See well. Stay healthy.

Get the most out of life with VSP Vision Care.

Getting started is a breeze.

- **Find the right VSP doctor for you.** You'll find plenty to choose from at **vsp.com** or by calling **800.877.7195**.
- **Already have a VSP doctor?** Make an appointment today and tell them you're a VSP member.
- **Check out your coverage and savings.** Visit vsp.com to see your benefits anytime and check out how much you saved with VSP after your appointment.

That's it! Your VSP doctor and VSP will handle the rest – no ID card or claim forms to complete.

Regular eye exams are important. The VSP WellVision Exam® is more than just a quick eye check. Our doctors get to know you and your eyes. They take the time to look for vision problems and signs of other health conditions too. Plus, you'll get plenty of eyewear choices you'll love.

Keep your eyes healthy and your vision clear.

Make your vision appointment today.

Contact us. | **vsp.com**
800.877.7195

VSP® Vision care for life

Group Vision Plan

Administration Guide

Welcome to USAvision! Here is some helpful information to assist you with the on-going administration of your group vision plan. Please don't hesitate to email groupsupport@usavision.net with any questions.

Michelle King	Group Account Manager	m.king@usavision.net
Shannon Naylor	Director of Agent Support	s.naylor@usavision.net

1. When will USAvision send our monthly invoice and when is our payment due?

On or near the 1st of each month, we will invoice your group for that month's premiums, based on current enrollment. Your invoice, along with a Member List, will be sent via Email or Fax as designated by you at the time of group enrollment. Due to PHI, emailed invoices will be sent password protected.

Please make checks payable to **USAvision** and remit by the **10th** of each month.

Payments should be mailed to: USAvision Inc
PO Box 2181
Lowell, AR 72745

We also offer automatic ACH debit of premiums from your bank account. Please contact us to obtain the ACH sign-up form. If you are set-up for automatic ACH debit, the debit takes plan on or near the **10th** of each month.

2. How Do I Enroll an Employee?

New enrollees need to complete and sign the Membership Enrollment Form (copy attached). This form can be returned via any of the following methods:

Email: **GroupSupport@USAvision.net** **- Please request a secure link to ensure compliance with HIPAA.**

Fax: **888-959-4393**

New enrollee effective dates: Are based on when the enrollment form is received at USAvision. Enrollment forms will be effective the first of the month. Enrollment and termination forms should be received within 30 days of requested effective date.

3. How Do I Make Changes to an Existing Members' Coverage?

Along with the invoice that is sent to you each month, you will find a list of your enrolled employees. You can use this list to terminate member coverage (follow the instructions on the member list). However, if you need to make a change in the member's coverage level or add a dependent, the member will need to complete and sign a new Membership Enrollment Form.

To ensure that your next invoice is as correct as possible, all changes must be received at USAvision no later than the **10th** of the month.

If your employees are enrolled in a Section 125 Premium Only Plan, please ensure that any enrollments, changes or terminations for the vision plan comply with your Plan (i.e.: new hires, open enrollments and/or qualifying events).

4. How do my Employees Access their Benefits?

After we have received a new Membership Enrollment Form and have enrolled your employee, please provide the new member a copy of how to find a vsp provider and vision benefit summary found within the group confirmation kit received or if you need these forms again please email membersupport@usavision.net to request pdf copies. The employee should carefully check the personal details for legibility and accuracy, as these details are essential to accessing their benefits and are taken directly from the Membership Enrollment Form.

On the **1st** day of the member's effective date, they can log on to www.vsp.com and register, at which point they can view their vision benefits, locate a VSP provider and obtain a wealth of information on eye care. There is a very helpful FAQ's section that you and your employees might find useful as well.

There are **no ID cards** with this plan. The member simply finds a VSP network doctor at vsp.com or they can call 800.877.7195, then make an appointment and tell the doctor they are a **VSP Signature Plan member** and give them the covered members' ID number. The doctor and VSP will handle the rest!

5. What if an Employee uses an Out-of-Network doctor for services?

If your plan includes out-of-network coverage and the member is eligible for services, he or she will be required to pay the provider in full at the time of service, then they can file a claim for reimbursement with VSP. Please see the out-of-network reimbursement schedule on either the member welcome letter or the plan summary.

Hopefully your employees will use the VSP network to receive the maximum plan benefit! But, if that is not possible, an Out-of-Network Reimbursement form is attached. For reimbursement, an employee should complete the form, attach original detailed receipts (*keeping a copy for themselves)* and mail all to the VSP address as it appears at the top of the form. (This form can also be accessed from the VSP website at www.vsp.com).

