



This brochure provides a brief description of the Foundation Vision plan for members of the Med-Sense Guaranteed Association. The policy will contain reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the policy. If there are any conflicts between this document and the policy, the policy shall govern.

#### **Benefits**

		Plan Maximum Covered Expense	
Service or Material	Frequency Limitation	VSP Provider	Out-of-Network Provider*
Eye Examination	Once every 12 months	Fully covered after \$10 Copay	Covered up to a maximum of \$45
Lenses, Single Vision	Once every 24 months	Fully covered after \$25 Copay	Covered up to a maximum of \$30
Lenses, Lined Bifocal	Once every 24 months	Fully covered after \$25 Copay	Covered up to a maximum of \$50
Lenses, Lined Trifocal	Once every 24 months	Fully covered after \$25 Copay	Covered up to a maximum of \$65
Lenses, Lenticular	Once every 24 months	Fully covered after \$25 Copay	Covered up to a maximum of \$100
Frames**	Once every 24 months	Fully covered to a maximum of \$130*	Covered up to a maximum of \$70
Contact Lenses, Elective Materials Only	Once every 24 months	Fully covered to a maximum of \$130	Contact Lens Exam & Materials Covered up to a maximum of \$105***
Contact Lenses — Fitting and Evaluation	Once every 24 months	Fully covered after \$60	
Contact Lenses, Visually Necessary	Once every 24 months	Fully covered	Covered in Full to a maximum of \$210
Low Vision —Supplemental Testing	Up to twice every 2 years	Fully covered	Reimbursed up to \$125
Low Vision —Supplemental Aids	Once every 2 years	75% of Participating Provider fee, up to \$1,000	75% of Open Access Provider fee, up to \$1,000
Maximum benefit for all Low Vision services and materials		\$1,000	\$1,000

Low Vision Services are a benefit when specific criteria are satisfied and when prescribed by Covered Person's VSP provider.

Prescription contact lens materials are fully covered up to the amount listed above in lieu of frame and lenses.

# Copay

\$10 for the exam payable by the Covered Person at the time services are rendered. If materials are provided, there will be an additional \$25 Copay payable by the Covered Person at the time the materials are ordered. The copay does not apply to Elective Contact Lenses.

Lens enhancements, if covered under this plan, may have a separate Copay.

Polycarbonate lenses are fully covered for dependent children up to age 18.

# What benefits are provided to Covered Persons?

The covered service must be for vision care services or materials received by a Covered Person while his or her coverage under the policy is in force.

Additionally, the benefit payable is subject to the following:

- 1. Each covered service may be subject to specific frequency limitations, as shown on the Schedule of Covered Services.
- 2. Other limitations and exclusions that may affect coverage are shown in the "Exclusions" section of your Certificate.

A Covered Person may choose a provider of his or her choice, and may choose the services of a provider who is a VSP provider or an Out-of-Network provider.

- If you elect to receive vision care services from a participating provider, plan benefits are provided subject only to your payment of any applicable Copay and applicable benefit amount limitations.
- If you elect to receive vision care services from an Out-of-Network provider and that provider is:
  - » a participating retail chain, your benefits are provided subject to your payment of any applicable copay and the participating retail chain program in place with that retail chain.
  - » not a participating retail chain, you should pay the provider their full fee. We will reimburse the covered person in accordance with the reimbursement schedule shown on the Schedule of Benefits, less any applicable copayment. Availability of services under the out-ofnetwork provider reimbursement schedule is subject to the same time limits and Copay as those described for VSP provider services.

Services obtained from either type of provider count toward the benefit frequencies shown in the Schedule of Covered Services.

#### How does the copayment affect a Covered Person's benefits?

The benefits described herein are available to you subject only

<sup>\*</sup>Covered Persons may receive additional savings and some services may be fully covered by choosing to visit a participating retail chain. Copay may apply.

<sup>\*\*</sup>Frame Covered Expense may be applied towards prescription sunglasses, exhausting both frame and lens eligibility. Lab-fabricated plano lenses are not covered.

