

Vision Plan – Active Employees

Introduction

Vision benefits are offered through an insured program, Vision Service Plan (VSP).

Participating in the Vision Plan

You are eligible to enroll in the Vision Plan within 31 days of your date of hire, during the annual enrollment period, or within 31 days after a qualifying status change.

Eligibility

You are eligible to enroll in the Vision Plan if you are a benefits-eligible employee scheduled to work at least 20 hours per week on a consistent basis. See the General Benefits Information section of the Farm Credit Consolidated Benefits Handbook for additional information.

Coverage Choices

You are able to select from four coverage choices: employee, employee plus spouse, employee plus child(ren) and family coverage.

Eligible Dependents

You may also enroll your eligible dependents. "Eligible dependents" are listed in the General Benefits Information section of the Farm Credit Consolidated Benefits Handbook.

Benefits Provided Under the Vision Plan

The Vision Plan provides coverage for both vision services and supplies.

Summary of Covered Vision Services

Locate a Vision Services Plan (VSP) provider at www.vsp.com or call 1-800-877-7195.

Services	Services from a VSP Participating Provider*	Services from a Non-participating Provider**
Examination	Paid-in-full after \$10 copay - once every 12 months	Up to \$35.00 allowance
Single vision lenses	Paid-in-full after \$25 copay - once every 12 months	Up to \$25.00 allowance
Bifocal lenses	Paid-in-full after \$25 copay - once every 12 months	Up to \$40.00 allowance

Vision Plan – Active Employees

Services	Services from a VSP Participating Provider*	Services from a Non-participating Provider**
Trifocal lenses	Paid-in-full after \$25 copay - once every 12 months	Up to \$55.00 allowance
Lenticular lenses	Paid-in-full after \$25 copay - once every 12 months	Up to \$80.00 allowance
Frames	A wide selection of attractive frames once every 24 months are covered in full after \$25 copay combined with lenses*** (approx retail cost \$130)	Up to \$45.00 allowance
Contact lenses (instead of eyeglass lenses and frames):		
Medically necessary	Paid-in-full after \$25 copay - once every 12 months	Up to \$210.00 allowance
Elective (Contacts can be purchased every 12 months in lieu of frames and lenses. If you purchase frames and lenses in lieu of contact lenses, you must wait 24 months before you can purchase contact lenses and be reimbursed under the Plan.)	Once every 12 months - 15% discount off the contact lens exam (fitting and evaluation) plus a \$130 allowance	Up to \$105.00 allowance

* When an examination and/or materials are received from a VSP participating provider, the patient will have no out-of-pocket expense other than the copayment, unless optional items are selected. Optional items include, but are not limited to, oversize lenses, coated lenses, no-line multifocal lenses, treatments for cosmetic reasons or a frame that exceeds the wholesale allowance.

** Services and materials obtained from a non-participating provider will be reimbursed up to amounts on the above schedule. If you receive an examination and/or materials from a non-participating provider, you are responsible for paying the provider in full, and submitting itemized receipts to VSP for reimbursement. It is important to note that the reimbursement schedule does not guarantee full payment.

*** VSP's frame benefit fully covers over half of the 20,000 frames currently available. Due to this large selection and the fact that buying habits and tastes differ from one region to the next, frame inventories may vary. When deciding on a frame, members should ask their doctors which ones are covered in full.

If you elect to purchase glasses and contacts in the same calendar year, the Plan will provide only one benefit payment, the Plan will not provide payment for both. For example, payment would be made for lenses and frames but not for contact lenses. If you choose to purchase contact lenses from a VSP participating provider using the contact lens reimbursement, you can receive a 20% discount on glasses or a 15% discount on professional fees for contact lenses.

All benefit frequencies are from the last date of service.

Eye Exam – What's Covered?

The VSP plan focuses on maintaining good eye health and offers a comprehensive annual eye exam. A comprehensive exam is important for fitting eyewear and can also allow for early detection and referral for diseases such as high blood pressure or diabetes. Based on the patient's health history and current visual needs, the doctor may use a variety of eye screenings and diagnostic tests.

