VISION SERVICE PLAN (VSP)

The CHEIBA Trust and the CHEIBA Trust Members are pleased to offer you a comprehensive managed vision care program. Vision Service Plan (VSP) is the nation’s leading managed vision care benefits program whose primary goal is to promote wellness through routine eye exams and quality, cost-effective vision care products and services.

Premium Payments
Vision coverage is voluntary and premiums are entirely paid by the Employee. To assist in reducing your insurance premium costs, your vision premiums can be paid with pre-tax dollars if applicable at your institution. If you and your spouse both work within the CHEIBA Trust system, you can choose to have one spouse pay for all premiums, or you can each cover your premiums separately.

For Premium Payments involving Domestic Partners and the children of Domestic Partners, please review the document entitled, "Important Tax Information for Domestic Partner Health and Dental Benefits".

NOTE: If you are a Participant in PERA and are within three years of retirement, you may want to elect to pay your premiums with after-tax dollars to ensure your highest possible PERA benefit in retirement. PERA retirement benefits are based on your highest three years of earnings.

How VSP Works:
STEP ONE: To obtain vision care services, call your VSP doctor. To locate a VSP network doctor, call VSP at 1-800-877-7195, visit their Website at www.vsp.com or contact the Human Resources/Benefit Office.

STEP TWO: When making an appointment, identify yourself as a VSP member, provide your member identification number (last four numbers of Employee’s Social Security number and member’s birthdate) and the covered member-Employee’s group name. The VSP network doctor will contact VSP to verify eligibility and plan coverage and obtain authorization for services and eyewear. If you are not eligible for benefits, the VSP network doctor will notify you.

STEP THREE: When you arrive at your appointment, the VSP network doctor will provide an eye exam and determine if eyewear is necessary. If so, the doctor will coordinate the prescription with a VSP approved lab. The doctor will itemize any non-covered charges and have you sign a form to document that you received services.

NOTE: You will not receive a VSP membership card when enrolling in this voluntary benefit option. However, you may download a card at www.vsp.com which has your group number, copays and coverage level.
### Summary of Benefits

<table>
<thead>
<tr>
<th>Description</th>
<th>Level of Coverage from a VSP doctor</th>
<th>Non-VSP Doctor or Provider Reimbursement</th>
</tr>
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<tbody>
<tr>
<td>Exam - Once every 12 months, $15.00 copayment</td>
<td>Covered in full after copayment</td>
<td>Reimbursed up to $35</td>
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<tr>
<td>Basic Lenses - Once every 12 months, $15.00 copayment on lenses and frames</td>
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<tr>
<td>Single Vision</td>
<td>Covered in full after copayment</td>
<td>Reimbursed up to $25</td>
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<tr>
<td>Lined Bifocal</td>
<td>Covered in full after copayment</td>
<td>Reimbursed up to $40</td>
</tr>
<tr>
<td>Lined Trifocal</td>
<td>Covered in full after copayment</td>
<td>Reimbursed up to $55</td>
</tr>
<tr>
<td>Frames / Once every 12 months</td>
<td>Covered up to $120 allowance</td>
<td>Reimbursed up to $35</td>
</tr>
<tr>
<td>Contact lenses / Once every 12 months *</td>
<td>Covered up to $120 allowance</td>
<td>Reimbursed up to $120</td>
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</table>

* You are not eligible for glasses and contacts in the same benefit period.

**Eyeglasses**

VSP covers in full single vision, lined bifocal, lined trifocal lenses and polycarbonate lenses for children (up to age 18). Photochromic or tinted lenses are covered at a VSP network doctor. In addition to the coverage provided, VSP network doctors extend cost controls on lens options, which average 35-40% off the network doctor’s usual fees. Cost controlled options include but are not limited to, blended lenses, scratch coating, UV protection and progressive (no line) lenses.

Frames are covered in full up to $120 allowance. If a frame is selected over the VSP allowance, the patient pays the additional amount. VSP doctors provide a 20% discount on the overages. Typically if a patient selects a frame that is not in the VSP doctor’s inventory, the doctor can order the frame.

**Contact Lenses**

Contact lens services and materials are covered instead of frames and lenses. If a patient chooses to purchase contacts instead of glasses, the plan will cover up to $120 towards the doctor’s professional services and materials. Any costs exceeding this allowance are the patient’s responsibility. You cannot receive both glasses and contacts in the same service period. VSP doctors provide a 15% discount off their professional services for contact lenses (fitting and evaluation).

