care

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### Identification cards / Enrollment confirmation

Enroll online at [www.benefeds.com](http://www.benefeds.com). Upon confirmation of your enrollment, you will be sent a Spectera Vision identification card with your welcome packet.

### Where you get covered care

You may visit any provider in the Spectera Vision network. Log on to [www.spectera.com/myfedvision](http://www.spectera.com/myfedvision) and select the provider locator option. You may also contact Spectera's 24-hour, toll-free Interactive Voice Response (IVR) system dedicated to Federal employees and annuitants at 866-375-3263. You may elect to visit any vision provider to utilize your benefit, even if they are not part of the Spectera Vision provider network.

- **Plan providers**

We list Plan providers on our Web site at [www.spectera.com/myfedvision](http://www.spectera.com/myfedvision). In addition, you can call Spectera's 24-hour, toll-free Interactive Voice Response (IVR) system dedicated to Federal employees and annuitants at 866-375-3263.

- **In-network**

Once you locate an in-network provider, call the provider directly to schedule your appointment. Identify yourself as having Spectera Vision coverage and provide the primary insured's subscriber number and patient's name and date of birth.

- **Out-of-network**

If you choose to use an out-of-network provider, your reimbursement will not exceed the out-of-network maximums listed in this brochure. In order to receive reimbursement, please submit the itemized paid receipt(s), along with the primary insured's subscriber number and patient's name and date of birth, to:

Spectera, Inc.

Attention: Claims Department

P.O. Box 30978

Salt Lake City, UT 84130

It is important to note that you must pay the out-of-network provider in-full at the time of service, and then submit your receipt(s) to Spectera for reimbursement. Receipts for services and materials purchased on different dates must be submitted together at the same time to receive reimbursement. Receipts must be submitted within 12 months of the date of service.

- **Overseas**

When overseas, follow the procedure for visiting an out-of-network provider. Please refer to Section 4 for details pertaining to using your benefit overseas.

### Coordination of benefits

If you have vision coverage through your FEHB plan, your FEHB plan will be pay their benefits first. We are responsible for coordinating benefits with the primary plan.

### Underserved areas

If you live in an area that does not have a Spectera Vision provider located within 15 miles of your primary residence for urban ZIP codes, or 35 miles of your primary residence for rural ZIP codes, we will pay 100% of your plan allowance when you receive covered services from an out-of-network provider. Follow the out-of-network claims submission instructions in Section 7, "How to file a claim for covered services."

You can find participating providers at [www.spectera.com/myfedvision](http://www.spectera.com/myfedvision).

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## Section 4 Your cost for covered services

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This is what you will pay out-of-pocket for covered care:

### **Copayment**

A copayment is a fixed amount of money you pay to the provider when you receive services.

Example: In our Plan, you have an eye exam copay and a copay for eyewear materials (if needed). Both Standard Option members and High Option members pay \$10 for an eye examination. For materials, Standard Option members have a \$25 copay, while High Option members have a \$10 materials copay. The materials copay is a single payment that applies to the entire purchase of eyeglasses (lenses and frames), or contacts in lieu of eyeglasses.

### **Coinsurance**

Coinsurance is the percentage of billed charges that you must pay for your care. Coinsurance for your Spectera Vision plan only applies to coverage for low vision and vision therapy, and does not apply to any other portion of the Spectera Vision benefit.

Example: For either low vision or vision therapy services, you will follow the out-of-network process and pay the provider in-full at the time of service. You then submit your receipts to our claims department, and will be reimbursed 75% of the billed charges, up to the lifetime benefit maximum for both vision therapy and low vision services.

### **Annual benefit maximum**

For the Spectera Vision plan, you can receive an eye exam, frames, and lenses – or contact lenses in lieu of eyeglasses – and other vision testing as described in Section 4, once per year.

### **Lifetime benefit maximum**

There is a lifetime maximum reimbursement of \$1,000 for low vision and \$1,000 for vision therapy services. There is also a lifetime maximum reimbursement of \$1,500 for a prosthetic eye. There is no lifetime benefit maximum associated with any other portion of the Spectera Vision plan.

### **In-network services**

#### **Eye Exam:**

After your \$10 exam copay, receive a comprehensive eye examination from a state-licensed optometrist or ophthalmologist.

