**HOW VISION BENEFITS OF AMERICA WORKS**

**ELECTRONIC PROCESS**

1e **VBA brochure informs employee of plan benefits.**

2e Employee may visit visionbenefits.com to search for a doctor (bold print) who does e-claims (no benefit form needed).

3e Simply make appointment with one of those doctors, saying that you are a VBA covered employee, and that you want to use the e-claim system.

4e The doctor verifies eligibility and provides vision examination.

5e Doctor orders prescription from VBA approved lab, verifies accuracy and dispenses Rx to employee.

6e VBA pays doctor for all covered professional services.

**BENEFIT FORMS PROCESS**

1 **VBA brochure informs employee of plan benefits.**

2 Employee may request vision care either by calling 1-800-432-4966 or by visiting visionbenefits.com

3 VBA verifies eligibility and mails benefit form and current doctors' list to employee.

4 Employee chooses anyone from VBA doctors' list and makes appointment.

5 Employee presents benefit form at time of first visit and is examined by doctor (no paperwork for employee).

6 Doctor orders prescription from VBA approved lab, verifies accuracy and dispenses Rx to employee.

7 VBA pays doctor for all covered professional services.
ST FRANCIS UNIVERSITY

Dear Valued Employee:

In order that we might assist you in using your VBA Vision Benefits, we've compiled the following most frequently asked questions and answers. It is our hope that this will provide you with a better understanding of how the program works and what you must do to receive the maximum benefit.

1. **What is the benefit of using a VBA Participating Provider?**
   Every VBA Participating Provider location must have either a licensed practicing Doctor of Optometry or Ophthalmology associated with it. Each has agreed to accept VBA's fee as full payment for their services and adhere to VBA's comprehensive examination standards. Additionally, all lenses will be fabricated at one of VBA's Approved Optical Labs, where both the cost and the quality are strictly controlled.

2. **Who are the VBA Participating Providers in my area?**
   VBA represents one of the most comprehensive networks of Optometrists, Ophthalmologists and well known Retail Optical Stores in the nation. You can also search for providers by visiting our website at www.visionbenefits.com.

3. **Do I have to request a benefit form before making my eye appointment?**
   No. You do not have to request a paper benefit form when you visit a VBA Participating Provider. You would simply have to make an appointment and inform them that you have VBA as your vision insurance provider. If you are eligible for your VBA benefits at that time the VBA Provider will process services received electronically.

4. **When is the best time to call VBA's Customer Service Department?**
   If you need to speak with a VBA Customer Service Representative they can be reached by calling 1-800-432-4966 option 5, between the hours by calling, Monday through Wednesday, 8:30 A.M. to 6:30 P.M. EST and Thursday/Friday, 8:30 A.M. to 6:00 P.M. You may experience longer waiting times in the morning hours. Generally, later in the day and later in the week is better.

5. **Will there be any extra charges if I use a VBA Provider?**
   Your plan will provide a complete vision exam, clear lenses and a quality frame at no out-of-pocket cost to you. Also, VBA provides Polycarbonate Lenses for children under age 19 and 1 Year Scratch Protection, Progressive Lenses (except digital), Solid or Gradient Lens Tints, UV 400 Coatings, Photo-Sensitive Lenses for all ages, when spectacle lenses are obtained through a VBA Participating Provider. However, should you select optional items, such as Anti-Reflective Coatings there will be additional charges that you will be responsible for. Additionally, frames whose acquisition cost exceeds the plan's wholesale frame allowance (approximately $125 to $150 retail value) will also result in extra charges. Even though these optional items aren't covered under the plan, the amounts you will be charged are strictly controlled by VBA and are considered fair and reasonable. Ask the VBA Provider if the items you select would result in any additional charges.

6. **What kind of frames are covered under the plan?**
   Any frame with a wholesale acquisition cost that is less than your plan's allowance is fully covered. A frame such as this would typically retail in the $125 to $150 range. If you select a frame that has a wholesale cost in excess of what the plan allows, you will be charged a controlled fee by the provider. The provider does not have to disclose the actual wholesale cost to you, but he must disclose the exact amount of the additional charges, if any, for the frame you select.

