

# VSP

<http://www.choosevsp.com>



## 2008

## A Nationwide PPO Vision Plan

VSP vision plan is available nationwide and overseas.

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 and Family



*VSP receives award for Highest Customer Satisfaction in the Insurance Industry by Service Quality Measurement, Inc.*



Member Satisfaction was measured by evaluating key factors: coverage and communication, cost, doctor network and clinical service, eyewear purchase experience, and customer service support.

**"Highest in Member Satisfaction Among National Vision Plans, Three Years in a Row"**

VSP received the highest numerical score in the 2004 National Vision Plan Member Satisfaction Study and J.D. Power and Associates 2005-2006 National Vision Plan Member Satisfaction Studies<sup>SM</sup>. 2006 study based on 2,011 total responses measuring 8 companies and measures opinions of vision plan members. Study results are based on experiences and perceptions of consumers surveyed in August – September 2006. 2004 study conducted for VSP by J.D. Power and Associates. Your experiences may vary. Visit [jdpower.com](http://jdpower.com).



★  
**Credentialing and Recredentialing**

*VSP uses credentialing to ensure that our more than 24,000 doctors provide the highest quality eyecare to our members.*

Authorized for distribution by the:



Federal Employees  
Dental And Vision Insurance Program



**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 Employees 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 High Option and Standard Option with Vision Service Plan (VSP) under contract OPM-06-00060-10 with OPM, as authorized by the FEDVIP law. The address for our administrative office is:

VSP  
3333 Quality Drive  
Rancho Cordova, CA 95670  
800-807-0764  
[choosevsp.com](http://choosevsp.com)

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 benefits and rates with each carrier annually. Rates are shown at the end of this brochure.

VSP is responsible for the selection of doctors in their network. Visit [www.choosevsp.com](http://www.choosevsp.com) or contact us at 800-807-0764 for a list participating doctors. Continued participation of any specific doctor cannot be guaranteed. Thus, you should choose your plan based on the benefits provided and not on a specific provider's participation. When you phone for an appointment, please remember to verify that the provider is currently in-network. You cannot change plans because of changes to the provider network.

Provider networks may be more extensive in some areas than others. We cannot guarantee the availability of every specialty in all areas. If you require the services of a specialist and one is not available in your area, please contact us for assistance.

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

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## FEDVIP Program Highlights

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<b>A Choice of Plans and Options</b>	You can select from several nationwide, 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 BENEFEDES</b>	You enroll through the Internet at <a href="http://www.BENEFEDES.com">www.BENEFEDES.com</a> . Please see Section 2, Enrollment, for more information.
<b>Coverage Effective Date</b>	If you sign up for a dental and/or vision plan during the 2007 Open Season, your coverage will begin on January 1, 2008. Premium deductions will start with the first full pay period beginning on/after January 1, 2008. You may use your benefits as soon as your eligibility is confirmed.
<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 may enroll or change your vision plan enrollment. This year, Open Season runs from November 12, 2007 through December 10, 2007. 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. Please see Section 2, Enrollment, for more information.
<b>Continued Group Coverage After Retirement</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 also be able to continue enrollment after your death. Please see Section 1, Eligibility, for more information.

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## How We Have Changed for 2008

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**Following are VSP's vision plan enhancements:**

### **Flexible Spending Accounts (FSA) - Paperless Reimbursement**

You may use your FSA to pay for out-of-pocket expenses at your VSP doctor's office and VSP will submit your eligible out-of-pocket FSA expenses electronically, so you don't have to.

Using your FSA for your eyecare and eyewear expenses is simple:

- Just visit your VSP doctor for your WellVision Exam and eyewear
- Pay any out-of-pocket expenses
- VSP will submit your expenses for reimbursement for you.

If you were a VSP member last year and used your benefit, you may view your VSP Savings Statement on [vsp.com](http://vsp.com) to help budget for your 2008 FSA.

Insurance premiums are not eligible expenses for FSAs. Please see Section 2, Enrollment, for more information.

### **Extra Savings and Discounts**

- Non-prescription Sunglasses - 20% discount off non-prescription sunglasses from any VSP doctor within 12 months of your last covered eye exam.
- Additional Prescription Glasses - 20% discount off additional glasses from any VSP doctor within 12 months of your last covered eye exam.

