

Vision

All employees and dependents have vision coverage except substitute teachers under the PAT agreement and Part-Time Option 2 members under all collective bargaining agreements. Full-Time and Part-Time Option 1 participants under all bargaining agreements who participate in a Kaiser medical option receive vision coverage through Kaiser. All other Trust participants with vision coverage receive vision benefits through the Trust Vision Plan, which Vision Service Plan (VSP) administers. (See *Participating in the Plans — Eligibility* for details on who is eligible for coverage and *Medical* for additional vision-related information.)

Highlights of the Trust Vision Plan

These are brief highlights of the Trust Vision Plan, including plan features and some of the expenses covered by the plan.

Features	
How the plan works	The plan pays covered expenses for vision care received from any qualified vision provider. The plan pays the highest level of benefits for vision services received from a VSP preferred provider. Under the plan, network providers include doctors participating in the VSP network
Covered services	<p>The plan covers:</p> <ul style="list-style-type: none">• Routine eye exams• Eyeglass lenses and frames• Contact lenses (in lieu of eyeglass lenses and frames) <p>The plan pays up to a maximum benefit for each covered vision care expense. There is no deductible to satisfy</p>

Qualified Vision Providers

Qualified vision providers include any licensed optometrist or ophthalmologist.

For a List of Participating VSP Preferred Providers...

Visit the VSP web site at www.vsp.com. From the Home page, sign on under the *Members & Consumers* link. Then select *Find a VSP Doctor* and follow the instructions.

How the Trust Vision Plan Works

The Trust Vision Plan gives you the choice of receiving care from any vision provider. However, the plan pays higher benefits if you receive care from one of the VSP preferred providers who participate in the Trust Vision Plan network. No matter which provider you choose, there is no annual deductible to satisfy.

VSP Preferred Providers

Under the Trust Vision Plan, VSP preferred providers include VSP optometrists or ophthalmologists. These doctors have contracted with VSP to provide vision care services and eyewear at discounted prices.

When you receive care from a VSP preferred provider, routine eye exams and standard spectacle lenses are paid in full. Frames and contact lenses are paid to a maximum benefit amount. (See “How the Plan Pays Benefits” on page 45 for more information.) VSP preferred providers will bill VSP directly for your services. You have no claim forms or paperwork to complete for services received from a VSP preferred provider. You will, however, be responsible for any charges above the maximum benefit amount.

If You Use a Non-VSP Provider

Under the Trust Vision Plan, you can always see a covered provider outside of the VSP network and still receive plan benefits. However, the plan will pay a reduced benefit, up to a maximum benefit amount. At the time of service, you are required to pay for the vision services or eyewear in full. You may submit a claim for reimbursement of covered services to:

VSP
P.O. Box 385018
Birmingham, AL 35238-5018
Phone: (800) 877-7195

Claims must be submitted within 180 days from the date of service. The itemized receipt must include the following information:

- Employee's name, last 4 digits of Social Security number and date of birth
- Patient's name, date of birth and relationship to employee
- Employee's address and phone number.

How the Plan Pays Benefits

All covered services are provided according to the schedule of benefits shown below.

Trust Vision Plan		
Benefits	VSP Preferred Provider	Non-VSP Provider Reimbursement
Exam	Covered in full	Up to \$70
Lenses		
• Single vision	Covered in full*	Up to \$50
• Lined bifocal	Covered in full*	Up to \$75
• Lined trifocal	Covered in full*	Up to \$100
• Polycarbonate lenses (for dependent children)	Covered in full	Not covered
• Progressive	35-40% discount off usual and customary charges for progressive lens option	Up to \$100
Frame	Covered up to \$100, 20% off any out-of-pocket costs	Up to \$75
Contacts in lieu of lenses and a frame	Covered up to \$137	Up to \$137 for contact lens exam and contacts
Contact Lens Exam (fitting and evaluation)	Covered in full after a not-to-exceed copay of \$60	
Benefit Frequency		
Exam	Every 12 months for children up to age 17, every 24 months for adults	
Lenses	Every 12 months for children up to age 17, every 24 months for adults	
Frame	Every 24 months for children and adults	

* Average 35%-40% savings on all noncovered lens options.

You are responsible for paying any expenses in excess of the plan's benefits. No benefits are payable for services or supplies for which the patient is not liable.

What the Plan Covers

The Trust Vision Plan covers the following vision services:

- “Complete Routine Eye Exams” on page 46
- “Standard Eyeglass Lenses” on page 46
- “Frames” on page 47
- “Contact Lenses” on page 47
- “Low Vision Benefit” on page 48

Complete Routine Eye Exams

Routine eye exams are covered by the plan once every 24 months for adults and once every 12 months for children under age 17. Benefits are provided as follows:

- **VSP preferred providers** — The plan covers an exam in full. No copayment applies.
- **Non-VSP providers** — The plan covers an eye exam up to the benefit maximum of \$70.

You are responsible for paying any expenses in excess of the plan’s maximum benefit.

