

Vision Insurance

Who is Eligible?

All employees who have a full-time equivalency of .5 or greater are eligible for the vision care plan. The Board pays 100% of the cost for eligible employees. You have the option of covering your dependents.

About the Plan

Benefits are provided through Vision Service Plan's (VSP) national network of optometrists and ophthalmologists. The plan is designed to protect your visual wellness. Consequently, you may have to pay extra if you

choose certain cosmetic or elective eyewear options. Before selecting your eyewear, ask your doctor what is fully covered by your VSP plan. The following chart summarizes the main benefits of your plan:

Vision is a two-year enrollment. This year is an Open Enrollment for vision. Elections will remain in effect until August 31, 2011. Newly hired employees may enroll in vision and your election will remain in effect until August 31, 2011.

Benefit	Frequency	Copay	From/VSP Doctor	From Out-Of-Network Provider*
Examination	12 months ¹	\$20	Covered	Covered up to \$35
Lenses ²	24 months ¹ (with interim benefit ⁷)	\$20 (for lenses & frame)	Covered	Covered up to \$25/single vision Covered up to \$40/bifocal Covered up to \$55/trifocal Covered up to \$80/lenticular
Frame ²	24 months ^{1,7}		Covered up to \$130	Covered up to \$35
Contact Lenses ^{3,4} • Medically Necessary ⁵ • Elective	24 months ¹ 24 months ¹	\$20 None	Covered Covered up to \$130	Covered up to \$210 Covered up to \$120
Laser Vision Correction ⁶			Discounted services	None

¹ Based on your last date of service.

² Your plan provides a 20 percent discount on non-covered complete pairs of prescription glasses when provided by a VSP doctor.

³ Patients choosing contacts use their eligibility for a frame and lenses.

⁴ Your plan includes a 15 percent discount off the VSP doctor's professional services when buying contact lenses. Materials are provided at the customary fees.

⁵ Your VSP doctor must get prior approval from VSP for medically necessary contact lenses.

⁶ Laser vision correction (PRK and LASIK surgery) is available through contracted laser centers. Must see VSP provider for referral. Call 888-354-4434 for information.

⁷ If your lens prescription changes before you are eligible for new lenses and that prescription meets at least one of the following criteria, lenses and frames will be replaced at a 12 month frequency; a) a new prescription differs from the original by at least a .50 diopter sphere or cylinder; b) an axis change of 15 degrees or more; c) a .5 prism diopter change in at least one eye.

* Claims must be submitted within twelve months of the date of service.

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How the Plan Works

To Use a Vision Service Plan Provider

Step 1:

Call VSP at (800) 877-7195 or visit VSP's Web site at www.vsp.com to locate a participating optometrist or ophthalmologist.

Step 2:

When making an appointment, identify yourself as a VSP member and a Baltimore County Public Schools employee. (The participating doctor will also need the covered employee's social security number to verify your eligibility with VSP.)

***Important Note:** The BCPS vision plan is offered through Vision Service Plan. No identification card is necessary. Do not offer your medical health insurance identification card to a VSP provider.*

Step 3:

At your appointment, the participating doctor will provide an eye examination and determine if eyewear is necessary. Simply pay your copayment(s) listed in the chart on page 29.

To Use a Non-Participating Provider

Step 1:

Select any licensed vision care provider of your choice.

Step 2:

Pay for the services when they are rendered.

Step 3:

Submit a claim to VSP for reimbursement within 12 months. The reimbursement schedule does not guarantee full payment when services are provided by a non-participating provider.

Your claim must include your name, address, identification number, group name (i.e., Baltimore County Public Schools), the name and relationship of the patient, the itemized bill and receipt. Please keep a copy of the information for your records and send the originals to the following address:

**Vision Service Plan
Attn: Out-of-Network Claims
P.O. Box 997105
Sacramento, CA 95899-7105**