

2019 BENEFITS

CERTIFICATED & MANAGEMENT
LIFETIME RETIREE



SAN LUIS OBISPO COUNTY
OFFICE OF EDUCATION

LEADERSHIP ■ COMMUNITY ■ SERVICE
JAMES J. BRESCIA, ED. D., SUPERINTENDENT

Welcome to Your San Luis Obispo County Office of Education Retiree Benefits

This guide provides a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact Kim Burke at **(805) 782-7294**.

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Important Information

The Affordable Care Act and You

The Affordable Care Act (ACA) requires nearly every American to be enrolled in medical coverage or pay a penalty. This is referred to as the individual mandate. You have several options to satisfy this requirement:

- Enroll in a medical plan offered by San Luis Obispo County Office of Education (SLOCOE) or another group plan
- Purchase coverage through a health insurance marketplace
- Enroll in coverage through a government sponsored program
- Have no coverage and incur a tax penalty

For more information on your coverage options, please visit www.healthcare.gov.

Annual Notices

ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. SLOCOE has posted all federally required annual notices on our SLOCOE website for you to download and read at your convenience.

The following is a list of the annual notices:

- Medicare Part D Notice of Creditable Coverage
- HIPAA Notice of Privacy Practices
- Women's Health and Cancer Rights Act (WHCRA)
- Newborns' and Mothers' Health Protection Act
- Special Enrollment Rights
- Medicaid & Children's Health Insurance Program
- Summary of Benefits and Coverages (SBC)

Enrollment Information

Who May Enroll

If you are retiree, you and your eligible dependents may participate in SLOCOE's benefit program. Your eligible dependents include:

- Legally married spouse
- Registered domestic partner
- Children under the age of 26, regardless of student or marital status

When You Can Enroll

As an eligible retiree, you may enroll at the following times:

- As a new retiree, you may participate in SLOCOE's benefits program within 31 days of your eligibility date. If you do not enroll for coverage within 30 days of your eligibility date, you will lose eligibility.
- Each year, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS (see Changes To Enrollment below)

Changes To Enrollment

Our benefit plans are effective October 1st through September 30th of each year. There is an annual open enrollment period each year, during which you can make new benefit elections for the following October 1st effective date. Once you make your benefit elections, you cannot change them during the year unless you experience a qualifying event as defined by the IRS. Examples include, but are not limited to the following:

- Marriage, divorce, legal separation or annulment
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- A change in your dependent's eligibility status
- Loss of coverage from another health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a state's premium assistance program under Medicaid or CHIP

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have 30 days to update your coverage. Please contact the Kim Burke at **(805) 782-7294** immediately following a qualifying event to complete the appropriate election forms as needed. If you do not update your coverage within 30 days from the qualifying event, you must wait until the next annual open enrollment period to update your coverage.



Online Carrier Resources

Take advantage of the online resources available through our insurance carriers. You can locate network providers, manage your claims, obtain health and wellness information, and much more! Insurance carrier website addresses are located on **page 5** of this guide.

Online Benefits Enrollment

Annually in July, you will receive an information packet regarding Open Enrollment. This packet will highlight upcoming changes to the benefits and provide you with instructions on the steps you may take to learn more about Plan Details, Rates, Selections and Changes.



To Get Started - *Only Available During Open Enrollment*

The Open Enrollment web address will be provided to you in your information packet when the Open Enrollment period begins annually in July. If you have any questions or need assistance, please contact Kim Burke at **(805) 782-7294**.

Important Note

- For those who do not have email access, please return the completed retiree plan selection form as instructed prior to the enrollment deadline.
- For those who choose to keep the same plan coverage that you had in 2018-2019, you do not need to do anything.

Resources and Contacts

Below is a list of insurance carrier contacts should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers, please contact Kim Burke at **(805) 782-7294**.