Standard Eyeglass Lenses

Standard eyeglass lenses are covered once every 24 months for adults and once every 12 months for children under age 17. Under the plan, standard eyeglass lenses are quality clear glass or plastic. The plan pays for standard eyeglass lenses as follows:

- **VSP preferred providers** — Standard eyeglass lenses are covered up to a benefit maximum of:
 - Single vision: Paid in full
 - Lined bifocal: Paid in full
 - Lined trifocal: Paid in full
 - Average of 35%-40% savings on all noncovered lens options.

- **Non-VSP providers** — Standard eyeglass lenses are covered up to a benefit maximum of:

- Single vision: Up to \$50
- Lined bifocal: Up to \$75
- Lined trifocal: Up to \$100
- Progressive: Up to \$100.

You are responsible for paying the vision services in full and submitting a claim for reimbursement.

Frames

Frames are covered once every 24 months when necessary for newly prescribed eyeglass lenses. The plan covers a wide variety of quality frames as follows:

- **VSP preferred providers** — Frames are covered up to a benefit maximum of \$100.
- **Non-VSP providers** — Frames are covered up to a benefit maximum of \$75.

You are responsible for paying the vision services in full and submitting a claim for reimbursement.

Contact Lenses

Contact lenses are provided in lieu of eyeglass lenses and frames, and are covered once every 24 months for adults and once every 12 months for children under age 17. The plan pays for contact lenses as follows:

- **VSP preferred providers** — Contact lenses, including the contact lens exam, are covered up to a benefit maximum of \$137. A 15% discount is available for contact lens evaluation and fitting.
- **Non-VSP providers** — Contact lenses are covered up to a benefit maximum of \$137.

You are responsible for paying the vision services in full and submitting a claim for reimbursement.

Low Vision Benefit

A low vision benefit is provided by the plan for adults and children who have severe visual problems that are not correctable with regular lenses. Benefits are available as needed and are subject to approval by VSP. The low vision benefit maximum is \$1,000 per person every two years. Low vision benefits include:

- **Supplementary testing.** Complete low vision analysis and diagnosis including a comprehensive examination of visual functions, as well as the prescription of corrective eyewear or vision aids where indicated.
 - **VSP preferred providers** — The plan covers supplementary testing in full.
 - **Non-VSP providers** — The plan covers supplementary testing up to the benefit maximum of \$125.
- **Supplemental care aids.** Subsequent low vision aids as visually necessary or appropriate as deemed by VSP.
 - **VSP preferred providers** — The plan covers supplemental care aids at 75% of usual and customary charges.
 - **Non-VSP providers** — The plan covers supplemental care aids at 75% of the usual and customary charges that would be paid to a VSP preferred provider.

Additional Discounts through VSP Preferred Providers

You may also purchase additional frames, eyeglass lenses and other eye services and materials not covered by the plan at discounted prices from VSP preferred providers. Discounts apply to all covered family members. At the time of service, you pay the full cost, which is discounted as follows:

Additional Service/Eyewear Not Covered by the Plan	Discount
Lasik eye surgery	Average of 15% off the regular price or 5% off the promotional price. Discounts are available from participating Lasik surgery providers. For more information, contact VSP at (800) 877-7195
Additional pairs of prescription glasses and sunglasses	30% off additional glasses and sunglasses, including lens options, on the same day as your exam. Or get 20% off an additional pair of complete glasses from any doctor if they are purchased within 12 months of your eye exam
Contact lens exam (evaluation and fitting)	15% discount off the cost of a contact lens exam (evaluation and fitting)

What's Not Covered

Expenses not covered by the Trust Vision Plan include:

- Orthoptics or vision training and any associated supplemental testing; plano lenses (less than $\pm.50$ diopter power); or two pair of glasses in lieu of bifocals
- Benefits not specifically listed as covered
- Charges that exceed usual, customary or reasonable charges
- Charges for complications from services not covered by the plan
- Corrective vision treatment that is considered experimental
- Eye exams performed by anyone other than a licensed optometrist or ophthalmologist
- Eye exams required by an employer or the government
- Oversized, tinted, high index or special computer lenses
- Replacement or duplication of lost, stolen or broken lenses and frames if you are not ordinarily eligible for new lenses or frames
- Services and supplies covered under the Full-Time/Part-Time Option 1 Trust Indemnity Medical Plan (Regence), Trust Preferred Provider Plan (Regence) or Providence Personal Option Plan
- Services or eyewear covered under workers' compensation or similar laws
- Services or supplies for which no charge is made
- Services or eyewear the covered person received before the effective date of this plan, before the covered person's effective date of coverage or after coverage ends
- Shipping costs for supplies
- Sunglasses or other special-purpose vision aids (Lenses with tints other than tints #1 or #2 are considered sunglasses.)
- Treatment of eyes or special procedures such as orthoptics and vision training.

VSP may, at its discretion, waive any plan limitation if, in the opinion of VSP's optometric consultants, it is necessary for the welfare of the covered person.

