

# VSP<sup>®</sup> Disclosure Statement and Evidence of Coverage

**UNIVERSITY OF CALIFORNIA**

Plan Administrator

Contract Numbers:  
Active Employees - 00101923  
Retirees - 12334445

Effective January 1, 2014

UNIVERSITY OF CALIFORNIA

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## **FOREWORD**

The University of California-sponsored vision plan from VSP provides vision care coverage for eligible employees and their eligible family members.

This Disclosure Statement and Evidence of Coverage constitutes only a summary. The University's vision plan is fully governed by the terms and conditions of the contract between The Regents of the University of California and VSP, and by the University's group insurance regulations. Those terms and conditions apply if information in this publication is not the same. Some provisions of the program may not apply to employees in certain exclusively represented bargaining units.

## TABLE OF CONTENTS

Foreword.....	1
Eligibility and Enrollment.....	R1 – R2
Summary of Benefits.....	3
VSP Network Doctor and Non-VSP Provider Copay Schedule.....	6
Provisions for a VSP Network Doctor .....	6
Provisions for a Non-VSP Provider .....	7
Filing a Claim for Non-VSP Provider Services.....	7
Out-of-Network Reimbursement Schedule.....	7
Exclusions and Limitations.....	8
Procedure for Using the Plan .....	9
Coordination of Benefits.....	10
Request for Appeals .....	11
Complaints and Grievances .....	11
Liability in Event of Non-Payment.....	12
Terms and Cancellations.....	12
Definitions .....	13

UNIVERSITY OF CALIFORNIA  
ELIGIBILITY AND ENROLLMENT  
January 1, 2014

The University establishes its own vision plan eligibility, enrollment, and termination criteria based on the University of California Group Insurance Regulations and any corresponding Administrative Supplements.

**ELIGIBILITY**

The following individuals are eligible to enroll in this Plan.

**Subscriber**

**Employee:** Information pertaining to your eligibility, enrollment, cancellation, or termination of coverage and conversion options can be found in the "Group Insurance Eligibility Factsheet for Employees and Eligible Family Members." A copy of this factsheet is available in the Health and Welfare section of the At Your Service website ([atyourservice.ucop.edu](http://atyourservice.ucop.edu)). Additional resources are also available in the Health and Welfare section of "At Your Service" to help you with your health and welfare plan decisions.

**Retiree:** Information pertaining to your eligibility, enrollment, cancellation, or termination of coverage and conversion options can be found in the "Group Insurance Eligibility Factsheet for Retirees and Eligible Family Members." A copy of this factsheet is available in the Health and Welfare section of the At Your Service website ([atyourservice.ucop.edu](http://atyourservice.ucop.edu)). Additional resources are also available in the Health and Welfare section of "At Your Service" to help you with your health and welfare plan decisions.

**ENROLLMENT**

**Employee**

Information pertaining to enrollment can be found in the "Group Insurance Eligibility Factsheet for Employees and Eligible Family Members." A copy of this factsheet is available in the Health and Welfare section of the "At Your Service" website ([atyourservice.ucop.edu](http://atyourservice.ucop.edu)).

**Retiree**

Information pertaining to enrollment can be found in the "Group Insurance Eligibility Factsheet

for Retirees and Eligible Family Members.” A copy of this factsheet is available in the Health and Welfare section of the “At Your Service” website ([atyourservice.ucop.edu](http://atyourservice.ucop.edu)).

## SUMMARY OF BENEFITS

The benefits described herein are available to covered persons (You) from any VSP network doctor or non-VSP provider.

VSP network.....Choice

If you choose to visit a VSP network doctor, there is a copay amount payable by you to the VSP network doctor at the time of the exam and a separate copay when frames and lenses are ordered.

Note: The copays do not apply to the exam/materials for contact lenses.