7. **How long will it take to receive my glasses?**
   Generally, your glasses will be back from the VBA Laboratory within two weeks (VBA allows 10 working days). If, however, the frame you selected is out of stock from the manufacturer, or if you have requested an anti-reflective coating or progressive bifocals, it may take slightly longer.
8. **What guarantee do I have that my glasses will be made right?**
VBA guarantees every pair of glasses 100%. If your prescription is not totally accurate, or if the VBA Lab did not produce the lenses in exact accordance with your prescription, VBA will make it right at no additional cost to you.

9. **If my glasses are broken or lost, can they be replaced?**
No. Unless you are eligible for the benefit at that time, there are no provisions for lost or broken glasses. Some providers may offer this protection at an additional cost to you if you ask.

10. **What should I do if I wish to get contacts instead of glasses?**
You should proceed in the same manner as if you were going to get glasses. We would advise, however, that you shop around for both a provider and a price that you are comfortable with, since the cost of contacts is not controlled by VBA. You will simply be reimbursed up to $160 toward the total retail cost of the contact lenses and/or contact lens exam.

VBA will accept a maximum of two (2) submissions per covered member for the benefit period up to the $160 benefit limit. This contact lens/services reimbursement is in lieu of all other benefits (exam/spectacle lenses/frames) for the benefit period.

11. **What if I wish to use a provider that does not participate with VBA?**
Under the plan, you may use any provider you wish. Make an appointment and receive the necessary services from the provider. Then, after you have received your exam and/or materials, simply attach your itemized receipts (exam cost, frame cost and the type and cost of lenses) to an out-of-network reimbursement form which can be printed from our website at www.visionbenefits.com. Mail your itemized receipts and out-of-network reimbursement form to VBA. Reimbursements are made biweekly and are in the amounts printed in your VBA Benefits Brochure.

**NOTE.** If any problems arise with your glasses or contacts due to an inaccurate prescription written by a Non-Participating Doctor, neither VBA nor the Participating Provider assume any responsibility.

12. **Does my benefit include any accommodation for laser vision correction?**
YES. All VBA covered subscribers are eligible to receive a significant discount at hundreds of provider locations nationwide. For more information regarding this benefit, please call VBA’s Customer Service at 1-800-432-4966/option 5.

**IF YOU HAVE ANY FURTHER QUESTIONS ON THESE OR ANY OTHER ASPECTS OF YOUR VISION BENEFIT, WE ASK THAT YOU CONTACT THE BENEFITS OFFICE OR CALL VBA DIRECTLY AT 1-800-432-4966 OR VISIT OUR WEBSITE AT WWW.VISIONBENEFITS.COM  THANK YOU!**
Protecting Your Privacy!

We at Vision Benefits of America (VBA) take great care to properly handle any Protected Health Information (PHI) about you. This notice, effective April 14, 2003, is required by the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and describes how VBA protects the confidentiality of your health care information in our possession. PHI is defined as any individually identifiable information regarding a patient's medical/visceral claim history; mental or physical condition; or treatment. Some examples of PHI include your name, address, telephone and/or fax number, e-mail address, social security number or other identification number, date of birth, date of vision benefit services, enrollment and other claims records. VBA receives, uses and/or discloses your PHI to administer your vision benefit plan as permitted or required by law. Any other disclosures of your PHI without your authorization is strictly prohibited.

VBA must follow the privacy practices described in this notice and also comply with any more stringent requirements under federal or state law that may apply to VBA's administration of your benefits. You should receive a copy of this notice upon enrollment in a VBA program. Additionally, VBA will notify you every three (3) years as to how you can receive a copy of this notice. VBA reserves the right to change this notice and make the new notice effective for all PHI we maintain. If VBA makes any substantive changes in its privacy practices, we will redistribute a revised notice to you within sixty (60) days of the date of the change to our practices. You may request a copy of this notice at any time from VBA as listed at the end of this notice.

Permitted Uses and/or Disclosures of Your PHI

Under HIPAA, Vision Benefits of America is permitted to use and/or disclose your PHI for certain purposes without your prior authorization. These permitted uses and/or disclosures include disclosures to you; uses and/or disclosures for purposes of vision care treatment, payment of claims, billing of premiums, and other related health care operations. If your vision benefit program is sponsored by your employer or another party, VBA may provide PHI to your employer or sponsor for the purposes of administering your benefits. VBA may also disclose PHI to third parties that perform services for VBA in the administration of your benefits. These parties are required by law to sign a contract with VBA agreeing to protect the confidentiality of your PHI.