- **Visual functioning.** Tests check everything from visual clarity to eye focus and coordination.
- **Eye component assessments.** Important elements of the eye are analyzed, including the retina, optic nerve, cornea and lens.

Optional Features May Be Purchased at a Discounted Rate from a VSP Participating Provider

Additional options that can be purchased at a discounted rate from a VSP participating provider include:

- scratch coating;
- anti-reflective coating;
- progressive lenses;
- most tinted and photocromatic lenses;
- oversize lenses (61 mm or more); and
- any frame exceeding the VSP plan allowance.

If you purchase your frames and lenses (materials) from a non-participating VSP provider, these additional options are not reimbursable through the VSP Plan.

Definition of Medically Necessary and Elective Contact Lenses

Medically Necessary Contact Lenses - Vision Service Plan fully covers contact lenses when the participating provider secures prior approval from VSP for any of the following conditions:

- following cataract surgery;
- to correct extreme visual acuity problems that cannot be corrected with spectacle lenses;
- certain conditions of Anisometropia; and
- keratoconus.

Vision Plan – Active Employees

Elective Contact Lenses. Elective contact lenses may be selected instead of spectacle lenses and frames. When you receive services from a VSP participating provider, the standard exam will be covered in full. An allowance of \$130 will be provided toward the contact lens, exam, fitting, evaluation fee and materials. The participating provider's professional fees for contact lens evaluation and fittings will be offered at a 15% discount, and the contact lenses will be offered at the doctor's usual and customary cost. Any additional costs exceeding the allowance are the responsibility of the patient.

Laser Vision Correction Surgery

Laser/Lasik vision correction surgery benefits can only be utilized through a VSP participating provider. There is no coverage under this Plan if you go to a non-participating provider.

For additional information, contact VSP at 1-800-877-7195 or visit their website at www.vsp.com.

Low Vision Benefit

If you have severe visual problems that cannot be corrected with regular lenses you may be eligible for Low Vision benefits. This is available if there is vision loss sufficient enough to prevent reading, moving around in unfamiliar surroundings and completing desired tasks.

If you are eligible for low vision benefits, the VSP participating provider will obtain prior authorization from VSP. Benefits include, but are not limited to:

- supplemental testing for low vision evaluation,
- low vision prescription services,
- optical and non-optical aids.

If low vision supplemental testing is approved, VSP will pay up to a maximum of \$125 every two years. If low vision aids are approved, VSP will pay 75% of the approved amount up to a maximum of \$1,000 per covered person (less any amount paid for supplemental testing) every two years. You are responsible for the remaining 25% of the approved amount plus any amount over the maximum.

What Isn't Covered Under VSP

Cosmetic Options. Although your plan does not provide for cosmetic options, when services are received from a VSP participating provider, you may purchase these materials or services at a reduced cost based on VSP's preferred member pricing. Examples of cosmetic options that **may** be offered at a reduced rate include:

- blended lenses;
- contact lenses (except as noted);
- oversize lenses;
- progressive multi-focal lenses;
- photochromic lenses;
- tinted lenses, except Pink #1 and Pink #2;

Vision Plan – Active Employees

- coating of the lens or lenses;
- a frame that exceeds the Plan allowance;
- certain limitations on low vision care;
- cosmetic lenses;
- optional cosmetic processes;
- UV-protected lenses;
- corrective vision services, treatments and materials of an experimental nature; and
- laminating of the lens or lenses.

Not Covered. The following professional services and materials are not covered.

- orthoptics or vision training and any associated supplemental testing;
- non-prescription lenses;
- two pairs of glasses in lieu of bifocals;
- medical or surgical treatment of the eyes;
- any eye exam or corrective eyewear required by an employer as a condition of employment; and
- lost or broken lenses and frames, unless the member has reached his or her normal interval for service when seeking replacements.

