

Vision Service Plan

Diageo NA offers the Vision Service Plan (VSP) to help you and your family members save money on your eye care needs. VSP gives you access to a nationwide network of vision care professionals and offers discounts on selected eyewear.

Vision plan coverage is different from medical or even dental benefits. The purpose of benefits like medical and dental coverage is to protect you from the high costs associated with major illness or injury. However, vision plan coverage is designed to help you save money on basic vision correction expenses such as eyeglasses or contact lenses. It isn't designed to cover all of your vision expenses in their entirety; in most cases, vision plan coverage doesn't cover the full cost of "designer" frames or other high-cost vision correction services.

It's important to consider what you would pay annually in paycheck contributions for VSP coverage, and whether that exceeds the cost you would pay for frames or lenses without the coverage. You may also save on your vision expenses by simply using the Health Care FSA to pay for your vision expenses with pretax dollars.

Also, consider how vision care is covered by your medical plan. Most medical plans cover vision care that is due to illness or injury of the eye, and some even cover basic annual eye examinations. Check with your medical plan to be sure. You do not have to enroll for medical coverage to sign up for VSP.



For More Information

For details about eligibility for benefits, when you can change your coverage, and how you pay for coverage, see *Participating in the Benefits Plans*. For information about your legal rights under ERISA, general information on claims review and appeal procedures, and other important administrative details, see *Administration*.

IN THIS SECTION	SEE PAGE
How the Vision Service Plan Works.....	81
Copays.....	81
Maximum Reimbursement Amount	81
Using an In-Network Provider.....	81
Using an Out-of-Network Provider.....	81
Benefits Covered by the Vision Service Plan	82
Benefits Not Covered by the Vision Service Plan	83



How the Vision Service Plan Works

The Company has contracted with Vision Service Plan (VSP) to give you access to more than 20,000 network optometrists and ophthalmologists nationwide. In-network providers have agreed to discounted fees. Certain services, such as medically necessary contact lenses, are paid in full, while the cost of other services, such as cosmetic contact lenses, are discounted. You may also choose a provider outside the network and be reimbursed for part of the cost. Note that there are limits of how often you can receive benefits.

Copays

When you use a VSP in-network provider, you will pay a copay for some services, such as exams, lenses, and frames. For example, lenses and frames are a \$20 copay each, or \$25 if both the lenses and frames are ordered on the same visit to a VSP provider.

Copay

The dollar amount you pay for a specific health care expense.

Maximum Reimbursement Amount

Once the maximum reimbursement amount has been reached, the plan won't pay any additional benefits for that covered person for that coverage period.

If your out-of-network provider charges less than the plan's maximum reimbursement amount, you'll be reimbursed only up to the actual charges. If your out-of-network provider charges more than the plan's maximum benefit, you'll have to pay the difference between your provider's fee and the plan's maximum reimbursement amount.

Maximum Reimbursement Amount

The amount or allowance is the most the plan will pay for eligible expenses for each covered person for the coverage period.

Using an In-Network Provider

To use a VSP network provider, follow these steps:

- Contact VSP at 1-800-877-7195.
- When you make your appointment, identify yourself as a VSP member. (You do not need an ID card.)
- When you go to your appointment, you will pay the copay, and the provider will bill VSP the remaining balance. You do not have to submit any claim forms.

Using an Out-of-Network Provider

If your provider is not part of the VSP network, pay the full cost at the time of service, and get an itemized receipt. Then send the following information within 12 months of the date of service to:

Vision Service Plan
 Attn.: Out-of-Network Provider Claims
 P.O. Box 997105
 Sacramento, CA 95899-7105

- The itemized bill
- The name, address, and phone number of the out-of-network provider
- The name of our Company: Diageo NA



- Your name, phone number, and address
- Your Social Security number
- The patient's name, birth date, (phone number and address, if different from yours)
- The patient's relationship to you

Keep a copy of the information for your records.

Remember to Get a Receipt

Be sure to get an itemized receipt from your out-of-network provider, and submit your claim within 12 months.

Benefits Covered by the Vision Service Plan

The following chart shows the services covered by the Vision Service Plan and how benefits are paid when using an in-network or out-of-network provider.

Benefit	In-Network Provider	Out-of-Network Provider	How Often?
Vision exam	You pay \$5*	VSP reimburses you up to \$45	Once each year**
Lenses	You pay \$20*	VSP reimburses you up to: <ul style="list-style-type: none"> ▪ \$45 for single vision lenses ▪ \$65 for lined bifocal lenses ▪ \$85 for lined trifocal lenses ▪ \$125 for lenticular lenses 	Once each year**
Frames	You pay \$20* for approved frames	VSP reimburses you up to \$47	Once every two years**
Contact lenses-including fitting and/or evaluation (you may choose eyeglasses or contact lenses, not both)	<ul style="list-style-type: none"> ▪ VSP pays the full cost if the lenses are medically necessary. ▪ VSP reimburses you up to \$120 if the lenses are elective 	<ul style="list-style-type: none"> ▪ VSP reimburses you up to \$210 if the lenses are medically necessary ▪ VSP reimburses you up to \$105 if the lenses are elective 	Once each year*
Laser vision care	You may save up to 20% on PRK and LASIK vision correction	Not covered	Once per lifetime

*If you order lenses and frames during the same visit to a VSP network provider, your total copay will be \$25, including the exam.

**A year is defined as the one-year (two-year for frames) anniversary of the date the service or item was last obtained.

If You Have a Flexible Spending Account

If you sign up for a Health Care Spending Account, you may not submit expenses that are paid by the Vision Service Plan. You may submit eligible expenses not covered by the plan.

Benefits Not Covered by the Vision Service Plan

The following expenses are not covered under the Vision Service Plan:

- Blended bifocal or trifocal lenses
- Cosmetic lenses
- Frames not fully covered by the plan allowances
- Photochromatic or oversized lenses
- Progressive multifocal lenses
- Scratch coating
- Tinting, other than standard pink #1 or #2
- UV protected lenses

Questions?

If you are not sure whether a service or treatment is covered by the plan, or if you have questions about your vision benefits, call VSP at 1-800-877-7195, or log on to the VSP website at www.vsp.com.