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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 5 years of service prior to retirement in order 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 may 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 may 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/illness 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><li>Anyone receiving an insurable interest annuity who is not also an eligible family member.</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.** 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.

If you are currently enrolled in FEDVIP and do not want to change plans or options, your enrollment will continue automatically. **Please Note:** your plans' premiums may change for 2008.

**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 annuitant, you may enroll in a vision plan during the November 12 through December 10, 2007 Open Season. Coverage is effective January 1, 2008.

During future annual Open Seasons, you may enroll in a plan, or change or cancel your 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 may 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
- an employee returning 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 and confirms 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 QLEs and the enrollment actions you may take.



<b>Qualifying Life Event</b>	<b>From Not Enrolled to Enrolled</b>	<b>INCREASE: Enrollment Type</b>	<b>DECREASE: Enrollment Type</b>	<b>Cancel</b>	<b>CHANGE: from one plan to another</b>
<b>Acquiring an eligible family member</b>	No	Yes	No	No	No
<b>Losing a covered family member</b>	No	No	Yes	No	No
<b>Losing other dental/vision coverage (eligible or covered person)</b>	Yes	Yes	No	No	No
<b>Moving out of regional plan's service area</b>	No	No	No	No	Yes
<b>Going on active military duty, non-pay status</b>	No	No	No	Yes	No
<b>Return to pay status from active military duty</b>	Yes	No	No	No	No
<b>Annuity/co-compensation restored</b>	Yes	Yes	Yes	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 and confirms the enrollment or change. BENEFEDS will send you confirmation of your new coverage effective date.

***Canceling an enrollment***

You may 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.

**Continuation of Coverage**

**Under FEDVIP, there is no 31-day extension of coverage. The following are also NOT available under the FEDVIP plans:**

- Temporary Continuation of Coverage (TCC);
- spouse equity coverage; or
- right to convert to an individual policy (conversion policy).

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

If you are planning to enroll in an FSAFEDS Health Care Flexible Spending Account (HCFSA) or Limited Expense Health Care Flexible Spending Account (LEX HCFSA), 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 2008. 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.

Using your FSA pre-tax dollars for your eyecare and eyewear needs is a great way to get more out of your benefit dollar. And VSP will submit your eligible FSA out-of-pocket expenses electronically, so you don't have to.

Using your FSA for your eyecare and eyewear expenses is simple:

- Visit your VSP doctor for your WellVision eye examination and eyewear
- Pay any out-of-pocket expenses
- VSP will submit your expenses for reimbursement for you.

If you were a VSP member last year and used your benefit, you may view your VSP Savings Statement on [vsp.com](http://vsp.com) to estimate your out-of-pocket expenses for 2008.

## Section 3 How You Obtain Benefits

**Identification Cards/  
Enrollment Confirmation** ID cards are not necessary to obtain services. Your eyecare provider will call us to verify eligibility and benefits.

For members who prefer ID cards, sign on to [vsp.com](http://vsp.com) to print a personalized Member Reference Card.

**Where You Get Covered  
Care** You can get covered care from any VSP network doctor or out-of-network provider. However, if you use our in-network doctors (plan providers), you will maximize your benefits and only be responsible for the co-payments due at the time of the visit.

**Plan Providers** We list plan providers in the provider directory, which we update periodically. The list is on our website at: [choosevsp.com](http://choosevsp.com) or you may call us at 800-807-0764.

**In-Network** Make an appointment with a VSP network doctor and tell them you are a VSP member. Your doctor will confirm your eligibility with VSP. Your co-payment is due at the time of the visit.

**Out-of-Network** VSP will partially reimburse services performed by out-of-network providers. However, since these providers do not have a contract with VSP, you will receive a lesser benefit. You must pay the bill at the time of service and submit the claim to VSP for partial reimbursement. Please contact VSP at 1-800-807-0764, prior to visiting an out-of-network provider.