Medical - SISC/ Anthem Blue Cross

Member Services	(800) 564-7475
Anthem Website	www.anthem.com/ca/sisc
Navitus Pharmacy	(866) 333-2757
Mail Order Pharmacy	(800) 607-6861
Coverage While Traveling.....	(800) 810-2583

Dental - Delta Dental

Member Services	(866) 499-3001
Carrier Website	www.deltadentalins.com

Vision - VSP

Member Services	(800) 877-7195
Carrier Website	www.vsp.com

Additional Benefits Provided by SISC

Health Smarts Member Services	(661) 636-4410
Health Smarts Website	www.sishealth.com
MDLIVE Member Services	(888) 632-2738
MDLIVE Website	www.mdlive.com/sisc
Advance Medical Member Services.....	(855) 201-9925
Advance Medical Website.....	advance-medical.net/sisc



Additional Benefits

Anthem Blue Cross Retiree Assistance Program

If you are enrolled in one of our medical plans, you will automatically be enrolled in the Employee Assistance Program (EAP) through Anthem Blue Cross. The EAP provides you and your household members with free, confidential assistance to help with personal/professional problems that may interfere with work or family responsibilities. You are encouraged to utilize services early in the progression of a problem before situations significantly impact your personal life or work.

This plan may help in situations such as relationship difficulties, marriage/family situations, stress, managing change, legal and financial problems, work-related concerns, anxiety and depression. The EAP also serves more serious concerns such as alcohol and drug problems, family violence and threats of suicide.

- You and your household members can receive up to six counseling sessions per problem. If a problem requires more lengthy or specialized treatment than the EAP is intended to provide, the EAP will refer you to Anthem Blue Cross to help you locate a participating Anthem Blue Cross Medical provider.
- Emergencies handled by staff members are available by phone 24/7 on a toll-free basis.
- The EAP will make every effort to see you within 48 hours, but if you are in crisis, you will be provided same-day service.
- Evening appointments are available.



Accessing the EAP

To access EAP benefits, go to www.anthemeap.com or you may call **(800) 999-7222** to be immediately connected to an EAP counselor.



Tips on Getting the Most from Your Health Benefits

1 Ask Questions

If you are having a procedure or planning an upcoming procedure, make sure you know how the procedure will be covered and what your out-of-pocket cost will be, if any.

2 Utilize your Free Preventive Care Benefits to Stay Healthy

Preventive care benefits are covered at no charge to you. Regular preventive care can reduce the risk of disease, detect health problems early, protect you from higher costs down the road, and most importantly... potentially save your life. Take advantage of these no cost benefits now to hopefully avoid major illnesses and costs in the future.

3 Get the Right Health Care and Save Money

Choosing the right care for your medical situation will help save you money out-of-pocket:

- **Doctor's Office Visit or Telemedicine visit:** This is a good choice for non-urgent medical issues.
- **Urgent Care:** This is the best choice for non-life threatening medical issues that require immediate, in-person care when you can't get an appointment for a Doctor's Office Visit.
- **Emergency Room:** You should use the Emergency Room for life threatening emergencies, or for other issues that require immediate medical care outside Urgent Care hours.

4 Use Generic Drugs When Available

The best way to save on prescriptions is to use generic medications as opposed to brand name drugs. When you use generic medications, you will pay the lowest copay.

Generic drug companies do not have to develop a medication from scratch, so the costs are significantly less to bring the drug to the market. Once a generic medication is approved, several companies can produce and sell the drug. This competition helps lower prices. In addition, many generic drugs are well-established, frequently used medications that do not require expensive advertising.

Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.



Medical Benefits (Under 65)

