

# Welcome to the Nation's Premier Eye Care Health Plan!



## Your VSP Benefits at a Glance

VSP benefits are designed to protect your visual wellness. You may have to pay extra if you choose certain cosmetic or elective eyewear options. Before selecting your eyewear, ask your doctor what is covered by your VSP plan. The following summarizes the main benefits of your plan:

| BENEFIT                       | FREQUENCY <sup>1</sup> | CO-PAY                  | FROM VSP DOCTOR   | FROM OUT-OF-NETWORK PROVIDER   |
|-------------------------------|------------------------|-------------------------|---|--|
| Exam                          | 12 months              | \$10                    | Covered   | Reimbursed up to \$40  |
| Lenses <sup>2</sup>           | 12 months              | \$25 (lenses and frame) | Single vision, bifocal and trifocal lenses are covered in full. | Reimbursed up to \$40/single vision<br>Reimbursed up to \$60/bifocal<br>Reimbursed up to \$80/trifocal |
| Frame <sup>2,3</sup>          | 24 months              |                         | VSP fully covers a wide selection of frames.                    | Reimbursed up to \$45  |
| Contact Lenses <sup>3,4</sup> | 12 months              | None                    | Covered up to \$105 (fitting fees and eyewear)                  | Reimbursed up to \$105 (fitting fees and eyewear)  |

<sup>1</sup> Based on your last date of service.

<sup>2</sup> Your plan provides a 20 percent discount on non-covered complete pairs of prescription glasses. Services must be received within 12 months from the same VSP doctor who provided the last covered eye exam.

<sup>3</sup> Under this plan, if you elect contact lenses, you will be eligible for a frame 24 months after the last date of obtaining the contact lenses.

<sup>4</sup> You may choose contacts or glasses but not both. If you choose contacts, you are using your lens and frame benefit. Your plan includes a 15 percent discount off the cost of your contact lens exam (fitting & evaluation) when obtained from a VSP doctor.

## As a VSP member, you have:

### **Great access to doctors**

We have the nation's largest eye care doctor network, with thousands of doctors located in metropolitan as well as rural areas.

### **Excellent health protection**

All of our plans provide a thorough eye exam, which is important to your overall health.

### **High quality services**

We were one of the first eye care health plans to use stringent National Committee for Quality Assurance guidelines to credential all of our doctors.

## Finding a VSP Doctor

### **You can easily find a VSP doctor by:**

- Asking your organization's benefits representative
- Calling the VSP Member Services phone number (1-800-877-7195)
- Logging on to the VSP Web site at [www.vsp.com](http://www.vsp.com)

## **Services From an Out-of-Network Provider**

Typically, more than 90 percent of our patients receive care from VSP doctors. If you wish to see an out-of-network provider, VSP will reimburse you up to the amount allowed under your plan's out-of-network provider reimbursement rate. Services obtained through out-of-network providers are subject to the same copayments and limitations as services obtained through VSP doctors. Be aware that your out-of-network provider reimbursement rate does not guarantee full payment, and VSP cannot guarantee patient satisfaction when services are received from an out-of-network provider. If your plan allows such reimbursements, pay the entire bill when you see the out-of-network provider and gather the following information:

- The provider's bill, including a detailed list of the services received
- The covered member's identification number (usually the Social Security number)
- The covered member's name, phone number and address
- The name of the organization that provides your VSP coverage
- Your name, date of birth, phone number and address
- Your relationship to the covered VSP member (such as "self," "spouse," "child," etc.)

Claims must be filed with VSP within twelve months after seeing the provider.

Please keep a copy of the information for your records and send the originals to:

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



## For More Information

This information is a summary of your VSP benefit. Note: In the event of a conflict between this brochure and your group or health plan's contract with VSP, the terms of the contract will prevail. For more information, call the VSP Member Services phone number, or log on to our Web site at [www.vsp.com](http://www.vsp.com).



Alaska Teamster  
Employer Welfare Trust

## How To Use Your Benefits

1. Call your VSP doctor and make an appointment.
2. When you call, tell the doctor you are a VSP member and give the following information:
  - Your name and date of birth
  - The name of the group that provides your VSP coverage (This may be your or your spouse's employer, organization, health plan, trust fund, etc.)
  - Covered member's VSP identification number (usually the Social Security number)\*
3. After you make an appointment, your doctor and VSP will handle the rest. The doctor will check your eligibility for services and plan coverage.

*\* The covered member is the person whose group provides your VSP coverage. If it's not your group that provides you with VSP, then it's probably your spouse or a parent.*

During your doctor visit, ask whether the services and eyewear that you want are covered by your VSP plan.

Tints, special lenses and scratch-resistant coatings are some of the cosmetic options that may be covered under your plan or available to you at discounted prices.

Pay your doctor for any copayments and other costs not covered by your VSP plan. VSP pays the doctor for services and eyewear covered by your VSP plan.

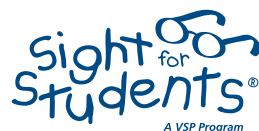


*VSP Member Services, 24-hour,  
toll-free phone number:  
1-800-877-7195*

*T.D.D. for the hearing impaired:  
1-800-428-4833*

*Web site address: [www.vsp.com](http://www.vsp.com)  
VSP is an Equal Opportunity  
and Affirmative Action Employer.*

**Help Prevent Insurance Fraud**  
**VSP's Fraud Watch Hotline**  
**1-800-877-7236**



# Passion for people. Vision for life.<sup>SM</sup>