**Coordination of Benefits**

IF	THEN
<b>You and/or your dependent(s)</b> have vision coverage through your FEHB plan and VSP coverage under FEDVIP	Your FEHB plan will be the first payor of any benefit payments and VSP is secondary
<b>You</b> have vision coverage through a non-FEHB plan and VSP coverage under FEDVIP (covered through a spouse)	VSP is the primary payor and your non-FEHB plan is secondary.
If your <b>covered dependent child</b> has coverage through a non-FEHB plan and VSP coverage under FEDVIP	The parent's plan whose birthday occurs first in the calendar year (1. Month, 2. Date) is primary. If the months and dates are the same for both parents, the primary payor is the plan that has provided coverage the longest.

Below are coordination of benefits payment examples. The amounts listed are for example purposes only and **do not** reflect your FEHB or VSP benefits. The examples do not include your copay. You are responsible for paying your copay. Your coordination of benefits may vary, contact us at 800-807-0764 for more information. Please see Section 5, Vision Services and Supplies, for a description of your VSP benefits.

1) Covered by an FEHB plan and VSP through FEDVIP:

SERVICE	FEHB	VSP
Eye Exam: \$85	\$20	\$65
Lenses: \$77	\$30	\$47
Frames: \$200	\$50	\$150
Total: \$362	\$100	\$262

Your FEHB Plan will pay \$100. VSP will then pay \$262 or up to the plan allowance.

2) Covered by a non-FEHB plan and VSP through FEDVIP.

<b>SERVICE</b>	<b>VSP</b>	<b>Non-FEHB Plan</b>
Eye Exam: \$85	\$85 (Fully covered)	\$0
Lenses: \$77	\$77 (Fully covered)	\$0
Frames: \$200	\$150	\$50
Total \$362	\$312	\$50

VSP will pay \$312 or up to the plan allowance. Your non-FEHB plan will then pay \$50.

**Limited Access Area**

If you live in an area that does not have adequate access to a VSP network doctor and you receive covered services from an out-of-network provider, we will reimburse you up to our plan allowance. You are responsible for any difference between the amount billed and our payment.

**Pre-Authorization**

Pre-authorization is only required for the acquisition of treatment of members affected by low vision.

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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:

**Co-payment**

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

Example: In the VSP High Option plan, you pay a \$10 copay for an exam and prescription glasses, if necessary.

**In-Network Services**

When you visit a VSP network doctor, your eye exam and glasses or contacts are covered after any co-payments. You will also receive 20% off any out-of-pocket costs over your frame allowance and lens option.

- **High Option:** \$10 total copay for eye exam and prescription glasses
- **Standard Option:** \$10 copay for eye exam and \$20 copay for prescription glasses

**Out-of-Network Services**

When you visit an out-of-network provider, you will be reimbursed according to the following schedule:

Eye Exam:	Up to \$45
Lenses:	
Single vision	Up to \$45
Lined bifocals	Up to \$65
Lined trifocals	Up to \$85
Lenticular	Up to \$125
Frames:	Up to \$47
Contact Lenses:	Up to \$105

## 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 and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted protocols.

Benefit Description	You Pay*	
Diagnostic	High Option	Standard Option
<p><b>Eye Examination</b> - covered in full (once every 12 months). VSP doctors provide a WellVision eye exam, a comprehensive exam that focuses on your eyes and overall wellness.</p>	<p>\$10</p> <p>High Option is a “total” copay, covering both the exam and prescription glasses.</p>	<p>\$10</p>
Eyewear	High Option	Standard Option
You may choose prescription glasses or contacts.		
<p><b>Lenses</b> - covered in full (per pair, every 12 months)</p> <p>Glass or plastic single vision, lined bifocal, lined trifocal, lenticular lenses and popular lens options</p>	<p>Nothing</p> <p>The “total” copay covers both the exam and prescription glasses.</p>	<p>\$20</p>
<b>Lens Options</b> (covered in addition to base lens)		
Polycarbonate lenses (shatter-resistant)	Nothing	Nothing
Scratch resistant coating	Nothing	Nothing
Anti-reflective coatings	Nothing	80% of Billed Charges (20% discount from VSP doctors)
UV protection	Nothing	80% of Billed Charges (20% discount from VSP doctors)
Lenses that transition to light	Nothing	80% of Billed Charges (20% discount from VSP doctors)
<p><b>Frames</b> - covered every 12 months</p> <p>Frame of your choice up to the frame allowance. All brand-name frames and styles available from VSP doctors.</p>	<p>Nothing for frames up to the \$150 plan allowance</p> <p><b>Frame Greater than \$150:</b></p> <p>You Get: 20% discount off the cost over \$150.</p>	<p>Nothing for frames up to the \$120 plan allowance</p> <p><b>Frame Greater than \$120:</b></p> <p>You Get: 20% discount off the cost over \$120.</p>