Using Your Vision Benefit

- ID cards will not be provided for this Plan. You **must call** to make an appointment with a VSP participating provider. For a list of participating providers, call VSP at (800) 877-7195* or visit their website at www.vsp.com.** When making an appointment, **make sure** you identify yourself as a VSP member, and be prepared to provide your social security number.
- The VSP participating provider will contact VSP to verify your eligibility and plan coverage, and will also obtain authorization for services and materials.
- If you are not currently eligible for services, the VSP participating provider is responsible for communicating this to you.
- VSP will pay the participating provider directly for covered services and materials. You are responsible for paying the copayment(s) and for any services or eyewear not covered by the plan.
- If you do not identify yourself as a VSP member when you make your appointment, you will pay full cost and follow the procedures of a non-participating provider to get reimbursement. It is important to note that you may not receive full reimbursement less the copay amounts.

* Updated Daily

** Updated Weekly

When You Use a Non-participating Provider

When you receive services from a non-participating VSP provider, pay the entire bill and send the following information to VSP. The reimbursement schedule does not guarantee full payment.

- An itemized receipt listing the services received.
- The name, address and phone number of the non-participating VSP provider.
- Your social security number and/or covered individual's social security number.

Vision Plan – Active Employees

- Your name, address and phone number.
- The name of our Group (Employers participating in the Farm Credit Consolidated Benefit Plans).
- The patient's name, date of birth, phone number and address (if different from yours).
- The patient's relationship to you (self, spouse, child).

Send the information to:

Vision Services Plan
PO Box 997105
Sacramento, CA 95899-7105

Coordination of Benefits

Your benefits are coordinated with other group plans covering you and your dependents.

You or your covered family members may have coverage under another vision plan. Payment of the Plan benefits will be coordinated so the total payments from both plans are not more than the total allowable expenses.

Determining the Primary and Secondary Plan

One of the two or more plans involved in coordination of benefits is the "primary plan" (meaning it pays first), and the other plans are "secondary."

- When both you and your spouse are covered by group plans, the patient's employer's plan is **primary** for that person.
- For a covered dependent child, if both you and your spouse cover the child, the plan of the parent whose birth date comes first during the calendar year is considered the **primary** plan. This is the "birthday rule."
- If each of the plans has provisions for layoff situations, the plan of the laid-off individual always pays last for that individual and all dependents.
- The plan without a coordination provision is always the **primary** plan. You will have to give information about any other plans when you file a vision claim.
- If none of the above rules determines an order of benefits, the plan covering the covered member the longest is the **primary** plan.

How Coordination of Benefits Works

- **When you are the patient.** The Vision Plan is your primary plan when you have vision expenses. Your claims are submitted to VSP by your doctor.
- **When your spouse's plan is secondary.** Submit any remaining balance due to the secondary plan's claims administrator.
- **When your spouse is the patient.** Your spouse's employer's plan is the primary plan. Expenses are submitted to your spouse's plan first. Any unpaid balances are then submitted to our VSP Plan.
- **When the patient is a dependent child.** When your children are covered under both you and your spouse's plan, the "birthday rule" applies. The plan of the parent whose birthday occurs earlier in the year is the primary plan.

Children of Divorced or Separated Parents

In the case of dependent children covered under the plans of divorced or legally separated parents, the following rules apply:

- the plan of the parent who by court order has financial responsibility for health care expenses will pay benefits first.
- the plan of the parent who has custody will pay benefits first if there is no court order.
- if the parent with custody has remarried, the order of payment will be:
 - the plan of the parent with custody pays benefits first;
 - the plan of the stepparent with custody pays benefits next; and
 - the plan of the parent without custody pays benefits last.

Right to Receive and Release Information

In order to administer claims, the Plan's claims administrator may, without the consent of, or notice to, any person:

- provide or release information needed to determine coordination of benefits;
- recover overpayments made due to the coordination of benefits provision; and
- pay the administrator of another plan the amount that should have been paid by this Plan. This amount will be considered a benefit under this Plan.

[This information is deemed to be accurate. In the event that this information is in conflict with the vendor contract or the policy, the contract or policy language will prevail. The employers intend to provide these programs on an ongoing basis; however, they reserve the right to amend or terminate any program at any time.]