	Option 1 Anthem Blue Cross PPO 100% D/\$20 #40325Y		Option 2 Anthem Blue Cross PPO 90% C/\$30 #40324W		Option 3 Anthem Blue Cross PPO 90% G/\$20 #40324S	
	In- Network		In- Network		In- Network	
Health Benefits						
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Deductible (Annual) Out of Pocket Maximum	\$300 Individual/\$600 Family \$1,000 Individual /\$3,000 Family		\$200 Individual/\$500 Family \$1,000 Individual/\$3,000 Family		\$500 Individual/\$1,000 Family \$1,000 Individual/\$3,000 Family	
Co-Insurance (Plan Pays)	100% after Ded		90% after Ded		90% after Ded	
Office Visit Copay	\$20 Copay		\$30 Copay		\$20 Copay	
Hospitalization	100% after Ded		90% after Ded		90% after Ded	
Lab and X-Ray	100% after Ded		90% after Ded		90% after Ded	
Emergency Services	\$100 Copay, 100% after Ded		\$100 Copay, 90% after Ded		\$100 Copay, 90% after Ded	
Urgent Care	\$20 Copay		\$30 Copay		\$20 Copay	
Chiropractic (Limits Apply)	100% after Ded		90% after Ded		90% after Ded	
Pharmacy Benefits						
Pharmacy Deductible Out of Pocket Maximum	\$0 Individual/\$0 Family \$2,500 Individual /\$3,500 Family		\$200 Individual/\$500 Family \$2,500 Individual /\$3,500 Family		\$0 Individual/\$0 Family \$2,500 Individual /\$3,500 Family	
Retail Pharmacy - Generic Formulary - Brand Name Formulary - Supply Limit	\$9 Copay \$35 Copay 30 Days		\$10 Copay \$35 Copay 30 Days		\$9 Copay \$35 Copay 30 Days	
	Option 1: PPO 100% D/\$20 w/ Life, VSP & Premier Dental w/ Life, VSP & PPO Dental		Option 2: PPO 90% C/\$30 w/ Life, VSP & Premier Dental w/ Life, VSP & PPO Dental		Option 3: PPO 90% G/\$20 w/ Life, VSP & Premier Dental w/ Life, VSP & PPO Dental	
<65 Retiree Pays 12thly						
Single	\$351.97	\$342.97	\$299.90	\$295.40	\$294.40	\$289.90
2-Party	\$885.77	\$869.37	\$788.77	\$772.37	\$779.77	\$763.37
Family	\$1,358.57	\$1,349.77	\$1,235.57	\$1,226.77	\$1,223.57	\$1,214.77

Medical Benefits (Under 65)

Option 4 Anthem Blue Cross PPO 80% G/\$30 #40324J	Option 5 Anthem Blue Cross PPO 80% M/\$40 #40325W
In- Network	In- Network

Health Benefits

Lifetime Maximum	Unlimited	Unlimited
Deductible (Annual) Out of Pocket Maximum	\$500 Individual/\$1,000 Family \$2,000 Individual /\$4,000 Family	\$3,000 Individual/\$6,000 Family \$4,000 Individual /\$8,000 Family
Co-Insurance (Plan Pays)	80% after Ded	80% after Ded
Office Visit Copay	\$30 Copay	\$40 Copay
Hospitalization	80% after Ded	80% after Ded
Lab and X-Ray	80% after Ded	80% after Ded
Emergency Services	\$100 Copay, 80% after Ded	\$100 Copay, 80% after Ded
Urgent Care	\$30 Copay	\$40 Copay
Chiropractic (Limits Apply)	80% after Ded	80% after Ded

Pharmacy Benefits

Pharmacy Deductible Out of Pocket Maximum	\$200 Individual/\$500 Family \$2,500 Individual /\$3,500 Family	\$200 Individual/\$500 Family \$2,500 Individual /\$3,500 Family
Retail Pharmacy - Generic Formulary - Brand Name Formulary - Supply Limit	\$10 Copay \$35 Copay 30 Days	\$15 Copay \$50 Copay 30 Days

Option 4: PPO 80% G/\$30		Option 5: PPO 80% M/\$40	
w/ Life, VSP & Premier Dental	w/ Life, VSP & PPO Dental	w/ Life, VSP & Premier Dental	w/ Life, VSP & PPO Dental

<65 Retiree Pays 12thly				
Single	\$237.40	\$232.90	\$137.40	\$132.90
2-Party	\$616.77	\$600.37	\$339.77	\$323.37
Family	\$1,016.57	\$1,007.77	\$663.57	\$654.77

Additional Medical Benefits Provided Through SISC

Health Smarts Health Improvement Program

Health Smarts is voluntary, confidential and offered to you at no cost if you participate in a District-offered Medical plan. Health Smarts is a comprehensive program that includes an online health assessment, digital health coaching, and condition management (administered by Anthem Blue Cross).

To access the Health Smarts health improvement program, contact SISC at the number shown on your medical ID card.

MDLIVE

As a Medical plan participant, you have access to MDLIVE, a service that provides 24/7 access to board certified doctors and pediatricians by online video, phone or secure email. Doctors will ask you some questions to help determine your health care needs. Based on the information you provide, advice will include general health care and pediatric care specific to you or your dependent's condition. This service is subject to a \$5 copay regardless of your Medical plan's regular office visit copay, except HDHP participants who will need to pay the cost in full until the plan deductible has been satisfied.

