

The Screen Actors Guild-Producers Health Plan provides a vision care benefit through Vision Service Plan (VSP), the nation's oldest and largest provider of vision care benefits. Every VSP network provider must meet strict professional guidelines to ensure quality of service and products.

#### **ELIGIBILITY**

All Plan I participants and their eligible dependents are covered under VSP's Exam Plus Plan.

#### **ABOUT THE VISION PLAN**

The Exam Plus Plan includes an eye exam every calendar year. It also offers discounts on complete pairs of glasses and professional services associated with prescription contact lenses. These discounts are only guaranteed when you purchase your glasses from the same VSP network provider who performed your eye exam.

#### **HOW TO LOCATE A VSP PROVIDER**

**Call: (800) 877-7195**

You may request a list of VSP participating doctors and it will be mailed to you or you may enter a specific doctor's telephone number to verify the office's participation in the VSP network.

**or**

You may visit the VSP web site at **www.vsp.com** to locate a participating provider near you.

**or**

You may contact VSP through the mail at:

#### **Vision Service Plan**

P.O. Box 997100  
Sacramento, CA 95899-7100

#### **Screen Actors Guild — Producers Health Plan**

**Mailing Address:  
P.O. Box 7830  
Burbank, CA 91510-7830**

**Street Address:  
3601 West Olive Avenue  
Burbank, CA 91505**

**(800) 777-4013 or (818) 954-9400**

**Website: [www.sagph.org](http://www.sagph.org)**

**E-mail: [psd@sagph.org](mailto:psd@sagph.org)**

## **VISION PROGRAM**

### **Screen Actors Guild — Producers Health Plan**



**January 1, 2007**

## THE EXAM PLUS PLAN

### For Plan I Participants

#### How to use the Exam Plus Plan

1. Call (800) 877-7195 to locate a VSP Exam Plus doctor.
2. Call the VSP participating doctor to make an appointment.
3. Identify yourself as a VSP Exam Plus covered member through SAG.
4. Provide the doctor with your social security number. If the patient is a dependent child, you will also need to state the patient's date of birth and student status.

After you make an appointment, your doctor and VSP will handle the rest.

#### Professional Services

##### • Vision Examination

The Plan covers a complete eye exam every calendar year with a \$10 copayment. The exam includes an analysis of the patient's visual functions, including prescription of corrective lenses when indicated.

##### • Professional Services for Contact Lenses

The Plan provides a 15% discount on professional services associated with all prescription contact lenses.

#### Materials

Discounts are guaranteed only when purchased through the VSP member doctor who provided the eye examination. Contact lenses are available at the VSP network doctor's normal retail price.

##### • Glasses

The Plan provides a 20% discount applied to the VSP network doctor's usual and customary fees for prescription glasses and spectacle lens options. The discount is only guaranteed when you purchase both lenses *and* frames.

Vision Program Summary			
	Eye Exams	Glasses	Professional Services for Contact Lenses
<b>Exam Plus Plan</b>			
In-Network	\$10 copay  One exam per calendar year	20% discount	15% discount
Out-of-Network	80% of doctor's usual and customary charge up to a maximum payment of \$50  One exam per calendar year	No benefit	No benefit
<p>The discounts are off of the doctor's usual and customary charge.</p> <p>If the eye exam is received through a non-VSP provider, pay the full amount of the bill and request a copy showing the amount of the eye examination. Send the bill to Vision Service Plan, Attention: Non-Member Doctor Claims, P.O. Box 997100, Sacramento, CA 95899-7100. Be sure to indicate that you are covered by the Screen Actors Guild-Producers Health Plan and include the Participant's name, mailing address and Participant's social security number, and the patient's name, relationship to Participant and date of birth.</p>			