Current soft contact wearers may qualify for a special contact lens program. Learn more from your VSP network doctor or visit [www.vsp.com](http://www.vsp.com).
Laser VisionCare Program
Potential candidates for laser vision correction surgery can learn about this procedure and be evaluated by a VSP doctor. VSP has arranged for its members to receive laser vision correction procedures at a discounted fee. To learn more about these procedures visit our Website at www.vsp.com or call 888-354-4434.

Laser vision correction services are available with many of the nation’s finest laser surgery facilities and doctors. VSP’s contracted laser centers offer a discount off PRK, LASIK and custom LASIK surgeries. Visit www.vsp.com for more information.

NOTE: These procedures are eligible expenses within the Flexible Benefit Plan Health Care Spending Account.

Additional Eyewear Benefits
Additional sets of glasses can be obtained on the same date of exam by the same doctor at a 30% discount or from any VSP network doctor at a 20% discount. This discount applies to any glasses or sunglasses for 12 months following the date of the exam. VSP doctors provide a 15% discount on their contact lens professional services. Contact lens materials are not discounted.

Low Vision Benefit
The Low Vision benefit is available to covered persons who have severe visual problems that are not correctable with regular lenses and is subject to prior approval by VSP’s Optometric Consultants

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<th>Supplementary Testing</th>
<th>Member Doctor Benefit</th>
<th>Non-Member Doctor Benefit</th>
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<tbody>
<tr>
<td>Complete low vision analysis and diagnosis that includes a comprehensive examination of visual functions, including the prescription of corrective eyewear or vision aids where indicated.</td>
<td>Covered in Full</td>
<td>Up to $125.00*</td>
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<th>Supplementary Care</th>
<th>Member Doctor Benefit</th>
<th>Non-Member Doctor Benefit</th>
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<td>Subsequent low vision therapy as Visually Necessary or appropriate.</td>
<td>75% of Cost</td>
<td>75% of Cost*</td>
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<th>Copayment</th>
<th>Member Doctor Benefit</th>
<th>Non-Member Doctor Benefit</th>
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<td>75% of the authorized benefits payable by the Company and 25% payable by Covered Person.</td>
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*Non-Member Benefit

Benefit Maximum
The maximum benefit available is $1,000 (excluding copayment) every two years.

Low Vision benefits secured from a non-member provider are subject to the same time limits and copayment arrangements as described above for a member doctor. The covered person should pay the non-member provider his/her full fee. The covered person will be reimbursed in accordance with an amount not to exceed what VSP would pay a member doctor in similar circumstances.

NOTE: There is no assurance that this amount will be within the 25% copayment feature.
Non-VSP Providers
If a patient chooses a non-VSP doctor, they should pay the entire bill and submit a copy of the receipt to VSP along with a claim form that can be downloaded from www.vsp.com. If the patient prefers, they can contact Customer Service at 1-800-877-7195 to have a form sent directly to them. Claims must be submitted to VSP within six months of the date of service. The address for submitting the claims is located directly on the form.

VSP Plan Limitations
This plan is designed to cover your visual needs rather than cosmetic eyewear. You will be responsible for any additional charge on services or eyewear other than those deemed necessary by VSP.

There is no benefit for professional services or eyewear for the following:
- Orthoptics or vision training and non-prescription lenses or glasses.
- Lenses and frames furnished under the plan which are lost, stolen or broken during a current 12-month benefit period.
- Medical or surgical treatment of the eyes.
- Services or eyewear provided as the result of a Worker’s Compensation Law or similar legislation, or obtained through or required by any government agency or program whether Federal, state or any subdivision thereof.
- Any service or eyewear provided by any other vision care plan or group benefit plan containing benefits for vision care.

Exceptions to these limitations may be considered on an individual basis upon the request of the eyecare professional. Exceptions must be granted through prior authorization of VSP and will only be considered when the exception is deemed necessary to the patient’s visual welfare.

For questions, call VSP Member Services: .......................................................... 1-800-877-7195
Website ........................................................................................................... www.vsp.com

NOTE: This is only an overview of your VSP plan. Read the policy for specific details and provisions. If discrepancies are found, depend upon the policy for accuracy.