1. **Exam:** You are entitled to a comprehensive eye exam to determine the presence of vision problems or other abnormalities. Services shall be provided once every calendar year.
2. **Lenses:** The VSP network doctor will order the proper lenses necessary for your visual welfare. The doctor shall verify the accuracy of the finished lenses. Tinted and polycarbonate lenses are covered in full when dispensed by a VSP network doctor. The plan covers lenses once every calendar year.
3. **Frame:** VSP covers a frame allowance of up to \$130. The frame benefit provides you the choice to select a frame that fits your lifestyle. If you choose a frame valued at more than your allowance, you will save 20% on your out-of-pocket costs. Have your doctor help you choose the best frame for you, based on your VSP coverage. The plan covers frames once every other calendar year. For information on how your eligibility for frames may be affected if you receive contact lenses, please see "Contact Lenses" below.

VSP offers even more value by providing a 20% discount on additional pairs of prescription and non-prescription glasses, including sunglasses.

4. **Contact Lenses:** Elective contact lenses are covered up to \$110. This allowance includes the contact lens fitting and evaluation exam and the contact lenses. The contact lens exam is a separate exam for ensuring proper fit of your contacts and evaluating your vision with the

contacts. The plan covers a contact lens exam only when billed with the purchase of contact lenses. Contact lenses are in lieu of all other benefits (exam, lenses, and frames) for that eligibility period. Copays do not apply.

Note: If you get contact lenses, you cannot receive lenses for glasses or contact lenses until the next calendar year. You will not be eligible to receive frames again until the second calendar year. For example, if you get contact lenses in July 2013, the earliest you would be eligible to receive frames again would be January 2015 (this assumes you do not receive contacts in 2014).

Medically necessary contact lenses may be prescribed by a VSP network doctor for certain conditions. A VSP network doctor must receive prior approval from VSP for medically necessary contact lenses. When the VSP network doctor receives prior approval for such cases, they are fully covered by VSP and are in lieu of all benefits for that eligibility time period. If you receive medically necessary contact lenses through a non-VSP provider, you will be reimbursed according to a provider schedule (see PROVISIONS FOR A NON-VSP PROVIDER Section).

**Discounted Contact Lens Services:** The additional value of VSP is also extended to include a 15% discount on contact lens fitting and evaluation services. The discount does not apply to the cost of the materials. This benefit is available in conjunction with your VSP contact lens allowance, or you can use it to purchase contacts in addition to glasses.

The additional discounts are available from any VSP doctor within twelve months of your last eye exam.

5. **Extra Discounts and Savings:**

- Average 20–25% savings on lens options, such as scratch resistance, anti-reflective coatings and Progressives.
- A 20% discount off unlimited additional pairs of glasses valid through any VSP doctor within 12 months of the last covered eye exam.

6. **Retinal Screening:** Guaranteed in-network member pricing of \$39 as an enhancement to your WellVision Exam<sup>®</sup>. Use of retinal imaging, which takes a picture of the back of your eye, helps your VSP doctor find and track possible signs of eye disease.
  
7. **Low Vision:** The low vision benefit is available if you have severe visual problems that are not correctable with regular lenses. This benefit is subject to the following limitations:
  - (a) **Prior Authorization** - When a VSP network doctor suspects a low vision condition, the doctor requests advance approval prior to beginning service. VSP consultants may authorize supplementary testing by the doctor to determine the nature of the problem and to allow the doctor to gather enough facts to propose a treatment plan. The supplementary testing is paid by the plan with no copay by you.
  - (b) **Copay** - After supplementary testing, the doctor submits the treatment plan to VSP consultants for review. If the plan is approved, the VSP consultants will authorize benefits, on a copay basis, with 75% of the cost being paid by VSP and 25% of the cost being paid by you.
  - (c) **Maximum Benefit** - VSP will pay a maximum of \$1,000 (excluding copays) every two calendar years for approved low vision care. The maximum includes the supplementary testing.

Low vision benefits secured from a non-VSP provider are subject to the same time limits and copay arrangements as described herein for a VSP network doctor. You should pay the non-VSP provider the full fee. You will be reimbursed up to \$1,000 every two years. You will be responsible for amounts in excess of this limit.