<sup>\*\*\*</sup>Prescription contact lens fitting, evaluation and materials are fully covered up to the allowance listed (in lieu of frame and lenses).

to your payment of any applicable Copay as described in your Certificate and on the Schedule of Benefits. Any additional care, service and/or materials not covered by this plan may be arranged between you and the provider.

# What if you have questions about your benefits or claim payments?

If you have any questions about your benefits, a specific claim payment, or denial, you should contact VSP in writing or by calling 1-800-877-7195 within 30 days.

VSP Out-of-Network Reimbursement VSP PO Box 997105 Sacramento, CA 95899-7105

# VSP® Vision Care Network

#### Foundation Vision and the VSP network

Your Foundation Vision coverage provides great savings, is simple to use, and offers the latest styles and brand names when you visit a VSP provider. Nationwide has partnered with VSP to give you a personalized care networkthat focuses on your eyes and overall wellness.

# See what VSP providers can do for you.

- Value and Savings. You'll enjoy more value and the lowest out-of-pocket costs.
- High Quality Vision Care. You'll get the best care from a VSP provider including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- Choice of Providers. The decision is yours to make—choose a VSP doctor, a participating retail chain, or any out-ofnetwork provider.
- Great Eyewear. It's easy to find the perfect frame at a price that fits your budget.

#### **Using Foundation Vision is easy.**

Whether you choose to see a VSP doctor or a participating retail chain, like Costco, using your vision coverage is simple and convenient.

- Find an eye care provider who's right for you. To find a VSP doctor or a participating retail chain.
- visit www.vsp.com or call 1-800-877-7195.
- Review your benefit information. Visit www.hiiquotecustomers.com to review your plan coverage.
- At your appointment, tell them you have a plan that uses the VSP network, or provide them with your ID card.

That's it. VSP will handle the rest—there are no claim forms to complete when you see a VSP doctor or a participating retail chain.

# Limitations & Exclusions

No Benefits are payable under the Policy for professional services or materials listed below.

- 1. Orthoptics or vision training and any associated supplemental testing.
- 2. Corneal Refractive Therapy (CRT).
- 3. Orthokeratology (a procedure using contact lenses to change the shape of cornea in order to reduce myopia).
- 4. Refitting of contact lenses after the initial (90 day) fitting period.
- 5. Plano lenses (lenses with refractive corrections of less than ± .50 diopter).
- 6. Two pair of glasses in lieu of bifocals.
- 7. Replacement of lenses and frames furnished under this Plan that are lost or broken, except at the normal intervals when services are otherwise available.
- 8. Medical or surgical treatment of the eye, eyes or supporting structures.
- 9. Corrective vision treatment of an experimental nature.
- 10. Plano contact lenses to change eye color cosmetically.
- 11. Artistically-painted contact lenses.
- 12. Contact lens insurance policies or service contracts.
- 13. Additional office visits associated with contact lens pathology.
- 14. Contact lens modification, polishing, or cleaning.
- 15. Costs for services and/or materials above Plan Benefit allowances.
- 16. Services or materials of a cosmetic nature.
- 17. Services and/or materials not indicated on the Schedule of Benefits as covered Plan Benefits.
- 18. Any charge for a Service for which Benefits are available under Worker's Compensation or an Occupational Disease Act or Law, even if You did not purchase the Coverage that is available to you.
- 19. Local, state and/or federal taxes, except where we are required by law to pay.

No Benefits are payable under the Policy for professional services or materials listed below.

READ YOUR POLICY CAREFULLY. This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Nationwide Life Insurance Company.

#### Underwritten by:

Nationwide Life Insurance Company, a Nationwide Company



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The Med-Sense Guaranteed Association (MSGA), is a not-for profit organization that provides memberships to individuals. Members enjoy access to a variety of health, travel, consumer discounts and business services.