#### **Lenses:**

After your materials copay\* (\$25 for Standard Option / \$10 for High Option), one pair of standard single vision, lined bifocal, lined trifocal, or standard lenticular lenses is covered-in-full. For the High Option, basic progressive lenses are also covered. If you choose lenses outside of the plan allowance, you are only responsible for the cost difference.

#### **Patient Options:**

Standard scratch-resistant coating and polycarbonate lenses are covered for all plan designs. Additionally, basic progressives, tinted lenses, and UV coating are covered with the High Option. Other patient options may be offered at a 20% - 40% discount at network provider locations.

#### **Frames:**

After your materials copay\* you receive a \$50 wholesale frame allowance (approximate retail value of \$120 to \$150) at private practice providers, or a \$130 frame allowance at retail chain providers.

**Contact Lenses:** Contacts are in lieu of eyeglasses

After your materials copay\* the fitting/evaluation fees, contacts (including disposables), and up to two follow-up visits are covered-in-full (after your materials copay). If covered disposable contact lenses are chosen, up to 4 boxes (depending on prescription) are included when obtained from a network provider. A \$125 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside of Spectera's covered-in-full contacts.

\*It is important to note that the materials copay is a single payment that applies to the entire purchase of eyeglasses (lenses and frames), or contacts in lieu of eyeglasses.

**Out-of-network services**

When visiting an out-of-network provider, pay the provider in-full at the time of service and you will be reimbursed up to the amounts indicated in Section 5.

**Underserved areas**

If you live in an area that meets the requirements for an underserved area (see Section 3), pay the provider in-full at the time of service and you will be reimbursed up to the amounts indicated in Section 5.

**Overseas services**

When visiting an overseas provider, you will pay the provider in-full at the time of service, and you will be reimbursed up to the amounts indicated in Section 5. Reimbursement will be converted from foreign currency into U.S. dollars.

## Section 5 Vision services and supplies

**Important things you should keep in mind about these benefits:**

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure.

Benefit	Standard Option	High Option
Frequency	Exam every 12 months Lenses every 12 months Frames every 12 months	Exam every 12 months Lenses every 12 months Frames every 12 months
Examination	Covered-in-full, after \$10 exam copay	Covered-in-full, after \$10 copay
Standard Glass or Plastic Lenses ( <i>One pair of standard single vision, lined bifocal, lined trifocal, or standard lenticular lenses</i> )	Covered-in-full, after \$10 materials copay*	Covered-in-full, after \$10 materials copay*
<b>Covered-in-Full Contact Lenses</b>	Covered-in-full, after \$25 materials copay*; up to 4 boxes of disposables ( <i>depending on prescription, if disposable contacts are chosen</i> )	Covered-in-full, after \$10 materials copay*; up to 4 boxes of disposables ( <i>depending on prescription, if disposable contacts are chosen</i> )
<b>Non-Covered Contacts</b>	\$125 allowance, materials copay does not apply	\$125 allowance, materials copay does not apply
<b>Frames</b>	Covered-in-full, after \$25 materials copay*	Covered-in-full, after \$10 materials copay*
<b>Covered-in-Full Patient Options</b>	<ul style="list-style-type: none"> <li>• Scratch-resistant coating</li> </ul> <p><b>Polycarbonate lenses</b></p>	<ul style="list-style-type: none"> <li>• Scratch-resistant coating</li> <li>• Polycarbonate lenses</li> <li>• Basic Progressive lenses</li> <li>• Tinted lenses</li> <li>• UV coating</li> </ul>

\*It is important to note that the materials copay is a single payment that applies to the entire purchase of eyeglasses (lenses and frames), or contacts in lieu of eyeglasses.

### Other Vision Testing Reimbursement Schedule

*You will be reimbursed up to the amounts shown below:*

Special Eye Evaluation	\$85	Tonography & Eye Evaluation	\$45
Orthoptics \$/or Pleoptics Evaluation/Training	\$60	Tonography with Water Provocation	\$45
Fit Contacts for Treatment of Disease	\$114	Ophthalmic Biometry by Partial Coherence Interferometry	\$220
Serial Tonometry Exam(s)	\$60	Proactive Tests for Glaucoma	\$60

**Overseas Reimbursement Schedule**

*You will be reimbursed up to the amounts shown below:*

Exam	\$80	Lenticular Lenses	\$130
Single Vision Lenses	\$60	Frames	\$110
Bifocal Lenses	\$80	Elective Contact Lenses	\$130
Trifocal Lenses	\$115	Necessary Contact Lenses	\$200

