

Vision

If you have retired under a PAT bargaining agreement and otherwise meet the eligibility requirements for the Trust Early Retiree Voluntary Dental/Vision Plan, you may choose either Basic Dental/Vision or Buy-up Dental/Vision. This coverage is generally provided as a package; however, you may elect dental only coverage if you are enrolled in the Kaiser Permanente early retiree medical plan option. (See *Participating in the Plans — Eligibility* for details on who is eligible for coverage and *Medical* for additional vision-related information.)

This section describes the Basic Vision and Buy-up Vision benefits. For information about Basic Dental and Buy-up Dental benefits, see *Dental*.

Highlights of the Plans

Features	
Who is eligible	PAT early retirees and eligible dependents enrolled in the Trust Early Retiree Plan 1 (Closed), Trust Early Retiree Plan 2 (Open), Kaiser Permanente HMO, Providence Personal Option Plan
Enrollment	You must enroll and make monthly self-payments to participate in the Trust Early Retiree Voluntary Dental/Vision Plans
Basic Dental/Vision	Combined dental/vision package that provides: <ul style="list-style-type: none">• Dental — benefits for diagnostic and preventive care, basic, restorative and prosthodontic services up to a maximum annual benefit of \$1,200 per person per calendar year• Vision — benefits for routine eye exams, lenses, frames and additional discounts through VSP preferred providers. Copayments and maximum benefit allowances apply. You may purchase eye services and materials not covered by the plan at discounted prices from VSP preferred providers

Features

Buy-up Dental/Vision

Combined dental/vision package that provides a higher level of coverage:

- **Dental** — benefits for diagnostic and preventive care, basic, restorative and prosthodontic services up to a maximum annual benefit of \$1,750 per person per calendar year. Orthodontic services paid up to \$1,250 lifetime benefit maximum per person
- **Vision** — benefits for routine eye exams, lenses, frames and additional discounts through VSP doctors. Many services covered in full up to the benefit maximum. You may purchase eye services and materials not covered by the plan at discounted prices from VSP preferred providers

How the Plans Work

For both the Basic and Buy-up Vision Plans, you have the choice of receiving care from any qualified vision provider. However, the plans pay higher benefits if you receive care from one of the VSP preferred providers who participate in the Trust Early Retiree Voluntary Vision Plans network. No matter which provider you choose, there is no annual deductible to satisfy.

The Basic and Buy-up Vision Plans cover many of the same services. The plans differ in the amount of benefits they pay — you will generally pay a higher copayment for some services under the Basic Vision Plan, but you will also pay a lower monthly premium rate for this coverage.

Qualified Vision Providers

Qualified vision providers include any licensed optometrist or ophthalmologist.

VSP PREFERRED PROVIDERS

VSP preferred providers include VSP optometrists and 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 up to a maximum benefit amount. (See “How the Plans Pay Benefits” on page 37 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 VSP network doctors. You will, however, be responsible for any charges above the maximum benefit amount.

For a List of Participating VSP Preferred Providers

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

IF YOU USE A NON-VSP PROVIDER

You can always see a covered provider outside 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
 Attn: Claims Department
 P.O. Box 385018
 Birmingham, AL 35238-5018
 Phone: (800) 877-7195

VSP pays benefits directly to you. Claims must be submitted within 365 days from the date of service.

The itemized receipt must include the following information:

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

How the Plans Pay Benefits

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

Benefits	Basic Vision		Buy-up Vision	
	VSP Preferred Provider	Non-VSP Provider Reimbursement	VSP Preferred Provider	Non-VSP Provider Reimbursement
Exam	Covered in full after a \$25 copayment	Covered up to \$45 after a \$25 copayment	Covered in full	Covered up to \$70
Lenses				
Single vision	Standard lenses paid in full after \$25 copayment	Covered up to \$45 after \$25 copayment	Standard lenses covered in full	Covered up to \$50
Lined bifocal	Standard lenses paid in full after \$25 copayment	Covered up to \$65 after \$25 copayment	Standard lenses covered in full	Covered up to \$75
Lined trifocal	Standard lenses paid in full after \$25 copayment	Covered up to \$85 after \$25 copayment	Standard lenses covered in full	Covered up to \$100
Polycarbonate lenses (for dependent children)	Covered in full	Not covered	Covered in full	Not covered

Benefits	Basic Vision		Buy-up Vision	
	VSP Preferred Provider	Non-VSP Provider Reimbursement	VSP Preferred Provider	Non-VSP Provider Reimbursement
Progressive	35% – 40% discount off usual and customary charges	Covered up to \$85 after \$25 copayment	35% – 40% discount off usual and customary charges	Covered up to \$100
Frame	Covered up to \$120, 20% off remaining balance	Covered up to \$47	Covered up to \$100, 20% off remaining costs	Covered up to \$75
Contacts in lieu of lenses and a frame	Covered up to \$105	Covered up to \$105 for contact lens exam and contacts	Covered up to \$137	Covered 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		Covered in full after a not-to-exceed copay of \$60	
Benefit Frequency				
Exam	Once every 24 months for children and adults		Once every 12 months for children up to age 17; every 24 months for adults	
Lenses	Once every 24 months for children and adults		Once every 12 months for children up to age 17; every 24 months for adults	
Frames	Once every 24 months for children and adults		Once every 24 months for children and adults	

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 eligible.

What the Plans Cover

The Trust Early Retiree Voluntary Vision Plans pay the benefits listed under “How the Plans Pay Benefits” on page 37. In addition, a low vision benefit is provided 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 deemed visually necessary or appropriate 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

The Trust Early Retiree Voluntary Vision Plans allow you to 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 it is 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 Early Retiree Voluntary Vision Plans include:

- Orthoptics or vision training and any associated supplemental testing; plano lenses (less than ±.50 diopter power); or two pair of glasses in lieu of bifocals
- Benefits not specifically listed as covered
- Charges for complications from services not covered by the plan
- Charges that exceed usual, customary or reasonable charges
- 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 Trust Early Retiree Plan 1 (Closed), Trust Early Retiree Plan 2 (Open) or Providence Personal Option Plan
- Services or eyewear covered under workers' compensation or similar laws
- Services or eyewear 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.