Your PHI may be disclosed to a VBA participating provider that performs services for VBA in the administration and delivery of your vision benefit. These providers have implemented their own privacy policies and procedures that comply with applicable federal and state laws. VBA uses administrative, technical, and physical safeguards to maintain the privacy of your PHI, and we are required by law to limit the use and/or disclosure of your PHI to the minimum amount necessary to accomplish the purpose of the permitted use and/or disclosure.

Examples of Permitted Uses or Disclosures of Your PHI for Services, Payment or Administration

VBA may use and/or disclose your PHI for purposes of administering your vision benefits. Specific examples of such uses and/or disclosures include the following:

- Uses and/or disclosures of PHI in facilitating services.
  
  For example, VBA may use and/or disclose your PHI to determine eligibility for vision benefit services and/or materials.

- Uses and/or disclosures of PHI for payment.
  
  For example, VBA may use and/or disclose your PHI to bill you or your plan sponsor.

- Uses and/or disclosures of PHI for vision care operations.
  
  For example, VBA may use and/or disclose your PHI to review the quality of care provided by its network of Eyecare Professionals (Participating Optometrists and Ophthalmologists).

Disclosures VBA is Permitted to Make Without an Authorization

Under HIPAA, Vision Benefits of America is permitted to disclose your PHI to you or your authorized personal representative (with certain exceptions) when required by the U.S. Secretary of Health and Human Services to investigate or determine VBA's compliance with law, and when otherwise required by law. VBA is also permitted to disclose your PHI without your prior authorization in response to one or more of the following:

- Court Order;
- Order of a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority;
- Subpoena in a civil action;
- Investigative subpoena of a government board, commission or agency;
- Subpoena in an arbitration;
- Law enforcement search warrant; or
- Coroner's request during an investigation.
Disclosures VBA Makes With Your Authorization

VBA will not use and/or disclose your PHI without your prior authorization if the law requires your authorization. The authorization will be obtained from you by VBA or by a person requesting your PHI from VBA. You can later revoke that authorization in writing to stop any future use and disclosure.

Your Rights Regarding Your PHI

You have the right to request an inspection of and obtain a copy of your PHI. You may access your PHI by contacting VBA as listed at the end of this notice. You must include (1) your name, address, telephone number and identification number and (2) a description of the PHI you are requesting. VBA may charge a reasonable fee for providing you copies of your PHI. VBA only maintains that PHI that it obtains or utilizes in providing your vision care benefits.

You have the right to request a restriction of your PHI. You have the right to ask that VBA limit how it uses and/or discloses your PHI. VBA will consider your request but is not legally required to accept it. If VBA accepts your request, it will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and/or disclosures that VBA is legally required or allowed to make.

You have the right to correct or update your PHI. This means that you may request an amendment of your PHI for as long as VBA maintains this information. In certain cases, VBA may deny your request for amendment. If so, you have the right to file a statement of disagreement with VBA. VBA may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. If your PHI was sent to VBA by another entity, we may refer you to that entity to amend your PHI (i.e., if applicable, to your employer to amend your enrollment information). Please contact VBA as noted below if you have questions about amending your PHI.

You have the right to request or receive confidential communications from VBA by alternative means or at a different address. VBA will agree to accommodate a reasonable request if disclosure of your PHI through standard means of communication could endanger you. You may be required to provide VBA with a written statement of possible danger, a different address, another method of contact or information as to how payment will be handled.

You have the right to receive an accounting of certain disclosures VBA has made, if any, of your PHI. This right does not apply to disclosures for purposes of treatment, payment, or vision care operations. Additionally, VBA does not need to account for disclosures made to you, to family members or friends involved in your care, or for notification purposes, or for any disclosures made prior to April 14, 2003. Please contact VBA if you would like to receive an accounting of disclosures or if you have questions about this right.

You have the right to receive a paper copy of this notice. Even if you have agreed to receive this notice via e-mail, you also have the right to request a paper copy of this notice.

Complaints

You may complain to VBA or to the U.S. Secretary of Health and Human Services if you believe that VBA has violated your privacy rights. Should you file a complaint, you would not be penalized by VBA.

Contact

You may contact VBA at the address and telephone number listed below for further information about the complaint process or any of the information contained in this notice.

Address: Vision Benefits of America
300 Weyman Plaza, Suite 400
Pittsburgh, Pennsylvania 15236

Phone: 412-881-4900

This notice is effective on or after April 14, 2003.