**Out-of-Network Reimbursement Schedule**

*You will be reimbursed up to the amounts shown below:*

Exam	\$40	Lenticular Lenses	\$80
Single Vision Lenses	\$40	Frames	\$45
Bifocal Lenses	\$60	Elective Contact Lenses	\$125
Trifocal Lenses	\$80	Necessary Contact Lenses	\$210

**Underserved Area Reimbursement Schedule**

*You will be reimbursed up to the amounts shown below:*

Exam	\$100	Lenticular Lenses	\$150
Single Vision Lenses	\$80	Frames	\$130
Bifocal Lenses	\$100	Elective Contact Lenses	\$150
Trifocal Lenses	\$135	Necessary Contact Lenses	\$210

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## HIGH OPTION

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### Diagnostic

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#### **Eye Examinations** (once every 12 months)

Receive a comprehensive eye examination from a state-licensed optometrist or ophthalmologist. An eye exam with refraction is a general evaluation of the complete visual system. This service includes:

- Taking a complete medical and visual history
- General medical observation
- Visual acuities
- Pupil evaluation
- Ocular motility testing and binocular function tests
- Color vision test
- Keratometry
- Retinoscopy
- Refraction
- External examination of the eye
- Ophthalmoscope examination of the internal eye (includes a routine dilated eye exam)
- Gross visual fields (confrontation fields)
- Biomicroscopy
- Tonometry
- Initiation of diagnostic and treatment programs

The comprehensive eye exam will evaluate the eye for diseases of the visual system, such as glaucoma, cataracts, macular degeneration, diabetic retinopathy, and hypertensive retinopathy.

92002-92004 New patient examination

92012-92014 Established patient examination

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### Eyewear

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*Eyewear - continued on next page*

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## Eyewear (cont.)

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**Lenses** (per pair, every 12 months as needed) – One pair of standard single vision, lined bifocal, lined trifocal, standard lenticular, or polycarbonate lenses is covered-in-full.

V2100 - V2114 Single Vision

V2200 - V2214 Bifocal

V2300 - V2314 Trifocal

V2115 - V2117 Lenticular - Single Vision

V2215 - V2217 Lenticular - Bifocal

V2315 - V2317 Lenticular - Trifocal

**Frames** (one every 12 months as needed) – Receive a \$50 wholesale frame allowance (approximate retail value of \$120 to \$150) at private practice providers, or a \$130 frame allowance at retail chain providers.

V2020 Covered Frame

V2025 Non-Covered Frame

### **Covered Patient Options**

Standard scratch-resistant coating, tinted lenses, and UV coating is covered-in-full, as are polycarbonate and progressive lenses.

V2784 Polycarbonate

V2781 Progressive

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## Contact Lenses

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V2500-V2599 Contact Lenses (once every 12 months, in lieu of eyeglasses) –

92310 Contact lens evaluation and fitting

**Covered-in-full elective contact lenses:** The fitting/evaluation fees, contacts (including disposables), and up to two follow-up visits are covered-in-full (after applicable copay) for many of the most popular brands on the market. If covered disposable contact lenses are chosen, up to 4 boxes (depending on prescription) are included when obtained from a network provider. It is important to note that Spectera's covered-in-full contact lenses may vary by provider.

**All other elective contacts:** A \$125 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside of Spectera's covered-in-full contacts (materials copay does not apply). Toric, gas permeable, and bifocal contacts are all examples of contacts that are outside of our covered-in-full selection.

**Necessary contact lenses\*:** Covered-in-full (after applicable copay)

\* Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following post cataract surgery without intraocular lens implant; To correct extreme vision problems that cannot be corrected with spectacle lenses; With certain conditions of anisometropia; With certain conditions of keratoconus. If your provider considers your contacts necessary, you should ask your provider to contact Spectera concerning the reimbursement that Spectera will make before you purchase such contacts.

