

## ASSIGNMENT

Under provisions of the Welfare Plan, Welfare Plan benefits are not subject to assignment by a participant, beneficiary or any other person except the Trustees, and any attempt to do so shall be void. However, ERISA provides that in the case of persons with coverage under a State Medicaid program, automatic assignment of benefits to State Medicaid agencies is enforceable against the Plan. Where benefits are paid directly to a doctor, hospital or other provider of care (other than to a State Medicaid agency), such direct payments are provided at the discretion of the Trustees as a convenience to Plan participants and do not imply an enforceable assignment of Welfare Plan benefits or the right to receive such benefits.

## CLAIMS REVIEW PROCEDURE

If a claim for benefits is wholly or partially denied, Vision Service Plan will notify the claimant in writing of the specific reasons for the denial, including specific references to pertinent plan provisions. VSP will also describe any additional materials or information, if any, necessary for the claimant to perfect his claim, and will explain the VSP's claim review procedure.

Within 60 days of the date of receipt of written denial of a claim, the claimant or his duly authorized representative may request a review of the decision denying the claim. The claimant will have a reasonable opportunity for a full and fair review of the decision denying the claim. He will be given the opportunity to review pertinent documents, and to submit any statements, documents, or written argument in support of his claim.

Within 60 days after receipt of the request for review, the VSP will advise the claimant in writing of its decision, including specific reference to plan provisions on which the decision is based.

## A Special Note about DOC Review of Member Complaints

The California Department of Corporations (DOC) is responsible for regulating health care service plans. The department has a toll-free telephone number, 800-400-0815, to receive complaints regarding health plans. If you have a grievance against the health plan, you should contact the plan and use the plan's grievance process. If you need the Department's help with a complaint involving an emergency grievance or with a grievance that has not been satisfactorily resolved by the plan, you may call the department's toll-free telephone number.

## COMPLAINTS — PROFESSIONAL SERVICES

A patient's written complaint will be referred to the VSP Professional Relations Vice President for his action. The complaint will be evaluated and, if deemed appropriate, the original examining doctor will be contacted. If the complaint can be resolved within fifteen (15) days, the disposition of the complaint will be forwarded to the complainant. Otherwise, a notice of receipt of the complaint will be forwarded to the complainant advising the appropriate time for resolution.

## WHERE TO SUBMIT COMPLAINTS/REQUESTS FOR REVIEW

Vision Service Plan  
P.O. Box 997100  
Sacramento, CA 95899-7100  
800-877-7195

Requests for review may also be submitted to the Welfare Plan Trustees, who will either provide the review or refer the request to the Vision Service Plan.

# ILWU-PMA WELFARE PLAN

# Your Vision Care Plan



## ILWU-PMA WELFARE PLAN

1188 Franklin Street, Suite 300  
San Francisco, CA 94109  
Phone: (415) 673-8500

**VISION SERVICE PLAN**  
3333 Quality Drive, Rancho Cordova, CA 95670  
(800) 877-7195  
www.vsp.com

*T.D.D. for the bearing impaired  
(800) 428-4833*



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Vision Service Plan (VSP) has an extensive nationwide network of doctors who provide quality eyecare and materials. This plan is designed to provide for regular eye examinations and benefits toward vision care expenses including glasses or contact lenses.

#### WHAT ARE THE BENEFITS?

##### STANDARD EYE EXAMINATION AND GLASSES:

- Eye Examination: Once each 12 months\*
  - Spectacle Lenses: Once each 12 months\*
  - Frame: Once each 24 months\*
- \* from your last date of service.

##### SPECTACLE LENSES AND FRAME:

VSP covers a wide selection of frames, but not all frames will be covered in full. When a patient selects a frame that exceeds the plan's allowance, these additional charges are administered at VSP's controlled costs. VSP also has controlled costs for cosmetic options, and these charges are typically less than usual and customary fees. Please consult your participating doctor about lens options which may be cosmetic in nature, and may result in additional costs.

VSP offers you even more value by providing a 20% discount on non-covered pairs of prescription glasses.

##### CONTACT LENSES:

Elective or Medically Necessary contact lenses may be provided instead of glasses.

**Elective contact lenses:** An allowance will be provided toward the standard eye examination, contact lens evaluation examination, fitting costs, and materials. Any costs exceeding the allowance are the patient's responsibility.

Contact lens frequency is the same as spectacle lenses. Under this plan, if you elect contact lens, you will be eligible for a frame **24 months** after the last date of obtaining the contact lenses.