The attached forms can also be e-mailed to you in a PDF format by request:

- Membership Enrollment Form
- VSP Out-of-Network Reimbursement Claim Form

USAvision
Illuminating Coverage, Inspiring Confidence

Enrollment Form

Items marked * are required. Complete form using **Blue** or **Black** ink only. **If you send this form via email, please send via secure email to protect PHI to ensure compliance with HIPAA. You may request a secure link from membersupport@usavision.net** or send by FAX to **888.959.4393**. Failure to complete this form correctly may result in delayed enrollment and/or a later Coverage Start Date.

Group

Group ID#*

Group Name*

Group Name (continued)

Member

SSN* ___ - ___ - ____ Coverage Start Date* __ / 01 / 20__

First Name* MI Last Name*

Date of Birth* / / Gender* Phone ___ - ___ - ____

Mailing Address

City, State & ZIP

Spouse (only complete if the Spouse will be covered)

First Name* MI Last Name*

Date of Birth* / / Gender*

Children (only complete if a Child will be covered)

First Name* MI Last Name*

Date of Birth* / / Gender*

First Name* MI Last Name*

Date of Birth* / / Gender*

First Name* MI Last Name*

Date of Birth* / / Gender*

Acknowledgement

I hereby request coverage as outlined above under USAvision plan offered by my employer. I authorize my employer to deduct from my earnings, including any future adjustments, any required contributions. I reserve the right to revoke or change this authorization by written notice. I understand that if I have declined coverage on myself or eligible dependents and wish to enroll at a later date, coverage will be deferred in accordance with my employers policy provisions. I declare all answers are true and complete. **WARNING**: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Signature*

Date* / /

VSP Member Reimbursement Form

To request reimbursement, complete this form (in blue or black ink), enclose a legible copy of your itemized receipt(s), and send them to the following address. Be sure to keep a copy for your records.

VSP
PO Box 385018
Birmingham, AL 35238-0518

Ref #

Member Information

Policyholder/Employee ID or Last 4 Digits of SSN

Date of Birth

First Name

Last Name

Address

Apt

City

State

Zip

( ) -
Daytime Phone #

Employer/
Group

Patient Information

First Name

Last Name

Member Spouse Child Domestic Partner

Date of Birth

If the patient is a child over the age of 18:

Is the child a full-time student? Yes No Is the child disabled? Yes No

Claim Information (Dollar amounts must match the attached receipts)

Exam $.

Frame $.

Lens $.

Lens tints or coatings $.

Contacts $.

Total Paid $.
(Do not add tax or shipping)

Lens Type: (Choose One)

Single Progressive

Bi-focal Lenticular

Tri-focal Contacts

Date services were received

Check here if another insurance company has made payment to you, another insurer or the doctor's office.

If so, attach a copy of the statement showing payment.

Provider Information

Store or Dr Name

( ) -
Store or Dr Phone Number

I acknowledge that the above-named provider is not a VSP Preferred Provider and that VSP cannot guarantee eye care and/or eyewear satisfaction. By signing this claim form, I certify that I have read the applicable claim fraud warnings included with this form, and that all the information I have provided above is complete and accurate.

Claimant Signature:_____ Date: ____/____/_____

Member's Notice of Privacy Practices

Date Printed: 6/10/2014 12:17:59 PM

This notice describes how information about you may be used & disclosed, and how you can get access to this information. Please review it carefully; the privacy of your information is important to USAvision. This notice supersedes and replaces any prior notices provided by USAvision.

USAvision's Legal Duty

USAvision is required by federal law to maintain the privacy of your medical information. USAvision is also required to give you this notice about USAvision's privacy practices, USAvision's legal duties, and your rights concerning your medical information. USAvision must follow the privacy practices that are described in this notice, while it is in effect. This notice takes effect April 14, 2006, and will remain in effect until USAvision replaces it.

USAvision reserves the right to change its privacy practices and the terms of this notice at any time, provided that such changes are permitted by law. USAvision reserves the right to make the changes in its privacy practices and the new terms of its notice effective for all protected health information that USAvision maintains, including protected health information USAvision created or received before USAvision made the changes. Before USAvision makes a significant change in its privacy practices, USAvision will change this notice and send the new notice to its participants at the time of the change.

You may request a copy of this notice at any time. For more information about USAvision's privacy practices, or for additional copies of this notice, please contact USAvision with the information listed at the end of this notice.
This notice applies to the privacy practices of USAvision Inc. (USAvision).

Uses & Disclosures of Medical Information

USAvision uses and discloses protected health information about you for treatment, payment and health care operations. For example:

Treatment: USAvision may use or disclose your protected health information to a health provider, hospital, or other health care facility to provide treatment to you.

Payment: USAvision may use and disclose your medical information to pay claims from physicians, hospitals and other providers for services delivered to you that are covered by your Plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, to issue explanation of benefits to the person who subscribes to the Plan in which you participate, and the like. USAvision may disclose your medical information to a health care provider or entity subject to the federal Privacy Rules so they can obtain payment or engage in these payment activities.

