



AMERICA'S FIRST CHOICE FOR EYECARE

MASONRY INDUSTRY EMPLOYEES WELFARE FUND VISION SERVICE PLAN (VSP)

BENEFIT FREQUENCIES AND COPAYS

EXAM (ONCE EVERY 12 MONTHS)	\$10.00 COPAYMENT (for one annual eye exam)
LENSES (ONCE EVERY 24 MONTHS)	No applicable copayment
FRAMES (ONCE EVERY 24 MONTHS)	No applicable copayment

	<u>Participating Provider Allowances After Copays</u>	<u>Non-Participating Provider Allowances Payable After Copays</u>
<u>EXAMINATION</u>	Full Coverage	\$ 36.00
<u>BASIC LENSES</u>		
Single Vision	Full Coverage	\$ 28.00
Bifocal	Full Coverage	\$ 45.00
Trifocal	Full Coverage	\$ 56.00
Lenticular	Full Coverage	\$ 80.00

The plan also covers progressive lenses (no-line bifocal or trifocal) and all tints and coatings when services are received from a participating VSP provider.

FRAMES VSP covers a wide selection of frames in full. \$45.00
Please consult your doctor regarding a frame selection that may result in extra cost.

CONTACTS (in lieu of spectacle lenses and a frame)

Medically Necessary *	Full Coverage	\$210.00
Cosmetic/Elective**	\$105.00	\$105.00

* Prior-authorization required usually following cataract surgery or to correct extreme vision problems that cannot be corrected with spectacle lenses. Exam copayment is applicable.

** Allowance for contact lenses and associated professional services which includes the fitting and evaluation, but not including the routine comprehensive examination and copayment.

ADDITIONAL DISCOUNTS VSP offers even more value by providing a 20% discount on additional pairs of prescription glasses and a 15% discount off the participating doctor's professional fees when you purchase prescription contact lenses. The 15% discount is available in conjunction with our VSP contact lens allowance, or you can use it to purchase contacts in addition to glasses. Discounts are available for 12 months following the date of the covered eye examination and only through the VSP participating doctor who provided the last covered eye examination.

HOW DOES THE PLAN WORK?

STEP ONE: Select a provider by calling VSP's toll-free Customer Service number at (800) 877-7195 or visit the Web site at www.vsp.com.

STEP TWO: Call the VSP doctor and make an appointment. Identify yourself as a VSP member and provide the doctor's office staff with the employee's social security number and Fund's name. The VSP doctor will call VSP to verify you or your family member's eligibility and plan coverage. Eligibility under this vision care plan is the same as eligibility under your health care plan. If the patient is eligible, they can proceed with the appointment. If not, the VSP doctor will call you to explain why and discuss available options.

STEP THREE: Proceed with your appointment with the VSP doctor. When the eye examination has been completed, the doctor will have you sign the front of the statement. In addition to the copayment, if any, the doctor will itemize any cosmetic options or any additional costs that are your responsibility. The VSP doctor will give you a copy of the statement for your records. VSP pays the VSP doctor directly according to their agreement with the doctor. Selecting a VSP doctor from the VSP list assures direct payment to the doctor and a commitment of quality and cost control.

WHAT IF I DON'T USE A VSP DOCTOR?

You may obtain covered services or materials from any other licensed optometrist, ophthalmologist or optician of your choice. You must pay the provider in full and submit an itemized receipt. VSP will reimburse the covered member up to the amounts allowed under the plan's non-VSP provider schedule (see front side). **The reimbursement schedule does not guarantee full payment nor can VSP assure patient satisfaction when services are received from a non-VSP provider.**

All claims must be filed within six months of the date services were completed. When submitting your **itemized receipts** for reimbursement, the following information must be included:

- Employee's Name and Address
- Employee's Social Security
- Employee's Fund name
- Patient's Name, Relationship to Employee and Date-of-Birth

NON-MEMBER CLAIM ADDRESS: Vision Service Plan, P.O. Box 997100, Sacramento, CA 95899-7100

FOR QUESTIONS OR MORE INFORMATION ON:

 Availability of Services

 Claim Inquiries

 Provider Lists



Call VSP's Customer Service at: 1-800-877-7195

Hours: 8:00 a.m. - 8:00 p.m. CST