Vision Plan for

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Definitions

Claim Administrator

Quality Plan Administrators, Inc.

Plan Administrator

The Government of the District of Columbia (The "District")

Component Unit

An Employee or organizational unit within the Employer who participates in the plan if their agency signs a Joiner Agreement with the contracting officer.

Co-Payment

The figure shown as a percentage in the Schedule of Benefits used to compute the amount of benefits payable by the patient/employee when the Plan states that a percentage is payable.

Dependents

An employee's spouse, domestic partner, or dependent children up the age of 26.

Excluded as Dependents under a., b., and c. are

1. a spouse legally separated or divorced from the Employee;

2. any person(s) while on active duty in any military service of any country; and

3. an employee who is eligible for coverage under this Plan as an Employee in his/her own right.

Eligibility

The District provides vision care coverage for employees hired on or after October 1, 1987 to include all non-union employees and union employees covered by the Compensation Unit 1 and 2 Collective Bargaining Agreement, and Teamsters Local 639 and 730.

Separation from Service

6HYHUDQFH RI WKH (PSOR\HH's employment with the Employer. An Employee shall be deemed to have severed employment with the Employer for purposes of this

A co-payment of the plan benefit will be applicable when using a participating vision provider. We have no control over the amount that the plan provider

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District of Columbia's Vision Plan Benefits
AT A GLANCE
Effective January 1, 2016

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Miscellaneous Provisions

Coordination of Benefits Provision

There are many families today where two or more people work. As a result, members of such families are often covered under more than one health plan.

Nearly all medical benefit plans, including yours, have adopted a Coordination of Benefits provision. This provision is designed to take the unfair profiteering out of multiple coverage, yet enable the individual to be reimbursed for as much of the vision expenses as possible, but only up to 100% of allowable expenses.

All health plans covering individuals as groups are considered in applying the Coordination of Benefits provision.

How Coordination of Benefits Works

When you are covered by more than one health care plan to which the Coordination of Benefits provision applies, these rules are followed to determine which plan will be first to determine its benefits:

1. When only one of the plans has a Coordination of Benefits provision, then the plan without such provision will determine its benefits first.

2. When both plans have a Coordination of Benefits provision, then:

   a. the plan under which the patient is covered as an employee will determine its benefits first;

   b. the plan covering the patient as a dependent child whose custody is shared will determine its benefits based on who has the custody at time of service.

   c. if neither "a." nor "b." above establish an order of benefit determination, then the plan which has covered the patient for the longer period of time will be the first to determine its benefits.

Note: If the patient is a dependent child of divorced parents, special provisions may apply.

How Your Benefits Are Paid

The plan which is the first to determine its benefits (primary) will pay its benefits without regard to any other coverage. When a plan is not the first to determine its benefits, and there are allowable expenses that have not been covered by the plan(s) (secondary), it will then pay its regular benefits up to the amount of the remaining allowable expenses.

Any benefit savings resulting from the application of the Coordination of Benefits provision will be available for future claims. These savings may be applied to additional allowable expenses, not otherwise payable under another plan, which the Covered Person incurs later in the same Claim Determination Period.

(The Claim Determination Period is from January 1 to December 31, except for the first Claim Determination Period that starts the day you first become covered under

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How to Use Your Benefits

When to File a Claim

If you use a participating provider, there is no need to submit a claim form. The participating provider will file the claim on your behalf.

If you use a non-participating provider, a claim should be filed as soon as you receive charges for covered services. Claim forms can be obtained from the Claim Administrator's website www.qualityplanadmin.com or by calling 202-722-2744.

How to File A Claim (non-participating provider)

Make sure that your bill from the provider of service contains all of the following information:

1. Patient's name;
2. Description of each service rendered;
3. Date of each service rendered;
4. Charge for each service rendered;
5. Name, address and tax identification number of the provider of service, and
6. Information related to Coordination of Benefits.

Mail the completed claim form with the itemized receipt to the Claims Administrator:

Quality Plan Administrators, Inc.
7824 Eastern Avenue N.W., Suite 100
Washington, DC 20012
(202) 722-2744

A **separate** claim form must be submitted for each family member for whom a claim is being made. The Plan maintains separate payment and deductible records on you and each of your Dependents. It is not necessary to submit another form with billings for subsequent service. If you have made payment to the provider, be sure the bill is marked paid or is accompanied by a paid receipt.

Please review the claim form carefully and follow the instructions it contains.
It is not always necessary to complete every section. You need only complete those sections applicable to the claim being filed. For example, if no accident is involved, you need not complete the Accident section; if the claim is for you, it is not necessary to complete the Dependent section, etc.

Other Group Coverage

Since this Plan contains a Coordination of Benefits provision, it is important that you advise th to ca 1 o1s9.2

Vision Plan for

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Exclusions and Limitations

In order to avoid confusion or misunderstanding, the limitations, exclusions and conditions listed below have been taken verbatim from the official Plan Document.

If there is anything in this chapter that you don't fully understand you are encouraged to contact the Plan or Claims Administrator.

General Limitations

No benefits shall be payable under the Plan with respect to:

1. Services or expenses incurred prior to the effective date or after the termination date of coverage under the Plan;

2. Any services, supplies, charges or expenses, which are not specifically included in the coverage of the Plan;

3. Charges for experimental, or investigative therapy or treatment;

4. Any services or supplies for which benefits may be claimed under Disability Compensation (D.C. Code 1-624) or which are due to the treatment of an illness or injury arising out of or in the course of any occupation or employment for wage or profit;

5. Any condition, disability or expense resulting from or sustained as a result of being engaged in an illegal occupation, commission of or attempted commission of an assault or a felonious act, duty as a member of the armed forces of any state or country or war or act of war declared or undeclared;

6. Any condition, disability or expense resulting from an injury caused by participating in civil insurrection or a riot;

7. Any services for care or treatment provided or furnished by the United States Government or the government of any country;

8. Any services for which a charge would not have been made in the absence of coverage.

LIMITATIONS APPLICABLE TO VISION EXPENSE BENEFITS

In addition to the General Limitations, no benefits shall be payable for:

1. Sunglasses
2. Vision training
3. Aniseikonia
4. Two pairs of frames and lenses in lieu of bifocals
5. Lens styles and/or materials not listed as a covered benefit
6. Orthoptics, vision training, low vision aids, or any supplemental training
7. Non-prescription (plano) eyewear or eyewear with a total refractive value of less than + 0.50 diopter in at least one eye
8. Medical eye care services and diagnostic procedures
9. Conditions covered by Worker's Compensation
10. Any services or materials provided by another vision plan.

Our hours of operation are as follows:

24-hour Bi-lingual (English and Spanish) customer service is available. Live answering is available Monday thru Saturday from 8 am – 9pm and Sunday from 8 am – 7pm.

Administered by:

Quality Plan Administrators, Inc.
7824 Eastern Avenue, NW, Suite 100
Washington, DC 20012
(202) 722-2744
1-800-900-4112
Fax (202) 291-5703
Website: http://www.qualityplanadmin.com
E-mail: quality@qpatpa.com

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