You can count on MSGA to continuously and aggresively seek out new discounts to add further value to memberships in the association. Services and discounts you will enjoy as a member may include a collection of the following:

## **ID Resolution Identity Theft Service**

The ID resolution, a leader in providing management services, offers victims or suspected victims unlimited access to an assigned fraud specialist who will facilitate the resolution of virtually any identity-related problem.

#### **GymAmerica.com**

As a member, you and your family receive special pricing at GymAmerica.com.

## **Discount Hearing Service**

Your source for discounts on quality hearing aids and accessories.

#### **Gateway Medicard**

In an emergency, getting vital health information to medical personnel quickly could be critical.

#### **Vitamin Discount**

HealthFitLabs is an on-line/mail order company that sells only the highest-quality natural vitamins, nutritional supplements, and bath and personal care products.

#### **LensCrafters Vision Club**

At LensCrafters, one hour service is just the beginning! Your member ID Card brings you and your eligible family members special rates on all materials and services available at LensCrafters.

#### 24-Hour Emergency Roadside Assistance

Association Members can gain peace of mind on the road by registering for Emergency Roadside Assistance.

#### **Travel Assistance Plan**

As a member, you receive services through the Travel Assistance Program when traveling more than one hundred (100) miles from your permanent residence.

#### **Hop The Shops**

Through a special arrangement with eGroup Manager, you have preferred customer access to HopTheShops.com, a premium on-line shopping mall.

#### Savers Club® Book

Everyday savings are right at your fingertips! With your membership, you can get a free copy of our popular Savers Club® Book, containing thousands of discounts.

#### **Car Rental Discounts**

Take advantage of affordable auto rental from Avis®, Budget®, and Dollar® Rent a Car.

#### 1800Flowers.com

Your Association membership lets you save 15%\* when you order flowers and/or gifts from 1800Flowers.com, one of America's top providers of floral and specialty gifts. Note: \*Prices & Discounts are exclusive of applicable service and shipping charges and taxes. Items may vary and are subject to availability, delivery rules and times. Offers available online and by phone. Offers cannot be combined, are not available on all products and are subject to restrictions, limitations and blackout periods. Prices and charges are subject to change without notice. Void where prohibited.

#### **Carperks Buying Network**

This program allows association members to benefit from a National Corporate Pricing Program. The Carperks dealer network has agreed to sell automobiles for a price better than their best Internet price, resulting in a price hundreds of dollars lower than the sales price of the retail sales department.

# **Hewlett-Packard Computer and Digital Equipment**

As a member, you receive discounts on HP notebooks, laptops, servers, printers, digital cameras, handhelds, point-of-sale (scanners, cash registers, etc.) and more.

#### **Customized Web Services - NAC Web Services**

NAC Web Services provides the advantage of Website development and maintenance. NAC Web Services boasts an experienced staff of programmers and graphic designers ready to work for you. All of the latest programming capabilities—including HTML, ASP.NET, Flash, XML, and database connectivity—are available to you as an association member.

#### **UPS Express Delivery Services**

Improved program - featuring lower rates! Member discounts on UPS delivery services include 14-28% off Next Day Air®/Next Day Air® Saver Letter/Package and Worldwide ExpressSM.

#### **Sprint-Wireless/Cellular and Mobile Broadband**

Members receive access to an average savings of 25%-35% compared to Sprint Competitors with a 19% program discount on most rate plans. Other programs are available as well such as Mobile Broadband discounts, savings are exclusive to new Sprint subscribers only.

### Office Depot Office Supplies and Furniture

Sign up for the Office Depot program and qualify for discounts off the list price on over 16,000 items. Members report they save an average of 30% when compared to their previous office supplies provider. Buy online from the discounted member website, by phone or fax, or in the retail stores. There is FREE SHIPPING for members.

Underwritten by: Nationwide Life Insurance Company, a Nationwide Company



MSGA
Med-Sense Guaranteed Association

Association Benefits provided by:

Billing, Fulfillment, and Customer Service provided by:



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