VSP's additional value is also extended to include a 15% discount off the participating doctor's professional services when you purchase prescription contact lenses. Materials are provided at usual and customary fees. This benefit is available in conjunction with your VSP contact lens allowance, or you can use it to purchase contacts in addition to glasses.

You may use these discounts for 12 months following the date of the covered eye examination. Also, these discounts are only offered through the VSP participating doctor who provided the last covered eye examination.

Medically Necessary contact lenses: Covered in full when prescribed by a participating doctor for one of the following conditions:

- following cataract surgery
- to correct extreme vision problems that cannot be corrected with spectacle lenses
- with certain conditions of anisometropia
- with certain conditions of keratoconus

The participating doctor must secure prior approval from VSP for Medically Necessary contact lenses.

#### WHO IS ELIGIBLE?

This plan covers active and retired employees and their qualified survivors and dependents in California who are eligible for ILWU-PMA Welfare Plan hospital-medical-surgical benefits under the ILWU-PMA Coastwise Indemnity Plan.

#### HOW DOES THE PLAN WORK?

**STEP ONE:** When you are ready to obtain vision care services, call your VSP participating doctor. If you need to locate a VSP participating doctor, call Vision Service Plan at (800) 877-7195 or visit our World Wide Web site at [www.vsp.com](http://www.vsp.com).

**STEP TWO:** When making an appointment, identify yourself as a VSP member. The participating doctor will also need the covered member's identification number (usually the social security number), and the covered member's group name. The participating doctor will contact VSP to verify your eligibility and plan coverage. The participating doctor will also obtain authorization for services and materials. If you are not eligible, the VSP doctor will notify you.

**STEP THREE:** At your appointment, the participating doctor will provide an eye examination and determine if eyewear is necessary. If so, the participating doctor will coordinate the prescription with a VSP approved, contract laboratory. The participating doctor will itemize any non-covered charges and have you sign a form to document that you received services. VSP will pay the participating doctor directly for covered services and materials. You are responsible for paying the doctor a \$5.00 copayment, and any additional costs resulting from cosmetic options, or non-covered services and materials you have selected. Selecting a participating doctor from VSP's network assures direct payment to the doctor and guarantees quality services and materials.

#### WHAT IF I DON'T USE A PARTICIPATING DOCTOR?

More than 90% of VSP patients receive services from participating doctors, although you may select any licensed vision care provider for services. Your reimbursement schedule does not guarantee full payment, nor can VSP guarantee patient satisfaction, when services are obtained from a non-participating provider. Follow these steps if you obtain services and/or materials from a non-participating 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 examination, 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 identification number (usually the social security number).
  - Member's employer or group name.
  - Patient's name, relationship to member and date of birth.

You may submit the information on a HCFA-1500 form or any generic insurance claim form that may be available from your non-participating provider upon request.

Please mail the itemized bill(s) and benefit form to the following address:

VISION SERVICE PLAN  
P.O. Box 997100  
Sacramento, California 95899-7100

Please note that you must file this claim for reimbursement within six months of the date services were completed.

If you need further information about your plan's reimbursement schedule, contact your employer.

#### WHAT ARE THE LIMITATIONS?

**OPTIONS** - This plan is designed to cover your visual needs rather than cosmetic materials. If you select any of the following, you will be responsible for an additional charge:

- a ) Blended lenses.
- b ) Contact lenses (except as noted elsewhere herein).
- c ) Oversize lenses.
- d ) Progressive multifocal lenses.
- e ) Photochromic or tinted lenses other than Pink 1 or 2.
- f ) Coated or laminated lenses.
- g ) A frame that exceeds the plan allowance.
- h ) Certain limitations on low vision care.
- i ) Cosmetic lenses.
- j ) Optional cosmetic processes.
- k ) UV protected lenses.

**NOT COVERED** - The following professional services or materials are not covered. Discounts may apply to some items.

1. Orthoptics or vision training and any associated supplemental testing.
2. Plano lenses (non-prescription).
3. Two pair of glasses in lieu of bifocals.
4. Lenses and frames furnished under this program which are lost or broken will not be replaced except at the normal intervals when services are otherwise available.
5. Medical or surgical treatment of the eyes.
6. Any eye examination, or any corrective eyewear, required by an employer as a condition of employment.
7. Corrective vision services, treatments, and materials of an expert-mental nature.

THIS IS ONLY A SUMMARY. FOR ADDITIONAL INFORMATION, SEE YOUR EMPLOYER'S BENEFITS REPRESENTATIVE.