Benefit Description	You Pay*	
Contact Lenses	High Option	Standard Option
<p><b>Contact Lens Care</b> covered (every 12 months)</p> <p>When you choose contacts instead of glasses, your allowance applies to the cost of the contacts and the contact lens exam (fitting and evaluation). No copay applies.</p>	<p><b>Contact Lens Program: Nothing</b></p> <p>Current soft contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses. To qualify, you must currently wear lenses from a specific list of the industry's most popular brands of soft, spherical contact lenses. Visit <a href="http://choosevsp.com">choosevsp.com</a> for details.</p> <p><b>All Other Contact Lenses: \$150 Allowance</b> applies to the cost of the contacts and the contact lens exam (fitting and evaluation). No copay applies.</p>	<p><b>Contact Lens Program: Nothing</b></p> <p>Current soft contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses. To qualify, you must currently wear lenses from a specific list of the industry's most popular brands of soft, spherical contact lenses. Visit <a href="http://choosevsp.com">choosevsp.com</a> for details.</p> <p><b>All Other Contact Lenses: \$120 Allowance</b> applies to the cost of the contacts and the contact lens exam (fitting and evaluation). No copay applies.</p>

\* Please refer to Section 4, Your Cost for Covered Services, for the nationwide reimbursement schedule and Section 6, International Services and Supplies, for the international reimbursement schedule.

### Extra Discounts and Savings

The following extra discounts and savings are only available from VSP network doctors.

#### Prescription Glasses

- 20% discount off all lens extras such as progressives.
- 20% discount off additional prescription glasses and sunglasses when obtained from any VSP doctor within 12 months of your last covered exam.

#### Contact Lens Care

- 15% discount off the cost of contact lens exam (fitting and evaluation) when obtained from any VSP doctor within 12 months of your last covered exam.

#### Laser Vision Correction

- Average 15 % discount at contracted VSP laser centers. The most you will pay is \$1,500 per eye for PRK, \$1,800 per eye for LASIK and \$2,300 per eye for Custom LASIK.

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## Low Vision Coverage

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This benefit is available for patients having vision loss sufficient enough to prevent reading, moving around in unfamiliar surroundings and completing desired tasks. Patients with low vision have visual impairments not fully treatable by medical, surgical or conventional eyewear or contact lenses. **Low vision benefits must be pre-authorized.**

**Your low vision coverage from a VSP network doctor provides:**

- Low vision exams and low vision aids, up to a \$1000 maximum, every two years
- Low vision supplemental testing, if approved, will be covered in full every two years. If low vision aids are approved, VSP will pay 75% of the approved amount up to a maximum of \$1,000 (less any amount paid for supplemental testing) per covered individual every two years. The patient is responsible for the remaining 25% of the approved amount plus any amount over the maximum.

If you choose to go out-of-network, you must pay the provider at the time of your appointment and submit the claims for partial reimbursement. There is no guarantee of reimbursement. If your claim is approved, you will be reimbursed up to the amount we pay a VSP network doctor. For example, if you are charged \$200 for the supplemental evaluation, your reimbursement amount would not exceed VSP's maximum payable of \$125.

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## Section 6 International Services and Supplies

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**International Claims Payment**

VSP is a nationwide vision plan and therefore does not have network doctors overseas. To obtain services, visit any international eyecare provider and you will be reimbursed 75% of billed charges up to this international out-of-network schedule:

Eye Exam:	Up to \$65
Lenses:	
Single vision	Up to \$55
Lined bifocal	Up to \$75
Lined trifocal	Up to \$95
Lenticular	Up to \$125
Frame:	Up to \$120
or	or
Contact Lenses:	Up to \$105

**Finding an International Provider**

Visit the international eyecare provider of your choice.

