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| **FAQs**  **VSP** |  |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | https://secure.benergy.com/images/spacer.gif | **What are covered services?**   |  |  | | --- | --- | |  | Covered services are services covered by the plan. No vision plan covers everything. If you obtain services that are not covered services, you pay the full cost for those services. Also, note that some medical procedures associated with the eyes may be covered by another health care plan, in which case they are not eligible for coverage under this vision plan. See your plan materials for a complete list. | | | | https://secure.benergy.com/images/spacer.gif | **What is a copayment?**   |  |  | | --- | --- | |  | If your plan is designed so you pay a fixed amount at the time you receive services, that amount is called your copayment. | | | | https://secure.benergy.com/images/spacer.gif | **When do I need to file a claim form?**   |  |  | | --- | --- | |  | You generally don't need to file a claim form when you see a network provider. In most cases, if you go out-of-network for care, the provider will bill you directly. You then need to submit a claim form to be reimbursed. You will be reimbursed for the plan’s part of the bill, after you've met any deductible.   To file a claim, follow the instructions on the claim form. If you received an Explanation of Benefits (EOB) statement from another plan, be sure to include a copy with your claim form.  Depending on the type of care you need, you may want to call both your vision plan and any medical plan if you need care while traveling. | | | | https://secure.benergy.com/images/spacer.gif | **How does the vision plan work when I go out-of-network?**   |  |  | | --- | --- | |  | When you go out-of-network, you may use any covered vision provider you choose. However, your cost will generally be higher and you will have certain added responsibilities. For example:   * You may need to pay a deductible before the plan begins to pay benefits. Or, your deductible may be higher for out-of-network expenses than for in-network expenses. * After you satisfy any deductible, the plan will reimburse you for the plan’s share of your eligible expenses and you will pay the balance. * You must complete claim forms and file claims to receive payment of benefits. * The plan will not cover any charges above the allowable amount. | | | | https://secure.benergy.com/images/spacer.gif | **What are the advantages of seeing a network provider?**   |  |  | | --- | --- | |  | There may be several advantages when you go in-network:   * If your plan features a deductible (the flat amount of eligible expenses you pay before the plan begins to pay benefits), you may not need to pay a deductible for in-network services and supplies, or your deductible may be lower in-network than for out-of-network expenses. * Your provider may submit claim forms for you. * Your provider agrees to accept negotiated fees for certain services, which are generally lower than standard fees. * Your plan may provide some services in-network that are not available out-of-network. | | | | **What is the vision plan and how does it work?**   |  |  | | --- | --- | |  | The vision plan encourages you and eligible family members to take care of your eyesight. It helps cover preventive services, such as eye exams, as well as the cost of certain qualified treatments.   The plan works for you in two ways:   * When you use a network provider, this is considered "in-network." * When you go to a non-network provider, this is "out-of-network."   You choose whether to go in-network or out-of-network each time you need care. However, if you choose to go out-of-network, you will generally pay a larger share of the cost. | | | |