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**Other Vision Aids, Prosthetic Eye**

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*Other Vision Aids, Prosthetic Eye - continued on next page*

### Other Vision Aids, Prosthetic Eye (cont.)

Other Vision Testing – A reimbursement for services that typically go beyond what is covered by a routine vision examination

92060	Special Eye Evaluation
92065	Orthoptics \$/or Pleoptics Evaluation/Training
92070	Fit Contacts for Treatment of Disease
92100	Serial Tonometry Exam(s)
92120	Tonography & Eye Evaluation
92130	Tonography with Water Provocation
92136	Ophthalmic Biometry by Partial Coherence Interferometry
92140	Proactive Tests for Glaucoma

**Low Vision** – Reimbursement for low vision services to ensure members are equipped to cope with visual impairment. The low vision coverage has a lifetime maximum reimbursement of \$1,000, in which we would pay 75% of the claim (member responsible for 25% coinsurance)

*Other Vision Aids, Prosthetic Eye - continued on next page*

**Other Vision Aids, Prosthetic Eye (cont.)**

99242	Office consultation for a new or established patient. Usually the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99243	Office consultation for a new or established patient. Usually the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family
99244	Office consultation for a new or established patient. Usually the presenting problem(s) are of moderate to high severity.
92354	Fitting of spectacle mounted low vision aid; single element system
92355	Fitting of telescopic or other compound system
V2600	Hand held low vision aids and other nonspectacle aids
V2610	Single lens spectacle mounted low vision aids
V2615	Telescopic and other compound lens system, including distance visiontelescopic, near vision telescopes and compound microscopic lens system

**Vision Therapy**– Reimbursement for therapeutic services, up to a lifetime maximum of \$1000 in which we would pay 75% of the claim (member responsible for 25% coinsurance)

**Prosthetic Eye**

*Other Vision Aids, Prosthetic Eye - continued on next page*

**Other Vision Aids, Prosthetic Eye (cont.)**

V2620/ V2632	Prosthetic eye – Reimbursement on a lifetime maximum basis. Claims are submitted following the out-of-network procedure and there is a one time reimbursement for the cost of a prosthetic eye, up to \$1,500
92335	Prescription of ocular prosthesis (artificial eye) and direction of fitting and supply by independent technician with medical supervision
92330	Prescription fitting and supply of ocular prosthesis (artificial eye) with medical supervision of adaptation
V2623	Prosthetic eye plastic custom
V2629	Prosthetic Eye other type
99242	Office consultation for a new or established patient. Usually the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99243	Office consultation for a new or established patient. Usually the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family
99244	Office consultation for a new or established patient. Usually the presenting problem(s) are of moderate to high severity.
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation

**Laser Vision Correction**

Spectera Vision participants receive access to discounted refractive eye surgery from The Laser Vision Network of America (LVNA); the discount is either 15% off the usual and customary price, or 5% off a promotional price.

**STANDARD OPTION**

**Diagnostic**

*Diagnostic - continued on next page*

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## Diagnostic (cont.)

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### Eye Examinations (once every 12 months)

Receive a comprehensive eye examination from a state-licensed optometrist or ophthalmologist. An eye exam with refraction is a general evaluation of the complete visual system. This service includes:

- Taking a complete medical and visual history
- General medical observation
- Visual acuities
- Pupil evaluation
- Ocular motility testing and binocular function tests
- Color vision test
- Keratometry
- Retinoscopy
- Refraction
- External examination of the eye
- Ophthalmoscope examination of the internal eye (includes a routine dilated eye exam)
- Gross visual fields (confrontation fields)
- Biomicroscopy
- Tonometry
- Initiation of diagnostic and treatment programs

The comprehensive eye exam will evaluate the eye for diseases of the visual system, such as glaucoma, cataracts, macular degeneration, diabetic retinopathy, and hypertensive retinopathy.

92002-92004 New patient examination

92012-92014 Established patient examination

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## Eyewear

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**Lenses** (per pair, every 12 months as needed) – One pair of standard single vision, lined bifocal, lined trifocal, standard lenticular, or polycarbonate lenses is covered-in-full.

V2100 - V2114 Single Vision

V2200 - V2214 Bifocal

V2300 - V2314 Trifocal

V2115 - V2117 Lenticular - Single Vision

V2215 - V2217 Lenticular - Bifocal

V2315 - V2317 Lenticular - Trifocal

**Frames** (one every 12 months as needed) – Receive a \$50 wholesale frame allowance (approximate retail value of \$120 to \$150) at private practice providers, or a \$130 frame allowance at retail chain providers.

V2020 Covered Frame

V2025 Non-Covered Frame

### Covered Patient Options

Standard scratch-resistant coating is covered-in-full, as are polycarbonate lenses.