**Filing International Claims**

Sign on to [vsp.com](http://vsp.com) and access our online Out-of-Network Reimbursement Form and follow the instructions. If you do not have Internet access, send an itemized receipt listing the services received along with the patient's name and covered member's name and ID number to VSP. Please keep a copy of the information and mail the originals to:

VSP  
 Attn: Out-of-Network Claims  
 P.O. Box 997105  
 Sacramento, CA 95899-7105

**Customer Service Website and Phone Numbers**

View your benefits and savings statement at [www.vsp.com](http://www.vsp.com) or call 800-807-0764.

**International Rates**

Please refer to the Rate Information section, to view the rates. Premiums for our international members are the same as our nationwide members.

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## Section 7 General Exclusions – Things We Do Not Cover

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The following services and materials are not covered:

- Any vision service, treatment, or material not specifically listed as a covered service, treatment, or material;
- Orthoptics or vision training and any associated supplemental testing;
- Non-prescription lenses (i.e., when patient's refractive error is less than a +/- 0.50 diopter power)
- Two pairs of glasses in lieu of bifocals;
- Expenses associated with securing materials such as lenses and frames other than as specified in this brochure;
- Medical or surgical treatment of the eyes;
- Replacement of lenses and frames furnished under this program, except at the normal intervals when services are available.

Items not covered under the contact lens coverage include:

- Corneal Refractive Therapy (CRT) or Orthokeratology (a procedure using contact lenses to change the shape of the cornea in order to reduce myopia);
- Replacement of lost or damaged lenses;
- Insurance policies or service agreements;
- Non-prescription lenses (i.e., when patient's refractive error is less than a +/- 0.50 diopter power);
- Artistically painted lenses;
- Additional office visits associated with contact lens pathology;
- Contact lens modification, polishing or cleaning.

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## Section 8 Claims Filing and Disputed Claims Processes

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### How to File a Claim for Covered Services

When you visit a VSP network doctor, you do not complete any paperwork or claim forms. VSP doctors verify your eligibility, plan coverage and obtain authorization from VSP.

If you decide not to see a VSP doctor, call us first at 800-807-0764. You are required to pay the provider in full at the time of your appointment and submit a claim for partial reimbursement.

Sign on to [vsp.com](http://vsp.com) and access our online Out-of-Network Reimbursement Form and follow the instructions. If you do not have Internet access, send an itemized receipt listing the services received along with the patient's name and covered member's name and ID number to VSP. Please keep a copy of the information and mail the originals to:

**VSP, Attn: Out-of-Network Claims** P.O. Box 997105 Sacramento, CA 95899-7105

### Deadline for Filing Your Claim

Out-of-network claims must be submitted to VSP within six months for reimbursement.

### 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.**

#### Disputed Claim Steps:

1. In order to reconsider our initial decision. You must:

- Contact our Member Service Department at 800-807-0764 to request an appeal, or
- Submit the appeal of this decision in writing to VSP within 180 days from the date of the letter. Please include a copy of the claim, as well as any comments that you would like to have considered. Mail your appeal to: **VSP, Attn: Complaint & Grievance Unit** P.O. Box 997100 Sacramento, CA 95899

2. We have 30 days from the date we received your request to resolve the complaint and send the resolution to you.

3. If the dispute is not resolved through the reconsideration process, you may request a review of the denial. You must:

- Contact our Member Service Department at 800-807-0764 to request an appeal, or
- Submit the appeal of this decision in writing to VSP within 180 days from the date of the letter. Please include a copy of the claim, as well as any comments that you would like to have considered. Mail your appeal to: **VSP, Attn: Complaint & Grievance Unit** P.O. Box 997100 Sacramento, CA 95899

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

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

To initiate this process, you must submit the appeal in writing to Lumetra, an independent review organization (IRO) who is fully accredited as an Independent Review Accreditation Committee (URAC) and send a copy to VSP at: **VSP, Attn: Complaint & Grievance Unit** P.O. Box 997100 Sacramento, CA 95899

**Lumetra, Independent Review Organization** One Sansome Street, Suite 900 San Francisco, CA 94104

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## Section 9 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>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 covered services. If you choose to see an out-of-network provider due to not having access to at least one VSP doctor within 15 miles in urban areas or one VSP doctor within 35 miles in rural areas, the plan allowance is based on the 75 <sup>th</sup> percentile of the VSP doctor's usual and customary fees. You are responsible for any difference between the amount billed and our payment.
<b>Pre-Authorization</b>	This is the procedure used by the plan to pre-approve services and the amount that the plan will cover.
<b>We/Us</b>	VSP.
<b>You</b>	Enrollee or eligible family member.