8. **Diabetic Eyecare Program (DEP):** The VSP Diabetic Eyecare Program<sup>SM</sup> provides additional coverage through medical diagnosis and procedure codes if you have Type 1 and Type 2 Diabetes and specific ophthalmological conditions, with \$20 copay. This benefit provides a diabetic exam for diagnostic



services in addition to the routine vision examination covered under this plan. Additional services, such as retinal photography and other diabetes-related vision tests may apply. Follow-up diabetic eyecare services would be provided by the VSP doctor.

9. **Laser VisionCare Program:** VSP has contracted with many of the nation's finest laser surgery facilities and doctors offering you access to laser vision correction surgery for hundreds of dollars less than what you might pay privately. Details about VSP's Laser VisionCare<sup>SM</sup> Program, as well as comprehensive information about laser vision correction surgery can be found on the VSP Web site (**vsp.com**) or by contacting VSP at **886.240.8344**.

**Sunglasses Following Laser Vision Surgery:** Members who have had laser vision surgery can use their frame allowance to buy nonprescription sunglasses from their VSP doctor.

### VSP NETWORK DOCTOR AND NON-VSP PROVIDER COPAY SCHEDULE

There shall be a copay for the exam, payable by you, to the VSP network doctor at the time of the exam; however, if materials (lenses and/or frames) are provided, you must pay an additional copay at the time the materials are ordered as noted below:

Exam.....	\$10
Lenses and/or frames.....	\$25

Any additional care, service, and/or material not covered by this plan may be arranged between you and the doctor.

The copays will not apply toward elective contact lens evaluation/exam and materials.

### PROVISIONS FOR A VSP NETWORK DOCTOR

The VSP plan provides you with a choice. If you elect to receive vision care services from one of the VSP network doctors, covered services as described herein, are provided at no out-of-pocket cost after any applicable copays. Selecting a VSP network doctor assures direct payment to the doctor and a guarantee of quality and cost control.

## PROVISIONS FOR A NON-VSP PROVIDER

If you choose to go to a non-VSP provider, services may be secured from any optometrist, ophthalmologist, and/or dispensing optician. This plan then becomes an indemnity plan reimbursing according to a schedule of allowances. You should pay the doctor the full fee.

### FILING A CLAIM FOR NON-VSP PROVIDER SERVICES

Follow these steps to file a claim if you obtain services and/or materials from a non-VSP provider:

1. Pay the provider the full amount of the bill and request a copy of the bill that shows the amount of the eye exam, lens type, and frame.
2. Send a copy of the itemized bill(s) to VSP. The following information must also be included in your documentation:
  - Member's name and mailing address
  - Member's ID number
  - Member's employer or group name
  - Patient's name, relationship to member, and date of birth

Claims must be submitted within six months of completion of services. VSP will reimburse in accordance with the schedule below. There is no assurance that the schedule will be sufficient to pay for the exam or the materials. In order to receive reimbursement, please mail your itemized bill(s) and above documentation to the following address:

VSP  
P. O. Box 997105  
Sacramento, CA 95899-7105

Availability of services under this reimbursement schedule is subject to the same time limits and copays as those described on pages 3 through 6. Services obtained from a non-VSP provider are in lieu of obtaining service from a VSP network doctor.

### OUT-OF-NETWORK REIMBURSEMENT SCHEDULE

Maximum Reimbursement for services from an  
Out-Of-Network Provider

PROFESSIONAL FEES	
Exam covered up to .....	\$40
MATERIALS	
Single Vision Lenses .....	\$40
Bifocal Lenses .....	\$60
Trifocal Lenses .....	\$80
Lenticular Lenses .....	\$125
Frame .....	\$45
Tints and Polycarbonate Lenses .....	\$5
CONTACT LENSES*	
Necessary .....	\$250
Elective .....	\$110

\* Determination of necessary versus elective contact lenses under the non-VSP provider reimbursement schedule will be consistent with VSP network doctor services. Reimbursement for necessary and elective contact lenses is in lieu of all other benefits, including exam and materials for the periods stated.

