

Vision PLUS Plan

Contents

Your Vision PLUS Plan	G-1
Vision PLUS Plan Summary Chart.....	G-2
How the Plan Works	G-3
What's Covered.....	G-3
What's Not Covered.....	G-3
How to File a Claim.....	G-4
VSP Essential Medical Eye Care.....	G-5

Your Vision PLUS Plan

Chevron Phillips Chemical Company LP (Chevron Phillips Chemical or the Company) offers employees and their dependents vision benefits provided through VSP. The Vision PLUS Plan covers eye exams, eyeglass frames, eyeglass lenses and contact lenses, subject to certain limits.

Under the plan, you can see an in-network VSP provider or an out-of-network provider, but the plan will pay a higher level of benefits if you see an in-network provider.

You must enroll to participate. For more information on eligibility and enrollment, see pages A-1 – A-7 of the **How to Participate** chapter.

Keep in mind that the medical plan options still cover an annual in-network non-corrective eye exam. However, if you enroll in the Vision PLUS Plan, you will also have coverage for a corrective eye exam, eyeglass lenses, eyeglass frames and contact lenses.



Vision PLUS Plan Summary Chart

The following chart shows the services covered under the Vision PLUS Plan.

	In-Network	Out-of-Network
Eye exam, including corrective exam and contact lens fitting and evaluation (once per calendar year)	Covered 100%	Reimbursed up to \$45
Eyeglass frames* (once every two calendar years)	Covered up to \$150; 20% discount on any amount over \$150	Reimbursed up to \$70
Eyeglass lenses (once per calendar year)		
▪ Single	Covered 100%	Reimbursed up to \$30
▪ Bifocal	Covered 100%	Reimbursed up to \$50
▪ Trifocal	Covered 100%	Reimbursed up to \$65
▪ Lenticular	Covered 100%	Reimbursed up to \$100
Progressive lenses (once per calendar year)		
▪ Standard	VSP member cost: \$55	Reimbursed up to \$50
▪ Premium	VSP member cost: \$95 – \$105	Reimbursed up to \$50
▪ Custom	VSP member cost: \$150 – \$175	Reimbursed up to \$50
Contacts (once per calendar year; in lieu of eyeglass lenses; applies to all three items below)		
▪ Elective	Covered up to \$130	Reimbursed up to \$105
▪ Medically necessary	Covered 100%	Reimbursed up to \$105
▪ Contact lens fitting and evaluation	Covered 100%	Included in eye exam reimbursement above
Second annual eye exam related to diabetic eye disease, glaucoma or age-related macular degeneration (AMD)	\$20 copay	Not covered
VSP Essential Medical Eye Care (see page G-5)	\$20 copay	Not covered

* Eyeglass frames are not covered in a year in which you utilize the contact lens benefit under this plan.

DISCOUNTED LASER VISION CORRECTION SURGERY

If you enroll in the Vision PLUS Plan, you are eligible for the VSP Laser VisionCare Program.

- You'll save an average of 15% off the regular price or 5% off the promotional price of laser vision correction surgery at a VSP participating laser center.
- The screening and consultation with your VSP Laser VisionCare doctor are complimentary. If you have a preoperative exam and don't proceed with the surgery, your VSP doctor may charge an exam fee of up to \$100.

CONTACT LENS FITTING AND EVALUATION

Contact lens fitting and evaluation coverage at 100% in-network is a customized feature of our plan. If your in-network provider does not apply the 100% coverage with no copay or coinsurance, please call VSP at 1-800-877-7195 for an adjustment to your bill or to request and receive a refund.

How the Plan Works

Under the Vision PLUS Plan, you and your dependents are reimbursed for a portion of your eligible vision expenses. You may obtain services from any provider, but the plan will pay a higher level of benefits when you see a VSP provider.

When You Use a VSP Network Provider

Step 1

Find a participating network provider by calling VSP at 1-800-877-7195 or visit their website at www.vsp.com for a list of providers in your area.

Step 2

When you make an appointment, identify yourself as a VSP member. Your provider will contact VSP to verify your eligibility for benefits and authorized services. If your provider does not receive approval for authorized services from VSP, your benefits will be reduced to the out-of-network amounts.

Step 3

At your appointment, the doctor will provide an eye exam and determine if eyewear is necessary. You pay the required copays at the time of your visit, as well as any amount above covered allowances. VSP will pay your network provider directly for all covered services and eyewear or contact lenses.

YOU DO NOT NEED AN ID CARD

You will not receive an ID card, and one is not required to see an in-network provider. However, it is important that you remember to tell the doctor that you are a VSP member. The doctor's office can contact VSP to verify benefits. If your doctor does not receive approval for authorized services from VSP before you receive services, your benefits will be reduced to the out-of-network level. If desired, you can print an ID card at www.vsp.com to take to your doctor.