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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 VSP Savings Statement, which is available online at [vsp.com](http://vsp.com).
- 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 **the VSP Fraud Watch Hotline at 1-800-877-7236 or via e-mail at [contactSIU@VSP.com](mailto:contactSIU@VSP.com)**.
- Do not maintain as a family member on your policy:
  - Your former spouse after a divorce decree or annulment is final (even if a court order stipulates otherwise); or
  - Your child over age 22 (unless he/she is disabled and incapable of self-support).

If you have any questions about the eligibility of a dependent, please contact BENEFEDS.

Be sure to review Section 1, Eligibility, of this brochure prior to submitting your enrollment or obtaining benefits.

**You can be prosecuted for fraud and your agency may take action against you if you falsify a claim to obtain FEDVIP benefits or try to obtain services for someone who is not an eligible family member or who is no longer enrolled in the plan.**

## Summary of Benefits

- **Do not rely on this chart alone.** This page summarizes specific expenses we cover; please review the individual sections of this brochure for more detail.
- 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 Benefits	You Pay In-Network	You Pay Out-of-Network
<p><b>Eye Exam</b> – VSP WellVision Exam, a comprehensive exam that focuses on your eyes and overall wellness.</p>	<p><b>Fully covered</b>, less \$10 total copay for exam and glasses</p>	<p>Reimbursed up to \$45</p> <p>International* up to \$65</p>
<p><b>Prescription Eyewear</b> – Choose glasses or contacts</p>		
<p><b>Lenses</b> – Glass or plastic single vision, lined bifocal, lined trifocal and lenticular lenses. Popular lens options, including:</p> <ul style="list-style-type: none"> <li>• Polycarbonate lenses (shatter resistant)</li> <li>• Scratch resistant coating</li> <li>• Anti-reflective coating</li> <li>• Tints</li> <li>• UV protection</li> <li>• Lenses that transition to light</li> </ul>	<p><b>Fully covered</b>, less \$10 total copay for exam and glasses</p>	<p><b>Reimbursed up to:</b></p> <p>Single vision \$45</p> <p>Lined bifocal \$65</p> <p>Lined trifocal \$85</p> <p>Lenticular \$125</p> <p><b>International* up to:</b></p> <p>Single vision \$55</p> <p>Lined bifocal \$75</p> <p>Lined trifocal \$95</p> <p>Lenticular \$125</p>
<p><b>Frame</b> - All brand names and styles available from VSP doctors. Plus, 20% off any out-of-pocket costs over the frame allowance.</p>	<p>Covered up to \$150</p>	<p>Reimbursed up to \$47</p> <p>International* up to \$120</p>
<p><b>Contact Lens Care</b> – When you choose contacts instead of glasses, your \$150 allowance applies to the cost of the contacts and the contact lens exam (fitting and evaluation).</p> <p>Current contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses.</p>	<p>Covered up to \$150</p> <p>No copay applies</p>	<p>Reimbursed up to \$105</p> <p>International* up to \$105</p>
<p><b>Extra Discounts and Savings</b></p> <p><i>Prescription Glasses</i></p> <ul style="list-style-type: none"> <li>• 20% discount off all lens extras such as progressives</li> <li>• 20% discount off additional prescription glasses and sunglasses from any VSP doctor within 12 months of your last covered exam</li> </ul> <p><i>Contact Lens Care</i></p> <ul style="list-style-type: none"> <li>• 15% discount off the cost of contact lens exam (fitting and evaluation)</li> </ul>	<p>Available</p>	<p>Not available</p>

*High Option Benefits - continued on next page*

<b>High Option Benefits (cont.)</b>	<b>You Pay In-Network</b>	<b>You Pay Out-of-Network</b>
<p><i>Laser Vision Correction</i></p> <p>Average 15% discount from contracted VSP laser centers.</p>	Available	Not available
<p><b>Low Vision Coverage</b></p> <ul style="list-style-type: none"> <li>• Low vision exams and low vision aids, every two years</li> <li>• Low vision benefits must be pre-authorized. If approved, covered every two years</li> </ul>	Up to a \$1000 maximum	You must pay the provider at time of visit and submit claims to VSP for partial reimbursement. If your claim is approved, you will be reimbursed up to the maximum payable to a VSP network doctor.