When to use MDLIVE:

- If you're considering a visit to an emergency room or urgent care center for a non-emergency medical issue.
- When your primary care doctor is not available.
- When you are traveling and in need of medical care.
- During or after normal business hours, nights, weekends and holidays.
- To request prescription drugs or to get refills.

Common Conditions Treated by MDLIVE			
General Care			Pediatric Care
Allergies	Fever	Respiratory Infections	Cold & Flu
Asthma	Headache	Sinus Infections	Constipation
Bronchitis	Infections	Skin Infections	Ear Infections
Cold & Flu	Insect Bites	Sore Throat	Nausea
Diarrhea	Joint Aches	Urinary Tract Infections	Pink Eye
Ear Infections	Rashes	And More!	And More!

To access MDLive, go to www.mdlive.com/sisc or call **888-632-2738**. Be prepared to provide your name, the patient's name (if you're not calling for yourself), your member identification number and your phone number.

Advance Medical

SISC offers a valuable expert second opinion service through Advance Medical. This benefit can be used to ensure that you and your family get the best healthcare possible. The service is free, easy and 100% confidential.

Advance Medical matches patients to the leading doctors on their specific conditions. They will work with the patient to be sure of their diagnosis and recommend the best path for treatment. You should use Advance Medical when you:

- Have a documented diagnosis from a doctor and would like an expert's second opinion regarding the diagnosis and treatment plan
- Find yourself confronting a complex medical condition
- Would like your medications or treatment plan reviewed
- Are scheduled for surgery or a major procedure

With Advance Medical, members receiving a medical opinion have unlimited concierge access to a specialist. To take advantage of your Advance Medical benefit, go to advance-medical.net/sisc or call **855-201-9925**.

Additional Medical Benefits Provided Through SISC

Solera4me

A 16 week cutting edge program that can help members with prediabetes lose weight, adopt healthy habits and significantly reduce their risk of developing diabetes. Available at no cost to members who qualify.

You will have access to choose from an array of national and local programs, like Weight Watchers, Jenny Craig, Retrofit and HealthSlate. While these programs differ, most include the following elements



Access to a personal coach



Weekly lessons



A small group for support



Tools like a wireless scale or an activity tracker

To find out if you qualify for the program, take a 1 minute quiz at www.solera4me.com/sisc.

Active&Fit

SISC offers you a gym membership discount through Active&Fit Direct program. For \$25 a month and over 9,000 participating fitness centers and YMCAs nationwide, you can find the right gym for you. Visit SpecialOffers by logging into

www.anthem.com/ca/sisc and clicking on Discounts.

Silver&Fit

This program is now available with the Companion Care - Medicare Supplemental Plan at no cost to you. Register online to get more details on local fitness centers, home fitness programs and fun fitness challenges. Learn how to track your exercise and get rewarded for being active. Go to www.SilverandFit.com to register and find more details on program offerings.



Benefit Video – Medical Plan Terms

Medical plan terms, such as coinsurance, copays, deductibles, and out-of-pocket maximums can be confusing. For a quick video that shows how these work, visit <http://video.burnhambenefits.com/terms>.

Accessing Care Out-of-Network

A network provider is a hospital, doctor, medical group, dentist or other health care provider contracted to provide services to members at a contracted or discounted rate. Health care providers who are not contracted are considered to be Out-of-Network providers.

Out-of-Network providers access is allowed for the Anthem plans. However, the cost you pay for benefits is higher and you are subject to **balance billing**. Out-of-Network providers can charge any amount they wish for a service. However, if that amount is higher than what the insurance company will pay the provider based on a fee schedule, the member is responsible for paying the difference.