Out-of-Network Providers

When you go to an out-of-network provider, you pay the provider the full cost of the services provided and then you file a claim with VSP for reimbursement of eligible charges. See **How to File a Claim** on page G-4.

What's Covered

The Vision PLUS Plan covers an annual eye exam, eyeglass lenses, eyeglass frames and contact lenses (in lieu of eyeglass lenses and frames), subject to certain limits. See the chart on page G-2 for details.

What's Not Covered

The following list of exclusions and limitations does not include everything that's not covered. If you're not sure about whether something is covered, contact VSP before you incur the expense.

Patient Options

The Vision PLUS Plan covers visual needs rather than cosmetic materials. You are responsible for paying the additional cost of any of the following options:

- Certain coatings, including:
 - Anti-reflective,
 - Color,
 - Mirror, and
 - Scratch,
- Certain types of lenses, including:
 - Blended,
 - Cosmetic,
 - Laminated,
 - Oversize,
 - Polycarbonate,
 - Photochromic or tinted, except Pink #1 and #2,
 - Progressive multifocal, and
 - UV (ultraviolet) protected,
- Contact lenses (except as noted elsewhere in this document),
- Expenses beyond low vision care limits,
- Frames that cost more than the plan allowance, and
- Optional cosmetic processes.

Other Exclusions

The following services and materials are not covered:

- Corrective vision treatment of an experimental nature,
- Costs for services or materials above plan benefit allowances,
- Medical or surgical treatment of the eyes,
- Orthoptics or vision training and associated testing,
- Plano lenses,
- Replacement of lenses and frames furnished under this policy which are lost or broken, except at the normal intervals when services are otherwise available, and
- Two pairs of glasses instead of bifocals.



How to File a Claim

If You Use Participating Providers

You don't have to file claim-related paperwork if you receive services from an in-network VSP provider. Just tell the provider that you are a VSP member at the time you make the appointment. The provider's office will verify your eligibility and benefits and handle all claims filing on your behalf. VSP will reimburse the provider directly.

If you're enrolled in the Health Care Flexible Spending Account (HCFSAs) or Limited-Purpose Flexible Spending Account (LFPFSA), you may file a claim for reimbursement of out-of-pocket vision expenses not covered by the plan from your FSA, or if your vision provider is a Inspira-certified merchant, you can use your Inspira card to pay for your eligible vision expenses at the point of sale. See the **Flexible Spending Accounts** chapter starting on page H-1 for more information.

If You Use Non-Participating Providers

If you receive services from an out-of-network provider, you must submit a claim form to VSP within one year of service. You pay the provider for services and eyewear or contacts at the time of your appointment, and then submit your itemized receipt, along with a Member Reimbursement Form, to VSP. The VSP claim form is available at www.mycpchembenefits.com/forms. You can also find claim forms and instructions at www.vsp.com.

Some non-network providers may submit your claim to VSP for you, but you should always check first.

VSP Essential Medical Eye Care

Eye care is a key part of preventive health care, which is why the Vision PLUS Plan includes VSP Essential Medical Eye Care. This program goes beyond routine vision expenses and provides additional coverage for medical and urgent eye care. Plus, you have the reassurance and convenience of visiting the same expert eye care provider who knows your eyes best.

Covered Services

The VSP Essential Medical Eye Care program covers the following:

- Retinal screening for participants with diabetes,
- Medical exams and services for the diagnosis, evaluation, treatment and management of chronic conditions such as diabetic eye disease, glaucoma and age-related macular degeneration,
- Treatment for urgent conditions such eye infections, foreign body and abrasions, eye injuries and chemical exposure to the eye or eyelid,
- Medical tests to diagnose and treat sudden changes in vision, such as eye flashes, floaters and sudden vision loss, and
- Other medical services to help support optimal vision and eye health if you're experiencing an eye disorder or disease.

Coverage Details

- Essential Medical Eye Care is supplemental medical eye care coverage. Your medical insurance plan should be billed as the primary payer when you use an in-network VSP provider who is also in-network under your medical plan.
- You may be able to coordinate with Vision PLUS Plan benefits to help reduce your out-of-pocket costs under your medical plan.
- If you use an in-network VSP provider who is not in-network under your medical plan, you will pay only the \$20 copay as detailed below.

Copay

- When you receive care from a participating VSP network provider, a \$20 copay applies to medical exams only.
- A copay does not apply to additional non-exam services covered by the plan, such as retinal screenings.