*\*International Out-of-Network is reimbursed 75% of billed charges up to scheduled amounts.*

<b>Standard Option Benefits</b>	<b>You Pay In-Network</b>	<b>You Pay Out-of-Network</b>
<p><b>Eye Exam-</b> VSP WellVision eye exam, a comprehensive exam that focuses on your eyes and overall wellness.</p>	<b>Fully covered</b> , less \$10 copay	Reimbursed up to \$45 International* up to \$65
<p><b>Prescription Eyewear</b> - Choose glasses or contacts</p>		
<p><b>Lenses</b> - Glass or plastic single vision, lined bifocal, lined trifocal and lenticular lenses and popular lens options, including:</p> <ul style="list-style-type: none"> <li>• Polycarbonate lenses (shatter-resistant)</li> <li>• Scratch-resistant coating</li> </ul>	<b>Fully covered</b> , less a \$20 copay for lenses and frame	<p><b>Reimbursed up to:</b></p> <p>Single Vision - \$45 Lined bifocal - \$65 Lined trifocal - \$85 Lenticular - \$125</p> <p><b>International* up to:</b></p> <p>Single Vision - \$55 Lined bifocal - \$75 Lined trifocal - \$95 Lenticular - \$125</p>
<p><b>Frame</b> - All brand names and styles available from VSP doctors. Plus, 20% off any out-of-pocket costs over the frame allowance.</p>	Covered up to \$120	Reimbursed up to \$47 International* up to \$120
<p><b>Contact Lens Care</b> - When you choose contacts instead of glasses, your \$120 allowance applies to the cost of the contacts and the contact lens exam (fitting and evaluation). Current contact lens wearers may qualify for a special contact lens care program that includes a contact lens evaluation and initial supply of replacement lenses.</p>	Covered up to \$120 No copay applies	Reimbursed up to \$105 International* up to \$105
<p><b>Extra Discounts and Savings</b></p> <p><i>Prescription Glasses</i></p> <ul style="list-style-type: none"> <li>• 20% discount off all lens options, such as progressives</li> </ul>	Available	Not Available

*Standard Option Benefits - continued on next page*

Standard Option Benefits (cont.)	You Pay In-Network	You Pay Out-of-Network
<ul style="list-style-type: none"> <li>• 20% discount off additional glasses and sunglasses from any VSP doctor within 12 months of your last covered eye exam</li> </ul> <p><i>Contact Lens Care</i></p> <ul style="list-style-type: none"> <li>• 15% discount off the cost of contact lens exam (fitting and evaluation)</li> </ul> <p><i>Laser Vision Correction</i></p> <p>Average 15% discount from contracted VSP laser centers.</p>	Available	Not Available
<p><b>Low Vision Coverage</b></p> <ul style="list-style-type: none"> <li>• Low vision exams and low vision aids, every two years</li> </ul> <p>Low vision benefits must be pre-authorized. If approved, covered every two years</p>	Up to \$1,000 maximum	You must pay the provider at the time of visit and submit claims to VSP for partial reimbursement. If your claim is approved, you will be reimbursed up to the maximum payable to a VSP doctor.

*\*International Out-of-Network is reimbursed 75% of billed charges up to scheduled amounts.*



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## Rate Information

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VSP is a nationwide vision plan that does not require rating regions. The following are nationwide and international rates.

### Monthly Rates

Enrollment Type	High Option	Standard Option
Self Only	\$11.70	\$8.28
Self Plus One	\$23.44	\$16.60
Self and Family	\$35.14	\$24.87

### Bi-weekly Rates

Enrollment Type	High Option	Standard Option
Self Only	\$5.40	\$3.82
Self Plus One	\$10.82	\$7.66
Self and Family	\$16.22	\$11.48