

SD UNITE-HERE FUND SELF FUNDED VISION

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Employee and Family | **Plan Type:** Vision PPO

Coverage Period:
04/01/2024 -3/31/2025



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document by calling 1-619-849-1060. Note: the Uniform Glossary can be accessed at: www.dol.gov/ebsa/healthreform and www.cciio.cms.gov

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$ 0	See the chart starting on page 3 for your costs for services this plan covers.
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services, but see the chart starting on page 3 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	No	There's no limit on how much you could pay during a coverage period for your share of the cost of covered services.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, coinsurance, co-pays and dental expenses this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Is there an overall annual limit on what the plan pays?	No, however the plan maximum allowances for frames and contacts.	This plan will pay for covered services only up to this limit during each coverage period, even if your own need is greater. You're responsible for all expenses above this limit. The chart starting on page 3 describes <i>specific</i> coverage limits, such as limits on the number of office visits.
Does this plan use a network of providers?	Yes. See www.vsp or Call 1-800-877-7195 for list of Providers.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 3 for how

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		this plan pays different kinds of providers .
Do I need a referral to see a specialist ?	No for Vision Services	You can see the a vision specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes	Some of the services this plan doesn't cover are listed on page 3. See your policy or plan document for additional information about excluded services .

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Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		In-network Provider	Out-of-network Provider	
If your <u>child</u> needs dental or eye exam	Eye exam	\$0	\$5, up to maximum of \$45.	Limited to one exam every 12 months.
	Glasses	\$15 co-pay, up to maximum of \$120.	\$15 co-pay, up to a maximum of \$45.	Limited to one set of glasses every 24 months.
	Dental check-up	\$0	\$0, provided \$50 deductible is met.	Plan plays 100% up to the schedule limit for preventive services.
Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)				
<ul style="list-style-type: none">Contact Lenses				

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Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. You may contact the Department of Labor's Employees Benefit Security Administration at 1-866-444-EBSA(3272) or www.dol.gov/ebsa/healthreform.

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 888-335-8227. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-619-574-1685.

Vision Questions: Call 1-619-574-1685.

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