Health Care Operations: USAvision may use and disclose your medical information in connection with its Health Care operations. Health Care operations include:

Rating USAvision's risk and determining USAvision premiums for your Plan; Quality assessment and improvement activities; Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities; Medical review, legal services, and auditing, including fraud and abuse detection and compliance; Business planning and development; and Business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified medical information or a limited data set.

USAvision may disclose your medical information to another entity which has a relationship with you and is subject to the federal Privacy Rules, for their health care operations relating to quality assessment and improvement activities, reviewing the competence or qualification of health care professionals, or detecting or preventing health care fraud and abuse.

To you & on your Authorization: USAvision must disclose your protected health information to you, as described in the Individual Rights section of this notice. You may give USAvision written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give USAvision an authorization, you may revoke it at any time in writing. Your revocation will not affect any use or disclosures permitted by your authorization while it is in effect. Without your written authorization, USAvision may not use or disclose your protected health information for any reason unless otherwise permitted or required by law and as described in this notice. Your authorization is required to conform to any state law requirements that are more stringent as defined under applicable law. For example, Oklahoma law requires written notice in bold type in an authorization regarding communicable or venereal disease before that type of information is released.

To Family & Friends: If you agree or, if you are unavailable to agree, when the situation, such as medical emergency or disaster relief, indicates that disclosure would be in your best interest, USAvision may disclose your protected health information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care. Unless you object, USAvision may disclose to a family member, relative, close friend or any other person that you identify, your protected health information that directly relates to that person's involvement in your health care.

To Plan Sponsors: USAvision may disclose your protected health information and the protected health information of others enrolled in your group Health Plan to the Plan sponsor to permit it to perform Plan administration functions. Please see your plan documents for a full explanation of the limited uses and disclosures of your protected health information that the Plan sponsor may make in providing Plan administration functions for your group Plan.

USAvision may also disclose summary information about the enrollees in your group Plan to the Plan sponsor to use to obtain premium bids for the health insurance coverage offered through your group Plan or to decide whether to modify, amend or terminate your group Plan. The summary information USAvision may disclose summarizes claims history, claims expenses, or types of claims experienced by the enrollees in your group Plan. The summary information will be stripped of demographic information about the enrollees in the group Plan, but the plan sponsor may still be able to identify you or other enrollees in your group Plan from the summary information.

Underwriting: USAvision may use your protected health information for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health coverage or health benefits. USAvision will not use or further disclose this protected health information for any other purpose, except as required by law, unless authorized by you, or unless the contract of health coverage or health benefits is placed with USAvision. In that case, USAvision's use and disclosure of your protected health information will only be as described in this notice.

Marketing & Other Communications: USAvision may use or disclose protected health information to make face-to-face marketing communication or those that involve promotional gifts of nominal value. USAvision may use or disclose protected health information for newsletters concerning such topics as wellness, value-added products/services or other health-related products. USAvision may use or disclose protected health information to describe a health-related product or service (or payment for such product or service) to you that is provided by, or included in a plan of benefits of USAvision. USAvision may disclose your medical information to a business associate to assist USAvision in these activities. Such communications include entities participating in a health care provider network or health plan network; replacement of, or enhancements to, a Health Plan; and health-related products or services available to a Health Plan enrollee that add value to, but are not part of, a plan for benefits; for case management or care coordination or to direct or recommend alternative treatments, providers or settings of care.

Research; Death; Organ Donation: USAvision may use or disclose your protected health information for research purposes in limited circumstances. USAvision may disclose the protected health information of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes. Further, USAvision may disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation.

Public Health & Safety: USAvision may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. USAvision may disclose your protected health information to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes. USAvision may disclose your protected health information to appropriate authorities if USAvision reasonably believes that you are a possible victim of abuse, neglect, domestic violence or other crimes.
Required by Law: USAvision may use or disclose your protected health information when USAvision is required or permitted to do so by law. For example, USAvision must disclose your protected health information to the US Department of Health and Human Services upon request to determine whether USAvision is in compliance with federal privacy laws.

Legal Process & Proceedings: USAvision may disclose your protected health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances such as a court order, warrant, or grand jury subpoena, USAvision may disclose your protected health information to law enforcement officials.
Law Enforcement: USAvision may disclose limited information to a law enforcement official concerning the protected health information of a suspect, fugitive, material witness, crime victim or missing person. USAvision may disclose the protected health information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances. USAvision may disclose protected health information where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

Criminal Activity: Consistent with applicable federal and state laws, USAvision may disclose health information, if USAvision believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety or a person or the public. USAvision may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend and individual.
Workers' Compensation: Your protected health information may be disclosed by USAvision as authorized by workers' compensation laws and other similar legally-established programs.
Military & National Security: USAvision may disclose to Military authorities the protected health information of Armed Forces personnel under certain circumstances. USAvision may disclose to authorized federal officials protected health information required for lawful intelligence, counterintelligence, and other national security activities.

