

*Consumer's
Right to Know
About Health Plans
in Rhode Island*



**Vision Service Plan
Effective March 17, 2016**

Consumer Disclosure

Safe and Healthy Lives in Safe and Healthy Communities

Consumer Disclosure

CONSUMER'S RIGHT TO KNOW ABOUT HEALTH PLANS

THE HEALTH CARE ACCESSIBILITY AND QUALITY ASSURANCE ACT

WHY ARE YOU GETTING THIS INFORMATION?

- Knowing how Health Plans work helps you to be a better consumer.
- Meets State Law requiring Health Plans to disclose information.
- Provides information about your specific Health Plan.
- Informs you that a comprehensive list of all participating providers is available to you on the Health Plan Web Site (Hard copies available on request.)

Another document, the *Consumer's Guide to Health Plans in Rhode Island*, gives general information about health plans, including standard definitions of common terms, and is available upon request from Health Plan representatives. This document can also be found on the RI Department of Health Web Site, www.healthri.org.

This Consumer Disclosure has been reviewed and approved by the Rhode Island Department of Health in accordance with R23-17.13 (Rules and Regulations for Certifying Health Plans). Requests for more information about Health Plan certification or consumer rights may be addressed to:

Rhode Island Department of Health, Division of Health Services Regulation, 3 Capitol Hill, Providence, RI 02908-5097, Phone: 401 222-6015.

Q **Who can I contact at the Health Plan for information?** Representatives of this Health Plan are available to help you get the information you need. You can contact a Health Plan representative at:

A

VSP Customer Care, 3333 Quality Drive, Rancho Cordova, CA 95670 Toll-free: 1-800-877-7195 Phone: 916-635-7373, FAX: 916-851-4852, E-mail: imember@vsp.com. Subscribers and enrollees may confirm status of providers, receive administrative appeal process information, and file a complaint. Para contractor a un representante que hable Español, llame al Servicio al Cliente 1-800-877-7195.

Q How does the Health Plan review and approve covered services? A Health Plan may review covered services that are recommended by providers to decide if the services are medically necessary. If the plan decides the service is not medically necessary, it will not pay. You and your provider can appeal the Health Plan's decision. For more information about appeals see the Consumer's Guide to Health Plans in Rhode Island.

A

VSP requires its doctors to call Customer care to check patient eligibility, plan coverage and obtain a benefit authorization prior to administering services. No review of medical necessity is required or performed by VSP as a condition for receiving plan benefits.

Q What if I have an emergency? An emergency is a problem that needs to be addressed by a provider "right-away" to prevent permanent damage or death. Here's what this Health Plan wants you to do when you have an emergency health care problem, at home or out of state.

A

In emergency conditions, when immediate vision care is necessary, you can obtain covered services by contacting a VSP Preferred Provider (or Open Access Provider, if your plan includes such coverage). The doctor will either arrange to see you on an urgent basis or, if the services required by your condition cannot be provided by his/her office, will contact another physician who can. If you need help in locating the nearest Member Doctor in your area, you should call VSP Customer Service at 1-800-877-7195.

If your plan does not include coverage necessary to treat your condition, you should follow the instructions for your employer's medical plan.

Q What if I refuse a referral to a participating provider? (a doctor, nurse, or other health professional in your Health Plan's network) (not applicable to single service Health Plans) When a specific covered service is recommended, Health Plans may send you to certain participating providers. If you refuse the referral and get the service from another provider, the Health Plan must tell you what effect it will have on payment.

A

This question is not applicable to single service health plans such as VSP.

Q Does the Health Plan require that I get a second opinion for any services? What if I want a second opinion? In some cases the Health Plan may require a second opinion before it will pay for a covered service. Or you may just want a second opinion on a plan for diagnosis or treatment.

A

If you or your doctor feel that a second opinion is needed, please call VSP Customer Care. Each request will be handled on a case-by-case basis, according to individual need.

Q How does the Health Plan make sure that my personal health information is protected and kept confidential? In general, personal health information must be kept confidential (private) by a Health Plan, its employees and agencies it contracts with. Here's how the Health Plan makes sure that personal health information is protected.

A

As a condition of employment, VSP employees must not disclose any confidential patient information to outside entities. Violation of this policy may result in disciplinary action up to and including dismissal from employment. VSP's Privacy Policy is available on the VSP web site at www.vsp.com or by contacting VSP's Customer Care.

Q How am I protected from discrimination? You have the right to be treated fairly and equally. Health Plans may not discriminate against you due to age, sex, religion, race or ethnic origin, disability, occupational status or any other characteristics protected by law.

A

As a condition of membership, VSP doctors are required to see all VSP patients without discrimination. If a VSP doctor violates this policy, the doctor's membership would be subject to disciplinary action up to and including removal from the VSP network.