Medical Benefits (Over 65)

	Option 1 Anthem Blue Cross PPO Plan 100-A #4R004A 10405O	Option 2 Anthem Blue Cross PPO Plan 100-G #4R006G 10405O
	PPO Network	PPO Network
Health Benefits		
Lifetime Maximum	Unlimited	Unlimited
Deductible (Annual) Out-of-Pocket Maximum ¹	None \$1,000 Individual / \$3,000 Family	\$500 Individual / \$1,000 Family \$1,000 Individual / \$3,000 Family
Co-Insurance (Plan Pays)	100%	100%
Office Visit Copay	\$0 Copay	\$20 Copay
Hospitalization ²	0%	0%
Lab and X-Ray	0%	0%
Emergency Services	\$100 Copay, 0%	\$100 Copay, 0%
Urgent Care	\$0 Copay	\$20 Copay
Chiropractic (Limits Apply) ²	Administered by ASH 0%	Administered by ASH 0%
Pharmacy Benefits*		
Pharmacy Deductible	None	Tier 2: \$200 per member
Pharmacy Copay	<u>Retail</u>	<u>Retail</u>
- Tier 1 Drugs	\$0 Copay	\$0 Copay
- Tier 2 Drugs	\$35 Copay	\$50 Copay
- Supply Limit	30 Days	30Days

¹ When using the non-network tier, you are responsible for all amounts exceeding the fee schedule. Non-covered expenses do not apply to Out-of-Pocket maximum. Member copayments and coinsurance for Emergency Medical Care with a Non-PPO provider also apply to the Out-of-Pocket maximums.

² Subject to utilization review or medical necessity.

	Option 1: PPO Plan 100-A		Option 2: PPO Plan 100-G	
	w/ Life, VSP & Premier Dental	w/ Life, VSP & PPO Dental	w/ Life, VSP & Premier Dental	w/ Life, VSP & PPO Dental
65+ Retiree Pays 12thly				
Single	\$58.90	\$54.40	\$36.90	\$32.40
2-Party	\$421.77	\$405.37	\$333.77	\$317.37
Family	\$802.57	\$793.77	\$693.57	\$684.77

***Important Note:** The 65+ PPO Retiree Prescription Plans are EGWP Medicare Part D Rx Plans. You will be auto-enrolled into Medicare Part D plan and will receive a separate ID card from your medical plan. Medicare Part D Income Related Monthly Premium Adjustment Amount (IRMAA) will apply. High income earners must pay a monthly amount to Medicare.

Medical Benefits (Over 65)

CompanionCare Medicare Supplement Plan

Companion Care is for retirees over the age of 65 and is a supplement insurance coverage for Medicare. Retiree must have Medicare parts A & B in order to participate. Medicare is billed as the primary insurance. Companion Care is billed as the secondary insurance. It is to your advantage to use a participating Blue Cross provider who accepts assignment of Medicare benefits. If you use a provider who does not accept assignment of Medicare benefits, the provider of service or member must file the claim twice; once for the Medicare payment and then again for the plan payment. Vision wear is covered through VSP (Vision Service Plan).

Prescription program is through Navitus. SISC will automatically enroll CompanionCare members in Medicare Part D for prescription medications.

Please remember! If you are enrolled in CompanionCare, you may not move back to a District sponsored plan (Blue Cross PPO). Exception to this rule: If you move out of California, you may enroll in a District sponsored plan.

Companion Care Medicare Supplement Plan - 40003A		
	Medicare	Companioncare
Health Benefits		
Inpatient Hospital (Part A)	Pays all but first \$1364 for 1st 60 days	Pays \$1364
	Pays all but \$341 a day for the 61st to 90th day	Pays \$341 a day
	Pays all but \$682 a day Lifetime Reserve for 91st to 150th day	Pays \$682 a day
	Pays nothing after Lifetime Reserve is used (refer to Evidence of Coverage)	Pays 100% after Medicare and Lifetime reserve are exhausted up to 365 days per lifetime
Skilled Nursing Facilities (must be approved by Medicare)	Pays 100% for 1st 20 days	Pays nothing
	Pays all but \$170.50 a day for 21st to 100th day	Pays \$170.50 a day for 21st to 100th day
	Pays nothing after 100th day	Pays nothing after 100th day
Deductible (Part B)	\$185 Part B deductible per year	Pays \$185
Basis of Payment (Part B)	80% Medicare Approved (MA) charges after Part B deductible	20% MA charges including 100% of Medicare Part B deductible
Medical Services (Part B) - Doctor, x-ray, appliances and ambulance - Laboratory	80% MA charges 100% MA charges	20% MA charges Pays nothing
Physical/Speech Therapy (Part B)	80% MA charges up to the Medicare annual benefit amount	20% MA charges up to the Medicare annual benefit amount (PT & ST combined)
Blood (Part B)	80% MA charges after 3 pints	Pays 1st 3 pints un-replaced blood and 20% MA charges
Travel Coverage (when outside the US for less than 6 consecutive months)	Not covered	Pays 80% inpatient hospital, surgery, anesthesiologist and in hospital visits for medically necessary services for 90 days of treatment per lifetime
Navitus		
Outpatient Prescription Drugs - Retail Pharmacy (30 day supply) - Mail Order / Costco (90 day supply)		\$9 generic / \$35 brand-name \$18 generic / \$90 brand-name
65+ Retiree Pays 12thly		
CompanionCare w/ Life, VSP & Dental		
Per Participant		\$0.00