Note: The amounts shown are maximums. The actual reimbursement to you shall be either the amount shown in the "Maximum Reimbursement for Services from a Non-VSP Provider," or the above amount charged by the provider of such services, whichever is the least amount.

### EXCLUSIONS AND LIMITATIONS

The plan is designed to cover visual needs rather than cosmetic materials. If you select any of the following, the plan will pay the basic cost of the allowed lenses, and you will pay the additional costs for the options:

- (a) Blended lenses
- (b) Contact lenses (see SUMMARY OF BENEFITS for provisions)
- (c) Oversize lenses
- (d) Progressive multifocal lenses
- (e) Coating of a lens or lenses
- (f) Laminating of a lens or lenses
- (g) Frame that costing more than the plan allowance
- (h) Certain limitations on low vision care
- (i) Cosmetic lenses
- (j) Optional cosmetic processes

There is no benefit for professional services or materials connected with:

- (a) Orthoptics; vision training; any associate

- supplemental testing
- (b) Plano lenses (non-prescription)
- (c) Two pairs of glasses, in lieu of bifocals
- (d) Lost, broken, or stolen lenses and frames (furnished under this plan)\*
- (e) Medical or surgical treatment of the eyes
- (f) Services and/or materials in excess of those provided under this plan needed because of a job requirement
- (g) Protective eyewear

\* These will not be replaced except at the normal intervals when services are otherwise available

### PROCEDURE FOR USING THE PLAN

1. When you are ready to obtain vision care services, call your VSP network doctor. If you need to locate a VSP network doctor, call VSP at **866.240.8344** or visit the VSP Web site at **vsp.com**.
2. When making an appointment, identify yourself as a VSP member. The VSP network doctor will also need the covered member's identification number and the covered member's group name (University of California). The VSP network doctor will contact VSP to verify your eligibility and plan coverage. The VSP network doctor will also obtain authorization for services and materials. If you are not eligible, the VSP network doctor will notify you.
3. The VSP network doctor will provide an eye exam and determine if eyewear is necessary. If so, the VSP network doctor will coordinate the prescription with a VSP-approved, contract laboratory. The VSP network doctor will itemize any non-covered charges and have you sign a form to document that you received services. VSP will pay the VSP network doctor directly for covered services and materials. You are responsible for paying the doctor a \$10 copay for the eye exam and a \$25 copay for lenses and/or frames. The copays will not apply toward an elective contact lens exam and materials. You are responsible for any additional costs resulting

from cosmetic options, or non-covered services and materials you have selected. Selecting a VSP network doctor from VSP's network assures direct payment to the doctor and guarantees quality services and materials.

## **COORDINATION OF BENEFITS**

If you have dual coverage and are covered by more than one vision plan, (whether it be another carrier or another VSP plan), you may:

Use each plan individually (based on what each plan offers) for either two separate exams and/or materials from each plan. For example, contact lenses from one plan and glasses from the other plan or two sets of glasses (one pair from each plan).

**or**

Choose to have both plans pay for one set of services to offset plan copayment(s), lens options and/or frame coverage, up to, but not more than the billed amount.

Note: Check with your VSP Doctor for coordination of benefits details.

## **Determine Primary and Secondary Plan**

- The plan that covers you an employee is primary.
- The plan that covers you as a dependent is secondary.
- If the patient is a dependent child and is covered under both parents' plans, the parent whose birth date falls first in the calendar year has the primary plan. If the parents are separated or divorced, the parent with custody is primary, or the parent decreed by the court to be responsible is primary.

## **Coverage**

The primary plan pays as if the secondary plan does not exist. If a VSP plan is the secondary plan, you may receive allowances (examination, lenses, and frame) that will be used to pay up to, but not more than, your out-of-pocket expenses.