Q If I refuse treatment, will it affect my future treatment? If you refuse to be treated for any condition, your Health Plan must tell you what effect your decision will have on future coverage.

A

VSP members are free to choose which covered services they wish to use. Future plan coverage for vision care is not affected if the member chooses not to obtain covered services upon recommendation of a VSP doctor.

Q How does the health plan pay providers? Your Health Plan must tell you about the kinds of financial arrangements it has with providers.

A

VSP is not capitated and does not contain other risk sharing arrangements. VSP doctors are reimbursed on a discounted fee-for-service basis.

Q How is my health insurance coverage renewed or canceled?

A

Your VSP coverage is paid for by premiums provided to VSP by your employer. As long as your employer continues to pay these premiums and you continue to be eligible for coverage based on your employer's requirements, your coverage will remain in effect. Your coverage cannot be individually cancelled by VSP, except upon notification by your employer.

Q If I am covered by two or more Health Plans, what should I do? If you or a family member are covered by two or more Health Plans, you may have to give information on your coverage to each Health Plan. This helps the Health Plans to arrange payments between the plans when you or a family member receive a service. Here's what this plan will ask you to tell them.

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Normally, VSP can process claims for multiple insurance plans without needing information from you. Where necessary, VSP will contact you for such additional information such as each family member's Social Security Number, date of birth, or payment information from your other insurance company. To avoid claim delays, you should always let your doctor know if you have more than one insurance company that may provide vision care benefits.

Health Benefits Required Under Rhode Island Law as of September 2000:

Health Maintenance Organizations (HMOs) and health insurers in Rhode Island are required by State law to provide enrollees with coverage for certain kinds of health care services. These laws do not apply to Medicare, Medicaid, ERISA self-funded plans or supplemental (e.g. Medigap) or single disease (e.g. Cancer coverage) health insurance policies (check with your workplace benefits administrator. These mandated benefits (see summary list in Consumer's Guide to Health Plans in RI) often apply only under certain circumstances, may be limited to participating providers, and are not always covered in full--other conditions and restrictions not mentioned here may apply. For more information about specific mandated benefits, contact your Health Plan representative or the Rhode Island Department of Business Regulation at 401 222-2223.

Covered Services at a Glance:

The information on the following pages shows you what services are covered under this Health Plan. This is only a summary. You may find complete information in the Official Plan Documents or contact the Health Plan Representative listed on the first page.

Single Service Health Plans (example: dental care, vision care) must provide you with standardized and easy-to-understand information about covered services -- including out-of-pocket costs, service limitations and other things you need to know. Single Service Health Plans can do this through general information materials or by using a special insert summary called "Covered Services at a Glance." For more complete information, read the Official Plan Documents or contact a Health Plan Representative. Using this information, you can compare:

- Health Plans
- Out-of-pocket costs
- Limits on services

COVERED SERVICES AT-A-GLANCE

Annual Deductible: Individ-\$ N/A /Family-\$ N/A.00

Max Lifetime Cap: Individ.-\$ N/A ; Family-\$ N/A

Type of Service (Not All Services are Listed) Call plan or check Official Plan Documents for details	Is Prior Authorization Required (Yes/No)	What Out-of-Pocket Expenses Will I Have to Pay?	What Other Limitations Apply?	If I Choose a Non-Participating Provider Will the Service be Covered?
Ambulance			Ambulance not covered	
Chiropractic Treatment			Chiropractic Treatment not covered	
Dental Care			Dental Care not covered	
Diagnostic X-rays, Imaging and Laboratory Tests			Diagnostic X Rays, Imaging and Laboratory Tests not covered	
Emergency Services	NO	\$0 - \$50 Co-pay	You may have limited coverage for medical or surgical treatment of the eyes. Medical treatment should be treated under your medical plan.	Yes, if Open Access coverage is offered by your group.
Experimental Treatments			Experimental Treatments not covered.	Reimbursement may not cover the total cost of services.
Eye Care	YES	\$0 - \$50 Co-pay \$10 is an example of a common copay	Please check official plan documents.	Yes, if Open Access coverage is offered by your group.
Foot Care			Foot Care not covered.	Reimbursement may not cover the total cost of services.
Health Education & Wellness			Health Education and Wellness not covered.	

Summary for consumer information only. This is not a contract.

