

FREE LANGUAGE ASSISTANCE

If you require Language Assistance at any time including during the course of an eye examination or during the discussion of the diagnosis following an eye examination please contact the “Plan” at **1-800-400-4872**. The availability of Language Assistance is FREE to Enrollees.

LASIK BENEFIT ACCESS

VPA is now offering member ACCESS to a laser vision correction preferred pricing plan! The Qualsight Preferred Pricing Program offers an enhancement to your VPA plan including:

Savings - Experience - Convenience - Financing

To Access Preferred Pricing Call: **877-507-4448** from
7 am - 9 pm (CST) Weekdays and 10 am - 5 pm Sat.
www.Qualsight.com/vpa

The Qualsight program is not an insured benefit. Vision Plan of America makes access to the Qualsight Program available to its members for preferred pricing for LASIK surgery. Vision Plan of America makes no specific recommendations for or against the Plan. All representations are those of Qualsight.

ADDITIONAL HIGHLIGHTS

- No Deductible
- Guaranteed Enrollment
- Pre-existing Conditions Welcomed
- Contact Lens Benefit
- Orthodontics
- Crowns, Bridges and Dentures

HOW DO YOU RECEIVE CARE

Upon completion of processing, you will receive a personal identification card. Simply call the office you selected for an appointment as you usually would. Present your Plan I.D. Card at the time of your appointment. There are no claim forms to fill out.

WHEN WILL BENEFITS BEGIN?

Those who join prior to the 20th of the month will begin receiving benefits on the first day of the following month. Children are eligible up to age 26.

OTHER CHARGES

The member is responsible for the copayments for services listed in the “Description of Benefits and Copayments.” Services not listed will be billed to the member at the doctor’s usual and customary fee. These fees must be paid directly to the office where the service is received.

The Member will be responsible for 70% of the UCR fees for services provided by a DHS participating Dental specialist in the 1st year and 50% discount thereafter, in services up to \$1,000.00 per year.

ONE PREMIUM DENTAL/VISION

Dental and Vision 4 Outstanding Plans to Protect You and Your Family

The Choice is Yours!

CHANGING OFFICES

Should the need arise, members are allowed to transfer, with PLAN APPROVAL, to a new office by contacting the Plan. This transfer will become effective on the first day of the following month.

TERMINATION OF BENEFITS

1. On the expiration date.
2. Upon the date of entry into full-time military service.
3. Upon child attaining age 26.
4. The PLAN reserves the right, if after reasonable efforts to establish and maintain a satisfactory Provider/Patient relationship with any Member and is unable to do so, to terminate the rights of such Member and other members of his family under contract effective the last day of the month during which termination notice occurs.
5. In the event that fees or premiums are delinquent, services and benefits under the PLAN shall be terminated effective on the last day of the month during which the delinquency occurred.
6. Permitting or committing fraud. In the event of termination, the plan provider shall complete any treatment in progress. The Member is required to pay all fees and premiums.

PRINCIPAL EXCLUSIONS AND LIMITATIONS

1. Services which are provided without cost to the Member by any municipality, county or other subdivision.
2. Service to which the Member is entitled under any Worker’s Compensation Law or Act. This exclusion does not apply to the MediCal Program.
3. Medical or surgical treatment of the eyes (Dilation, tests related to dilation and extended exams) include specialized visual fields.
4. Services that cannot be performed in the Participating Providers office for any reason including the general health of the patient.
5. Any dental procedure for cosmetic, elective or esthetic purposes.
6. Dispensing of drugs.
7. General anesthesia.
8. Loss or theft of dentures or bridgework.
9. Temporomandibular joint syndrome.

GRIEVANCE PROCEDURE

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **(800) 400-4872** and use your health plan’s grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-466-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department’s internet website www.dmhc.ca.gov has complaint forms, IMR application forms, and instructions online.

DISCLOSURE

This disclosure form is only a summary of the plans. The plan contract must be consulted to determine the exact terms and conditions of coverage. A specimen copy of the contract is available upon request at the Plan’s administrative office.

Plan administered by:
**Vision Plan of America &
Dental Health Services
1-800-400-4872**

(for the hearing impaired dial 711)

www.VisionPlanofAmerica.com

“Focused on Quality”

4 Affordable Dental/Vision Plans

JOIN TODAY!
(800) 400-4872
(for the hearing impaired dial 711)

**NO Hassles
NO Deductibles
NO Claim Forms
NO Waiting Periods
NO Pre-Existing Conditions
Guaranteed Issue**

**INDIVIDUAL
COUPLE
FAMILY**