V2784 Polycarbonate

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## Contact Lenses

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V2500-V2599 Contact Lenses (once every 12 months, in lieu of eyeglasses) –

92310 Contact lens evaluation and fitting

**Covered-in-full elective contact lenses:** The fitting/evaluation fees, contacts (including disposables), and up to two follow-up visits are covered-in-full (after applicable copay) for many of the most popular brands on the market. If covered disposable contact lenses are chosen, up to 4 boxes (depending on prescription) are included when obtained from a network provider. It is important to note that Spectera's covered-in-full contact lenses may vary by provider.

**All other elective contacts:** A \$125 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside of Spectera's covered-in-full contacts (materials copay does not apply). Toric, gas permeable, and bifocal contacts are all examples of contacts that are outside of our covered-in-full selection.

**Necessary contact lenses\*:** Covered-in-full (after applicable copay)

\* Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following post cataract surgery without intraocular lens implant; To correct extreme vision problems that cannot be corrected with spectacle lenses; With certain conditions of anisometropia; With certain conditions of keratoconus. If your provider considers your contacts necessary, you should ask your provider to contact Spectera concerning the reimbursement that Spectera will make before you purchase such contacts.

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## Other Vision Aids, Prosthetic Eye

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*Other Vision Aids, Prosthetic Eye - continued on next page*

### Other Vision Aids, Prosthetic Eye (cont.)

Other Vision Testing – A reimbursement for services that typically go beyond what is covered by a routine vision examination

92060	Special Eye Evaluation
92065	Orthoptics \$/or Pleoptics Evaluation/Training
92070	Fit Contacts for Treatment of Disease
92100	Serial Tonometry Exam(s)
92120	Tonography & Eye Evaluation
92130	Tonography with Water Provocation
92136	Ophthalmic Biometry by Partial Coherence Interferometry
92140	Proactive Tests for Glaucoma

**Low Vision** – Reimbursement for low vision services to ensure members are equipped to cope with visual impairment. The low vision coverage has a lifetime maximum reimbursement of \$1,000, in which we would pay 75% of the claim (member responsible for 25% coinsurance)

*Other Vision Aids, Prosthetic Eye - continued on next page*

**Other Vision Aids, Prosthetic Eye (cont.)**

99242	Office consultation for a new or established patient. Usually the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99243	Office consultation for a new or established patient. Usually the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family
99244	Office consultation for a new or established patient. Usually the presenting problem(s) are of moderate to high severity.
92354	Fitting of spectacle mounted low vision aid; single element system
92355	Fitting of telescopic or other compound system
V2600	Hand held low vision aids and other nonspectacle aids
V2610	Single lens spectacle mounted low vision aids
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes, and compound microscopic lens system

**Vision Therapy**– Reimbursement for therapeutic services, up to a lifetime maximum of \$1000 in which we would pay 75% of the claim (member responsible for 25% coinsurance)

99242	Office consultation for a new or established patient. Usually the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99243	Office consultation for a new or established patient. Usually the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family
99244	Office consultation for a new or established patient. Usually the presenting problem(s) are of moderate to high severity.
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation

**Prosthetic Eye**

*Other Vision Aids, Prosthetic Eye - continued on next page*



**Other Vision Aids, Prosthetic Eye (cont.)**

V2620/ V2632	Prosthetic eye – Reimbursement on a lifetime maximum basis. Claims are submitted following the out-of-network procedure and there is a one time reimbursement for the cost of a prosthetic eye, up to \$1,500
92335	Prescription of ocular prosthesis (artificial eye) and direction of fitting and supply by independent technician with medical supervision
92330	Prescription fitting and supply of ocular prosthesis (artificial eye) with medical supervision of adaptation
V2623	Prosthetic eye plastic custom
V2629	Prosthetic Eye other type

**Laser Vision Correction**

Spectera Vision participants receive access to discounted refractive eye surgery from The Laser Vision Network of America (LVNA); the discount is either 15% off the usual and customary price, or 5% off a promotional price.

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## Section 6 General exclusions – things we don't cover

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The exclusions in this section apply to all benefits.