Health Plan: Choice Network

COVERED SERVICES AT-A-GLANCE

Annual Deductible: Individ-\$ N/A .00/Family-\$ N/A.00

Max Lifetime Cap: Individ.-\$ N/A ; Family-\$ N/A

Type of Service (Not All Services are Listed) Call plan or check Official Plan Documents for details	Is Prior Authorization Required (Yes/No)	What Out-of-Pocket Expenses Will I Have to Pay?	What Other Limitations Apply?	If I Choose a Non-Participating Provider Will the Service be Covered?
Ambulance			Ambulance not covered	
Chiropractic Treatment			Chiropractic Treatment not covered	
Dental Care			Dental Care not covered	
Diagnostic X-rays, Imaging and Laboratory Tests			Diagnostic X Rays, Imaging and Laboratory Tests not covered	
Emergency Services	NO	\$0 - \$50 Co-pay	You may have limited coverage for medical or surgical treatment of the eyes. Medical treatment should be treated under your medical plan.	Yes, if Open Access coverage is offered by your group.
Experimental Treatments			Experimental Treatments not covered.	Reimbursement may not cover the total cost of services.
Eye Care	YES	\$0 - \$50 Co-pay \$15 is an example of a common copay	Please check official plan documents.	Yes, if Open Access coverage is offered by your group.
Foot Care			Foot Care not covered.	Reimbursement may not cover the total cost of services.
Health Education & Wellness			Health Education and Wellness not covered.	

Summary for consumer information only. This is not a contract.

COVERED SERVICES AT-A-GLANCE

Annual Deductible: Individ-\$ N/A .00/Family-\$ N/A.00

Max Lifetime Cap: Individ.-\$ N/A ; Family-\$ N/A

Type of Service (Not All Services are Listed) Call plan or check Official Plan Documents for details	Is Prior Authorization Required (Yes/No)	What Out-of-Pocket Expenses Will I Have to Pay?	What Other Limitations Apply?	If I Choose a Non-Participating Provider Will the Service be Covered?
Ambulance			Ambulance not covered	
Chiropractic Treatment			Chiropractic Treatment not covered	
Dental Care			Dental Care not covered	
Diagnostic X-rays, Imaging and Laboratory Tests			Diagnostic X Rays, Imaging and Laboratory Tests not covered	
Emergency Services	NO	\$0 - \$50 Co-pay	You may have limited coverage for medical or surgical treatment of the eyes. Medical treatment should be treated under your medical plan.	Yes, if Open Access coverage is offered by your group.
Experimental Treatments			Experimental Treatments not covered.	Reimbursement may not cover the total cost of services.
Eye Care	YES	\$0 - \$50 Co-pay \$25 is an example of a common copay	Please check official plan documents.	Yes, if Open Access coverage is offered by your group.
Foot Care			Foot Care not covered.	Reimbursement may not cover the total cost of services.
Health Education & Wellness			Health Education and Wellness not covered.	

Summary for consumer information only. This is not a contract.

Health Plan: VSP, Choice and Advantage Network

COVERED SERVICES AT-A-GLANCE

Annual Deductible: Indiv-\$ N/A.00/Family-\$ N/A .00 **Max Lifetime Cap:** Indiv.-\$ N/A ; Family-\$ N/A

Type of Service (Not All Services Are Listed) Call plan or check Official Plan Documents for details	Is Prior Authorization Required (Yes/No)	What Out-of-Pocket Expenses Will I Have to Pay?s	What Other Limitations Apply?	If I Choose a Non-Participating Provider Will the Service be Covered?
Home Health Care			Home Health Care not covered.	
Hospice Care			Hospice Care not covered.	
Hospitalization and Inpatient Services			Hospitalization and Inpatient Services not covered.	
Maternity			Maternity not covered.	
Medical Equipment and Supplies			Medical Equipment and Supplies not covered.	
Mental Health, Inpatient			Mental Health, Inpatient, not covered.	
Mental Health, Outpatient			Mental Health, Outpatient, not covered.	
Nursing Home Care			Nursing Home Care not covered.	

Health Plan: VSP, Choice and Advantage Network

COVERED SERVICES AT-A-GLANCE

Annual Deductible: Indiv-\$ N/A .00/Family-\$ N/A.00

Max Lifetime Cap: Indiv.-\$ N/A ; Family-\$ N/A

Type of Service (Not All Services Are Listed)	Is Prior Authorization Required (Yes/No)	What Out-of -Pocket Expenses Will I Have to Pay?	What Other Limitations Apply?	If I Choose a Non-Participating Provider Will the Service be Covered?
Call plan or check Official Plan Documents for details				
Physician Office Visits	NO	\$0 - \$50 Co-pay	Physician Office Visits are only available under certain plans. Consult the official plan documents.	Possibly, by your medical plan. Consult the official plan documents.
Prescription Drugs/Devices			Prescription Drugs/Devices not covered.	
Rehabilitation (PT/OT/Speech Therapy)			Rehabilitation not covered. (PT/OT/Speech Therapy)	
Substance Abuse, Inpatient			Substance Abuse, Inpatient, not covered.	
Substance Abuse, Outpatient			Substance Abuse, Outpatient, not covered.	
Surgery, Outpatient			Surgery, Outpatient, not covered.	
Second Opinion			Second Opinions not covered	