

SAIC Benefits Summary Plan Description

Vision Plan

Participants may elect coverage for themselves and their families under the [Vision Service Plan — VSP \(www.vsp.com\)](http://www.vsp.com). This plan is designed to provide a variety of eye care services. More information available:

- [Paying for Care](#)
- [Plan Design](#)
- [What VSP Covers](#)
- [What VSP Does Not Cover](#)
- [Continuing Vision Insurance After Plan Coverage Ends](#)
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Paying for Care

The entire cost of the VSP is paid by participants, who are responsible for the insurance premiums and applicable copayments for examinations and eyewear. Premiums are paid via bi-weekly pre-tax payroll deductions. The plan generally pays for prescription glasses, contact lenses and laser eye surgery, up to the applicable allowance. Prices are already discounted through [VSP \(www.vsp.com\)](http://www.vsp.com) network doctors.

Copayments

When a participant receives an eye exam from a [VSP network doctor](#) or a [non-VSP provider](#), or obtains glasses or contacts, he or she is subject to the applicable copayment as shown in the table below.

When a participant receives services from a non-VSP provider, he or she is responsible for paying the complete bill at the time of service and applying for reimbursement for the benefits (less applicable copayments) according to the summary of benefits in the table that follows. For further information about what is covered and what is not covered by the plan, participants should contact [VSP](#) by calling 1-800-877-7195, or by visiting the [VSP web site \(www.vsp.com\)](http://www.vsp.com).

Summary of Benefits

[Download the SAIC Vision Plan Summary of Benefits Table](#) (16k)

SAIC Vision Plan			
BENEFIT	FREQUENCY	VSP NETWORK DOCTOR	NON-VSP PROVIDER
Vision Exam	Once every calendar year	\$20 copay then plan pays 100% for exam services and prescription glasses	\$20 copay then plan pays up to \$45 for exam services and prescription glasses
Lenses	Once every calendar year	Plan pays 100% for single vision, lined bifocal, and lined trifocal lenses Lens options that enhance appearance, durability and function of glasses are available at up to a 20% discount	Plan reimburses up to: \$45 for single vision \$65 for lined bifocal \$85 for lined trifocal \$125 for lenticular
Frames	Once every calendar year	Plan covers frames up to \$120; participants may upgrade frames by paying the difference in cost; 20% discount on any out-of-pocket costs.	Plan reimburses up to \$47
Contacts (in lieu of lenses and frames)	Once every calendar year	Plan pays up to \$120 allowance*; 15% discount on contact lens exam (fitting and evaluation)	Plan reimburses up to \$105*
Medically necessary contact lenses** (in lieu of lenses and a frame)	Once every calendar year	Plan pays 100% if contact lenses are required for certain medical conditions that prevent a participant from wearing eyeglasses. Medically necessary contact lenses must be approved by VSP.	Reimbursed up to \$210
Laser Vision Correction		Plan pays \$100 per eye up to a \$200 maximum, plus plan provides discounts averaging 15% on charges not to exceed:	Plan reimburses \$100 per eye up to a \$200 maximum; no discounts available

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BENEFIT	FREQUENCY	VSP NETWORK DOCTOR	NON-VSP PROVIDER
		<ul style="list-style-type: none"> • Custom LASIK: \$2,300 per eye • LASIK: \$1,800 per eye • PRK: \$1,500 per eye 	

* Applied both to contact lens fitting and evaluation and to contacts.

** Medically necessary contact lenses are covered in full, if required for certain medical conditions that prevent you from wearing eyeglasses. Medically necessary contact lenses must be approved by VSP.

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Plan Design

The vision plan through [VSP \(www.vsp.com\)](http://www.vsp.com) offers participants the flexibility to receive services from a VSP network doctor or a non-VSP provider. No referrals or identification cards are needed to see a VSP doctor.

VSP Network Doctors

Vision care services and eyewear may be obtained from any licensed optometrist, ophthalmologist or dispensing optician. However, the plan generally pays maximum benefits and offers additional discounts when participants receive services and eyewear from [VSP \(www.vsp.com\)](http://www.vsp.com) network doctors.

Participants pay only a copayment to a VSP doctor for services. VSP will pay the VSP doctor directly according to the plan's agreement with the doctor.