Dental Benefits

Delta Dental PPO Plans

With the Delta Dental Preferred Provider Organization (PPO) dental plans, you may visit a PPO dentist and benefit from the negotiated rate or visit a non-network dentist. When you utilize a PPO dentist, your out-of-pocket expenses will be less. You may also obtain services using a non-network dentist; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

	Option 1 Delta Dental Premier Dental		Option 2 Delta Dental PPO Dental (w/Ortho)	
	Network	Non-Network	Network	Non-Network
Dental Benefits				
Calendar Year Maximum	Unlimited*	Unlimited*	Unlimited*	\$1,000
Deductible (Annual) - Individual - Family	None		None	\$25 \$75
Preventive (Plan Pays) Exams, X-Rays, Cleanings	70%-100%	70%-100% (UCR)	100%	50%
Basic Services (Plan Pays) Fillings, Oral Surgery, Endodontics, Periodontics	70%-100%	70%-100% (UCR)	100%	50%
Major Services (Plan Pays) Crowns, Prosthetics	70%-100% 50% Prosthetics	70%-100% (UCR) 50% Prosthetics (UCR)	100% 60% Prosthetics	50%
Orthodontia - Covered Members - Coinsurance - Lifetime Benefit Maximum	Not Covered		Children Only 100% \$2,000	

*Implant benefit limited to \$2,000 annual maximum.



Finding a Dental Provider

Go to www.deltadentalins.com or call **(866) 499-3001**.

- Option 1: Refer to the “Delta PPO” or “Delta Premier” network.
- Option 2: Refer to the Delta PPO network.

Note

We strongly recommend you ask your dentist for a predetermination if total charges are expected to exceed \$300. Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.

Vision Benefits

Vision Service Plan (VSP)

The VSP vision plan provides professional vision care and high quality lenses and frames through a broad network of optical specialists. You will receive richer benefits if you utilize a network provider. If you utilize a non-network provider, you will be responsible to pay all charges at the time of your appointment and will be required to file an itemized claim with VSP.

Vision Benefits	VSP PPO Plan B \$15/\$25	
	Network	Non-Network
Copay		
- Examination	\$15 Copay	N/A
- Materials	\$25 Copay	N/A
Examination	100%	\$35 Reimbursement
Lenses		
- Single Vision	100%	\$25 Reimbursement
- Bifocal	100%	\$40 Reimbursement
- Trifocal	100%	\$50 Reimbursement
Frames	\$150-\$170 Benefit	\$30 Reimbursement
Contact Lenses	\$150 Allowance In Lieu of Frames and Lenses	\$90 Allowance In Lieu of Frames and Lenses
Laser Vision Correction	Discounts Apply	Not Covered
Frequency		
- Examination	Every Calendar Year	
- Lenses	Every Calendar Year	
- Frames	Every Other Calendar Year	
- Contact Lenses	Every Calendar Year	

Note

VSP has the largest network of private-practice eye care doctors in the industry. VSP's network includes 37,000 access points nationwide. Most of the U.S. population lives within four miles of a VSP provider.



Finding a Vision Provider

Go to www.vsp.com or call (800) 877-7195. Refer to the "VSP Signature" network when prompted.

TruHearing

VSP members can save 30-60% on a pair of hearing aids with TruHearing pricing discount. Dependents and extended family members are also eligible. For more information, visit www.TruHearing.com or call (866) 754-1607.

Important Note: VSP has the largest network of private-practice eye care doctors in the industry. VSP's network includes 37,000 access points nationwide. Most of the U.S. population lives within four miles of a VSP provider.



Learn more at www.burnhambenefits.com

This Employee Benefits Guide provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact the Human Resources Department.