Your Individual Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

Access: You have the right to inspect and copy your protected health information. This means that you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as USAvision maintains the protected health information. A 'designated record set' contains medical and other information that USAvision uses for making decisions about you. You may request copies in a format other than photocopies. USAvision will use the format you request unless it is not practical to do so. You must make a request in writing to obtain access. Under federal and state law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding; and other limited exceptions including, protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewed. In some circumstances, a decision may be reviewed. Please contact USAvision if you have questions about access to your medical record.

Disclosure Accounting: You have the right to receive a list of instances in which USAvision or USAvision business associates disclosed your protected health information for purposes other than treatment, payment, health care operations, as authorized by you and certain other activities, since April 14, 2003. USAvision must act on each disclosure accounting within 60 days, provided that USAvision may extend the time 30 days if USAvision notifies you with written reasons for the delay within the 60 day period. USAvision will provide you the date the disclosure was made, the name of the person or entity to whom it was disclosed, a description of the protected health information USAvision disclosed and the reason for disclosure. If you request this list more than once in a 12 month period, a reasonable, cost-based fee for these additional requests will be charged.

Restriction Requests: You have the right to request that USAvision place additional restrictions on USAvision's use or disclosure of your protected health information. USAvision is not required to agree to these additional restrictions, but if USAvision does, USAvision will abide by its agreement, (except in an emergency). Any agreement USAvision may make to a request for additional restrictions must be in writing, signed by a person authorized to make such an agreement on USAvision's behalf. USAvision will not be bound unless USAvision's agreement is in writing. You must specify in writing the type of information to be included in the restriction. You may request in writing that a restriction be terminated. USAvision may terminate a restriction without your agreement, with respect to protected health information created or received after you have been informed in writing.

Confidential Communication: You have the right to request that USAvision communicate with you about your protected health information by alternative means or to an alternative location. You must inform USAvision that confidential communication by alternative means or to an alternative location is required to avoid endangering you. You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence by the alternative means or to the alternative location you want. USAvision must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit USAvision to collect premiums and pay claims under your Plan, including the issuance of explanation of benefits to the subscriber for health care that you received for which you participate. An explanation of benefits issued to the subscriber for health care that you received for which you did not request confidential communications or about the subscriber or others covered by the health care for which you paid, even though you requested that USAvision communicate with you about that health care in confidence.

Amendment: You have the right to request that USAvision amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. USAvision will act on your request no later than 60 days after receipt of the request, or USAvision may extend the time 30 days if USAvision notifies you with written reasons for the delay within the 60 day period. USAvision may deny your request if USAvision did not create the information you want amended or for certain other reasons such as not being part of the designated record set, or that the information is accurate and complete. If USAvision denies your request, USAvision will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If USAvision accepts your request to amend the information, USAvision will make reasonable efforts to inform others of the amendment, including people you name, and to include the changes in any future disclosures of that information.

Electronic Notice: If you receive this notice on USAvision's web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact USAvision using the information listed at the end of this notice to obtain the notice in written form.

Questions & Complaints

If you want more information about USAvision's privacy practices or have questions or concerns, please contact USAvision using the information listed at the end of this notice. If you are concerned that USAvision may have violated your privacy rights, or you disagree with a decision USAvision makes about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have USAvision communicate with you by alternative means or at alternative locations, you may complain to USAvision using the contact information listed at the end of this notice. You also may submit a written complaint to the US Department of Health and Human Services upon request. USAvision supports your right to protect the privacy of your medical information. USAvision will not retaliate in any way if you choose to file a complaint with USAvision or with the US Department of Health and Human Services.

Contact Office

USAvision Inc.
Attn: Privacy Officer
3851 Tuxedo Blvd. Suite C
Bartlesville OK 74006
Email: membersupport@usavision.net

Termination Form

Group Name or ID#: _____ **Prepared by:** _____

Preparer's email: _____ **Date Prepared:**_____

You can use this form to terminate employees and/or their dependents from vision and/or dental coverage. Please list your employee and/or dependent terminations below. Please **do not** use this form for adding new employees or their dependents. Instead, have the employee complete a member enrollment form. Also, please **do not** use this form for terminations if you are a CAL-COBRA group. Instead, use the Cal-COBRA Termination Form.

Coverage continues through the last day of the month in which a member or dependent terminates. Please return this form no later than the **10th** of the month following the termination date. Changes received after the **10th** will be made effective for the next eligibility period.

FAX to **888.959.4393**. If you send this form via email, please send via secure email to protect PHI to ensure compliance with HIPAA. You may request a secure link from groupsupport@usavision.net.

Employee's Name	Employee's SSN	Name & Relationship of Individual to Terminate	Termination Date