



Preventive Vision Care

Optima Health contracts with VSP to administer the preventive vision services benefit. Each member is eligible to receive a routine eye examination, refraction, and prescription eyeglass lenses once every 12 months from an VSP Provider.

The member is responsible for all applicable copayments, coinsurances, and any deductibles depending on the type and place of services as listed on the Plan's Benefit Summary.

Members should refer to Plan documents for Plan copayments, coinsurances, deductibles and maximum out-of-pocket amounts, in addition to coverage exclusions and limitations.

To receive covered services

- Select a participating VSP provider from the Plan's provider directory or by calling 1-800-877-7195.
- Automated location information is available 24 hours a day. VSP Customer Service representatives are available Monday through Saturday, from 9:00 a.m. to 8:00 p.m. ET.
- When you visit or call the Plan provider, have your member ID card handy. They will verify eligibility, your Plan's covered services, and any applicable copayment or coinsurance using the information on your member. Payment is due when you receive services.
- If the vision provider determines that you need additional medical care, you should contact your primary care physician or other Plan physician for treatment options.

Out-of-Network coverage

If you visit a non-Plan provider for an examination, you will be responsible for paying the provider in full at the time services are rendered. For covered services, members will be reimbursed according to the out-of-network benefit on the Benefit Summary.

For reimbursement, please call VSP Customer Service at 1-800-877-7195 to verify eligibility and request an Out-of-Network Claim Form. You will need itemized receipts that indicate patient name and date of service, services provided, and the amount charged for each service.

Additional Information

Current members with questions regarding benefits may call member services at the number on the back of their member ID card or visit optimahealth.com to view Plan documents and find network physicians.

If you are considering enrolling for the first time and have questions, please contact the group's Benefits Administrator.

A telecommunications device for the hearing impaired can be accessed by dialing 1-800-828-1140 or 711.

Optima Health is the trade name of Optima Health Plan, Optima Health Insurance Company, and Sentara Health Plans, Inc. Optima Vantage HMO plans are underwritten by Optima Health Plan. Optima Preferred Provider Organization products are underwritten by Optima Health Insurance Company. Self-funded employer benefit plans are administered by Sentara Health Plans, Inc. All Optima Health plans have benefit exclusions and limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of coverage please call your broker or Optima Health, or visit optimahealth.com.

Other Health Insurance Information



VSP[®] EMPLOYER GROUP SAVINGS PASS

The VSP Employer Group Savings Plan offers additional savings through discounts and guaranteed pricing on lenses, in addition to your Plan benefits and services.



Save up to \$3,000

With Exclusive Member Extras, members can save more than \$3,000 with special offers and deals from VSP and other leading industry brands.



Get up to \$250 back

Members can save big with VSP exclusive mail-in rebates on eligible popular contact lens brands like Bausch + Lomb.



\$1,000 savings on LASIK

Members can save up to \$1,000 on LASIK at LasikPlus NVISION Eye Centers, TLC Laser Eye Centers and The LASIK Vision Institute.

[LEARN MORE. VISIT VSP.COM/OFFERS](https://www.vsp.com/offers)

Discounts through a VSP Choice Network Provider

Lenses

Lenses covered in full (after copayment) with the purchase of a complete pair of glasses

Single vision	\$40	Lined trifocal	\$75
Lined bifocal	\$60	Lenticular	\$75

Lens Enhancements

All popular lens enhancements are covered after copayment, saving our members an average of 30%

<i>Lens Enhancement</i>	<i>Single Vision</i>	<i>Multifocal</i>
Anti-glare coating	\$41	\$41
Polycarbonate – Children	No cost	No cost
Polycarbonate – Adult	\$31	\$35
Progressive	N/A	\$55
Photochromic	\$75	\$75
Scratch-resistant coating	\$17	\$17

Prices above reflect standard lens enhancement selections; premium or custom lens enhancements may also be available at an additional cost.

Frame

- 25% off the retail frame cost with the purchase of a complete pair of glasses

Sunglasses

- **Within 12 months of exam:** 20% off unlimited additional pairs of non-prescription sunglasses from any VSP doctor

Elective Contact Lenses

- **Contact lens exam (fitting and evaluation):** Member receives 15% off contact lens exam services

VSP Laser VisionCareSM Program

- Discounts average 15–20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and Custom Bladeless LASIK

Discounts are only available from VSP-contracted facilities. Also custom LASIK coverage only available using wavefront technology with the microkeratome surgical device, other LASIK procedures may be performed at an additional cost to the member.

Other
Information

Disclaimers and Exclusions

Based on applicable laws, benefits and savings may vary by doctor location. Promotions like special offers and rebates are continually evaluated and subject to change without notice.

The following items are not covered under this plan: two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts; medical or surgical treatment; orthoptics; vision training or supplemental testing.

The following items are not covered as contact lens benefits: insurance policies or service agreements; Refitting of contact lenses after the initial (90-day) fitting period, artistically painted or non-prescription lenses; additional lens pathology; contact lens modification, polishing or cleaning.

Please read your Schedule of Benefits for details regarding the exclusions and limitations of your coverage. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.