



VISION SERVICE PLAN

**PLEASE ATTACH TO YOUR
GROUP VISION CARE PLAN**

AMENDMENT TO GROUP VISION CARE PLAN

To be attached to and made part of Group Vision Care Plan Number 07103577, issued to WASHINGTON COUNTIES INSURANCE POOL.

EXCEPT as specifically amended herein, said Plan shall remain in full force and effect.

IT IS HEREBY AGREED that effective JANUARY 1, 2008, the Group Vision Care Plan shall be amended as indicated.

The below language is hereby added to Section 3.02:

STANDARD COORDINATION OF BENEFITS

COORDINATION OF BENEFITS: If a patient is covered by more than one vision plan, (whether it be another carrier or another VSP plan), and therefore has duplicate coverage, he/she may:

Receive two separate sets of service.

or

Choose to have both plans pay for one set of services. In this case the patient is “coordinating benefits.”

DETERMINE PRIMARY AND SECONDARY PLAN: When a patient has duplicate coverage and wants to coordinate benefits, VSP must determine the order of assignment.

The plan that covers the patient as an employee is “primary”

The plan that covers the patient as a dependent is “secondary”

If the patient is a dependent child and is covered under both parents' plans, the parent whose birth date falls first in the calendar year has the primary plan. If the parents are separated or divorced, the parent with custody is primary, or the parent decreed by the court to be responsible is primary.

PRIMARY PLAN:

The primary plan must pay or provide its benefits as if the secondary plan or plans do not exist.

SECONDARY PLAN:

If a VSP plan is the secondary plan, the patient will receive allowances (exam, lenses, and frame) that will be used to pay up to, but not more than the billed amount. Only services used on the primary benefit may be used for coordinating like services on the secondary benefit. Secondary allowances are applied first to the same service or product of the primary plan. WellVision benefits may only be coordinated with services provided for WellVision care.