The following services and materials are excluded from coverage under the Policy:

- Post cataract lenses
- Non-prescription items
- Medical or surgical treatment for eye disease that requires the services of a physician
- Worker's Compensation services or materials
- Services or materials that the patient, without cost, obtains from any governmental organization or program
- Services or materials that are not specifically covered by the Policy
- Replacement or repair of lenses and/or frames that have been lost or broken
- Cosmetic extras, except as stated in the Policy's Table of Benefits

This plan is designed to cover your vision needs rather than cosmetic materials. If you select any of the following, you will be responsible for an additional charge:

- Cosmetic lenses

The following professional services or materials are not covered.

- 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

**For additional information, contact Customer Service at 1-866-375-3263.**

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## Section 7 The claims filing and disputed claims processes

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### How to file a claim for covered services

You do not need to file a claim when you visit a network provider. However, if you visit an out-of-network provider, submit the itemized paid receipt(s), along with the primary insured's unique identification number and patient's name and date of birth, to:

Spectera, Inc.

Attention: Claims Department

P.O. Box 30978

Salt Lake City, UT 84130

Receipts for services and materials purchased on different dates must be submitted together at the same time to receive reimbursement. Receipts must be submitted within 12 months of the date of service.

### Deadline for filing your claim

Receipts for out-of-network service must be submitted within 12 months of the date of service.

### Disputed Claims Process

Follow this disputed claims process if you disagree with our decision on your claim or request for services. **The FEDVIP law does not provide a role for OPM to review disputed claims.**

#### Step Description

**1** Ask us in writing to reconsider our initial decision. You must:

Submit your appeal in writing to:

Spectera Claims Department

P.O. Box 26618 Baltimore, Maryland 21207-6618

Attention: Claims Appeals

Appeal requests must be in writing and received by Spectera within 180 days after your receipt of the Notice of Benefit Determination. Should you not receive the Notice of Benefit Determination within 30 days of submission of the original claim, you may submit your appeal within 180 days after this 30-day period has expired.

**2** We have 60 days from the date we received your request to decide on your appeal. If an appeal is denied, a written Notice of Benefit Appeal Determination will be sent to you.

**3** If the dispute is not resolved through the reconsideration process, you may request a review of the denial. You must submit your request for reconsideration denial review in writing to:

Appeals and Grievance Unit

Attn: Reconsideration Review

2811 Lord Baltimore Drive

Baltimore, MD 21244

Reconsideration review requests must be in writing and received by Spectera within 60 days after your receipt of the Notice of Benefit Appeal Determination.

**4** If you do not agree with our final decision, you may request an independent third party, mutually agreed upon by us and OPM, review the decision.

The decision of the independent third party is binding and is the final review of your claim. This decision is not subject to judicial review.

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## Section 8 Definitions of terms we use in this brochure

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<b>Annuitants</b>	Federal retirees (who retired on an immediate annuity), and survivors (of those who retired on an immediate annuity or died in service) receiving an annuity. This also includes those receiving compensation from the Department of Labor's Office of Workers' Compensation Programs, who are called compensationers. Annuitants are sometimes called retirees.
<b>BENEFEDS</b>	The enrollment and premium administration system for FEDVIP.
<b>Benefits</b>	Covered services or payment for covered services to which enrollees and covered family members are entitled to the extent provided by this brochure.
<b>Annual benefit maximum</b>	The maximum annual benefit that you can receive per person.
<b>Enrollee</b>	The Federal employee or annuitant enrolled in this Plan.
<b>FEDVIP</b>	Federal Employees Dental and Vision Insurance Program.
<b>Plan allowance</b>	The amount we use to determine our payment for certain vision care services, such as the frame allowance and contact lens allowance, as well as for out-of-network services.
<b>We / Us</b>	The Spectera Vision plan.
<b>You</b>	Enrollee or eligible family member.
<b>Low vision</b>	Visual impairment where the person retains some usable vision.
<b>Orthoptics</b>	An ophthalmic field pertaining to the evaluation and treatment of patients with disorders of the visual system with an emphasis on binocular vision and eye movements.
<b>Pleoptics</b>	The study and treatment of defects in binocular vision resulting from defects in the optic musculature or of faulty visual habits. It involves a technique of eye exercises designed to correct the visual axes of eyes not properly coordinated for binocular vision.
<b>Vision therapy</b>	Therapeutic services used to treat common vision problems.

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## Stop health care fraud!

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Fraud increases the cost of health care for everyone and increases your Federal Employees Dental and Vision Insurance Program premium.