## REQUEST FOR APPEALS

If your claim for benefits is denied by VSP, in whole or in part, VSP will notify you in writing of the reason or reasons for the denial. Within 180 days after receipt of such notice of denial of a claim, you may make a verbal or written request to VSP for a full review of such denial. The request should contain sufficient information to identify the covered person for whom a claim for benefits was denied including the name of the VSP enrollee, member identification number of the VSP enrollee, your name, date of birth, and the name of the provider of services. You may state the reasons you believe that the claim denial was in error. You may also provide any pertinent documents to be reviewed. VSP will review the claim and give you the opportunity to review pertinent documents, submit any statements, documents, or written arguments in support of the claim, and appear personally to present materials or arguments. You or your authorized representative should submit all requests for appeals to:

VSP  
Member Appeals  
3333 Quality Drive  
Rancho Cordova, CA 95670  
866.240.8344

## COMPLAINTS AND GRIEVANCES

If you have a complaint or grievance regarding a VSP service or claim payment, you may communicate your complaint or grievance to VSP by using a complaint form, which may be obtained by calling the VSP Member Services Department's toll-free number at **866.240.8344**, Monday through Friday, 5:00 a.m. - 8:00 p.m., (PT), Saturday, 7:00 a.m. - 8:00p.m., and Sunday, 7:00 a.m. - 7:00 p.m., (PT). The completed form should be sent to the address shown on the front of this booklet. VSP shall acknowledge receipt of your grievance within five business days of receipt by VSP. VSP shall also provide a written response to your grievances as required by VSP's licensing statute, the Knox-Keene Health Care Service Plan Act of 1975, as amended. There shall be no discrimination against a member on the basis of filing a complaint or grievance.

The California Department of Managed Health Care is responsible for regulating health service plans. The department's Health Plan Division has a

toll-free telephone number (**800.400.0815**) to receive complaints regarding health plans. The hearing and speech impaired may use the California Relay Service's toll-free telephone numbers **800.735.2929** (TTY) or **888.877.5378** (TTY) to contact the department. The department's website (**hmohelp.ca.gov**) has complaint forms and instructions online. If you have a grievance against the health plan, you should first contact your plan at **866.240.8344** and use the plan's grievance process before contacting the Health Plan Division.

If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by the plan, or a grievance that has remained unresolved for more than 60 days, you may call the Health Plan Division for assistance. The plan's grievance process and the Health Plan Division's complaint review process are in addition to any other dispute resolution procedures that may be available to you. Your failure to use these procedures does not preclude your use of any other remedy provided by law.

#### **LIABILITY IN EVENT OF NON-PAYMENT**

In the event VSP fails to pay the VSP doctor, you shall not be liable to the doctor for any sums owed by VSP, other than those not covered by the Plan.

#### **TERMS AND CANCELLATIONS**

This contract will continue until terminated by either party, giving the other 60 days prior written notice.

VSP reserves the right to reject any and all claims for services or benefits which are filed more than 180 days after completion of services.

## DEFINITIONS

**Affiliate Provider** - While affiliate providers are not VSP network providers, they must undergo license verification and meet NCQA standards and may provide a covered-in-full experience to VSP members.

**Coated Lenses** - A substance is added to a finished lens on one or both surfaces.

**Covered Person** - The employee/retiree and their eligible and enrolled dependents, of the employer participating in this program.

**Group** - The entity that contracts with VSP on behalf of its members.

**Materials** - Lenses, frame, low vision aids, and contact lenses.

**Orthoptics** - The teaching and training process for the improvement of visual perception and coordination of the two eyes for efficient and comfortable binocular vision.

**Oversize Lenses** - Larger than standard lens blank.

**Photochromic Lenses** - Lenses that change color with intensity of sunlight.

**Plan Administrator** - University of California.

**Plano Lenses** - Lenses with no refractive power.

**Polycarbonate Lenses** - The most impact-resistant lens. Thinner than regular plastic lenses. Appropriate for active lifestyles, especially kids.

**Professional Service** - Exam, material selection, fitting of glasses, and related adjustments.

**Progressive Lenses** - A multifocal lens with no distinct lines. Changes from distance correction in the top half of the lens to reading correction in the bottom half of the lens.

**Tinted Lenses** - Lenses which have additional substance added to produce constant tint (e.g., pink, green, gray, and blue).









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