VSP doctors offer additional savings including a 20% discount on additional pairs of prescription glasses (lenses and frame) and sunglasses. Services must be received within 12 months of a participant's last covered eye exam and provided by the same VSP doctor who conducted the exam. Participants can also save 15% off the cost of a contact lens exam when they receive contact lens services from a VSP doctor. (This discount does not apply to the purchase of contacts.)

Scheduling an Appointment with a VSP Network Doctor

When calling to schedule an appointment with a VSP doctor, participants should identify themselves as a VSP member.

To locate a VSP doctor near a participant's home or office:

- Visit the VSP Web site at [VSP \(www.vsp.com\)](http://www.vsp.com) to search for a doctor by name or location.
- Call VSP's Member Services at 1-800-877-7195. VSP's automated service allows participants to search for a doctor by Zip Code or name.

Non-VSP Providers

A participant receives the best value from the VSP benefit when he or she visits a VSP network doctor. If a participant obtains plan benefits from a non-VSP provider, he or she must pay the provider in full at the time of service. The participant will be reimbursed by VSP according to the reimbursement schedule listed in the Schedule of Benefits. Services obtained from non-VSP providers are subject to the same copayments and limitations as services obtained from VSP providers.

Laser Surgery Discount

VSP has contracted with many laser surgery facilities and doctors, offering participants access to laser vision correction surgery for hundreds of dollars less than they might pay privately. Participants can visit [VSP's web site \(www.vsp.com\)](http://www.vsp.com) to learn more about the laser surgery program.

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What VSP Covers

Benefits generally covered through [VSP \(www.vsp.com\)](http://www.vsp.com) include:

- Vision examination, including the test necessary to ensure visual wellness and to detect potential eye-related medical problems;
- Prescription of corrective lenses when indicated;
- Single vision, lined bifocal or lined trifocal lenses in glass or plastic;
- A selection of frames to choose from, up to the plan allowance;
- Contact lenses in place of prescription glasses;
- Discounts and allowances on lenses and frames, contact lens exam and laser eye surgery.

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What VSP Does Not Cover

[VSP \(www.vsp.com\)](http://www.vsp.com) covers the participant's visual needs rather than optional extras or "cosmetic" materials. If a participant selects any of the following cosmetic options listed below, the participant will pay a negotiated VSP member price:

- Blended lenses;
- Oversize lenses;
- UV (ultraviolet protection) lenses;
- Progressive multifocal lenses;
- Coating of a lens or lenses;
- Laminating of a lens or lenses;
- Cosmetic lenses; and
- Optional cosmetic processes.

In addition, services and eyewear that aren't covered include:

- Orthoptics or vision training and any associated supplemental testing;
- Plano lenses (non-prescription lenses);
- Two pair of glasses in lieu of bifocals;
- Replacement of lenses and frames under the plan which are lost or broken except at the normal intervals when services are otherwise available;
- Medical or surgical treatment of the eyes;
- Corrective vision treatment of an experimental nature;
- Costs for services and/or eyewear above benefit allowances;
- Services/eyewear not indicated as covered plan benefits.

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Continuing Vision Insurance After Plan Coverage Ends

A federal law called the Consolidated Omnibus Budget Reconciliation Act (COBRA) enables a participant and his or her covered dependents to continue vision insurance if their coverage ends due to a reduction of work hours or termination of employment (other than for gross misconduct). Federal law also enables a participant's dependents to continue vision insurance if their coverage stops due to the participant's death or entitlement to Medicare; divorce; legal separation; or when the child no longer qualifies as an [eligible dependent](#). The participant must elect coverage according to the rules of the SAIC health care plans. Continuation is subject to federal law, regulations, and interpretations.

For more information about participants' rights under COBRA, the participant should refer to "[Continuing Health Care Coverage Through COBRA](#)" in the Plan Information section.

Participants should refer to the [VSP web site \(www.vsp.com\)](http://www.vsp.com) for additional information.

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Filing Claims

For out-of network reimbursement, the participant must pay the entire bill at the time of service, then send the following information to VSP:

- An itemized receipt listing the date of services and an itemized list of services received;
- The participant's name, Social Security Number, phone number and address;
- The group number (#12180678);
- The patient's name, date of birth, phone number and address; and
- The patient's relationship to the participant (such as "self," "spouse," "child," etc.).

Claims for reimbursement must be submitted within six months of the date of service. Participants should keep a copy of the information for their records and send the originals to:

Vision Service Plan (VSP)
P.O. Box 997105
Sacramento, CA 95899-7105

Participants should contact VSP with any questions about coverage at 1-800-877-7195.