**Protect Yourself From Fraud** – Here are some things that you can do to prevent fraud:

- Do not give your plan identification (ID) number over the telephone or to people you do not know, except to your providers, plan, BENEFEDS, or OPM.
- Let only the appropriate providers review your clinical record or recommend services.
- Avoid using providers who say that an item or service is not usually covered, but they know how to bill us to get it paid.
- Carefully review your explanation of benefits (EOBs) statements.
- Do not ask your provider to make false entries on certificates, bills or records in order to get us to pay for an item or service.
- If you suspect that a provider has charged you for services you did not receive, billed you twice for the same service, or misrepresented any information, do the following:
  - Call the provider and ask for an explanation. There may be an error.
  - If the provider does not resolve the matter, call us at 866/375-3263 and explain the situation.

## Summary of benefits - High Option

- **Do not rely on this chart alone.** On this page we summarize specific expenses we cover; for more detail, look inside.
- If you want to enroll or change your enrollment in this Plan, please visit [www.BENEFEDS.com](http://www.BENEFEDS.com) or call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680.

### High Option

Frequency: Exam every year; Lenses every year; Frames every year;

Contacts (in lieu of lenses and/or frames) every year

Copays: \$10 Exam/\$10 Materials

Benefits	Network	Out-of-Network*
Eye Examination	100%	up to \$40.00
Single Vision Lenses	100%	up to \$40.00
Bifocal Lenses	100%	up to \$60.00
Trifocal Lenses	100%	up to \$80.00
Lenticular Lenses	100%	up to \$80.00
Frames	100%	up to \$45.00
Elective Contact Lenses		
Covered-in-full contacts	100%	up to \$125
All other elective contacts	up to \$125	up to \$125
Necessary Contact Lenses	100%	up to \$210.00
<b>Bi-Weekly Premiums</b>		
Self - \$3.41		
Self Plus One - \$6.65		
Self Plus Family - \$9.91		

*\*The Spectera Vision plan pays up to the amounts shown when visiting an out-of-network provider.*

- **Patient Options** – Standard scratch-resistant coating, polycarbonate lenses, basic progressives, tinted lenses, and ultraviolet coating are covered. Other patient options may be offered at a 20% to 40% discount.

## Summary of benefits - Standard Option

### Standard Option

Frequency: Exam every year; Lenses every year; Frames every year;

Contacts (in lieu of lenses and/or frames) every year

Copays: \$10 Exam/\$25 Materials

Benefits	Network	Out-of-Network*
Eye Examination	100%	up to \$40.00
Single Vision Lenses	100%	up to \$40.00
Bifocal Lenses	100%	up to \$60.00
Trifocal Lenses	100%	up to \$80.00
Lenticular Lenses	100%	up to \$80.00
Frames	100%	up to \$45.00
Elective Contact Lenses		
Covered-in-full contacts	100%	up to \$125
All other elective contacts	up to \$125	up to \$125
Necessary Contact Lenses	100%	up to \$210.00
<b>Bi-Weekly Premiums</b>		
Self - \$2.63		
Self Plus One - \$5.13		
Self Plus Family - \$7.64		

*\*The Spectera Vision plan pays up to the amounts shown when visiting an out-of-network provider.*

- **Patient Options** – Standard scratch-resistant coating and polycarbonate lenses are covered for all plan designs. Other patient options, such as ultraviolet protection and progressive lenses, may be offered at a 20% to 40% discount.

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## 2007 Monthly rate information for Spectera Vision

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Monthly Rates

<b>High option Self Only</b>	<b>High option Self Plus One</b>	<b>High option Self and Family</b>	<b>Standard option Self Only</b>	<b>Standard option Self Plus One</b>	<b>Standard option Self and Family</b>
<b>\$7.39</b>	<b>\$14.41</b>	<b>\$21.47</b>	<b>\$5.70</b>	<b>\$11.12</b>	<b>\$16.55</b>



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**2007 Bi-weekly rate information for Spectera Vision**

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**Bi-weekly Rates**

<b>High option Self Only</b>	<b>High option Self Plus One</b>	<b>High option Self and Family</b>	<b>Standard option Self Only</b>	<b>Standard option Self Plus One</b>	<b>Standard option Self and Family</b>
<b>\$3.41</b>	<b>\$6.65</b>	<b>\$9.91</b>	<b>\$2.63</b>	<b>\$5.13</b>	<b>\$7.64</b>