

HOW BENEFITS ARE PAID

The following chart compares how the Vision Care Plan covers both network and out-of-network expenses.

Comparison of Vision Care Benefits

The following chart compares how the Vision Care Plan covers both In-Network and Out-of-Network expenses:

Benefit	Network Benefit	Out-of-Network Reimbursement
<p>Eye Examination Includes a routine complete examination, dilation refraction and prescription for eyeglass lenses.</p> <p>Exam Options: Contact lens exams and other additional procedures will be an additional cost to you</p> <p>Standard Contact Lens Fit and Follow-up* Premium Contact Lens Fit and Follow-up**</p>	<p>\$0 Copay</p> <p>Up to \$55 10% off retail price</p>	<p>Up to \$40</p> <p>N/A N/A</p>
<p>Lenses Includes one pair of standard, uncoated plastic lenses (single, bi-focal or tri-focal), regardless of size or power.</p>	<p>Covered in full.</p>	<p>Single Vision: \$40 Bi-focal: \$75 Tri-focal: \$100</p>
<p>Frames Any available frame at provider location</p>	<p>\$0 Copay, \$120 allowance; you pay 80% of balance over \$120</p>	<p>Up to \$50</p>
<p>Contact Lenses In lieu of lenses and frames (covers material only):</p> <p>Conventional</p> <p>Disposables</p> <p>Medically Necessary</p>	<p>\$0 Copay, \$100 allowance; you pay 85% of balance over \$100</p> <p>\$0 Copay, \$100 allowance; you pay amount over \$100</p> <p>\$0 Copay, Paid in Full</p>	<p>Up to \$75</p> <p>Up to \$75</p> <p>Up to \$75</p>

Benefit	Network Benefit	Out-of-Network Reimbursement
<p>LASIK and PRK Vision Correction Program Your plan includes a discount for laser vision correction procedures. When applicable, members receive a 15% discount off the price of LASIK or PRK procedures, or 5% off any promotional price, whichever is lower. Services are provided through the U.S. Laser Network owned and administered by LCA Vision. Simply call 1-877-5LASER6 to begin the process of receiving your discount</p>	<p>15% off retail price or 5% off promotional pricing.</p>	<p>N/A</p>
<p>Replacement Contact Lenses by Mail Program Order replacement lenses for competitive prices via the internet and have the contacts mailed directly to your home. The service is for replacement contact lenses only and your core benefit allowance or discount will not apply to the service. We recommend that your initial pair of contact lenses is purchased from your eye care provider to ensure proper fit and follow-up care.</p>	<p>Visit www.eyemedcontacts.com to access the ordering system or call 800-508-1399</p>	<p>Not covered</p>
<p>*Standard Contact Lens Fitting examples include, but are not limited to, disposable and frequent replacement, etc. **Premium Contact Lens Fitting examples include, but are not limited to, toric, multifocal, etc.</p>		

You do not have to use the same provider for each service or supply you need. For example, you can go to a network provider for a vision exam and an out-of-network provider for frames and lenses.

Value Added Features

In addition to the vision benefits the Vision Care Plan offers, you may also enjoy additional, value-added features including:

- Continued Eyewear Savings: Save up to 40% off additional complete eyeglass purchases once the funded benefit has been used.
- Replacement Contact Lenses by Mail: As an added convenience, you can order replacement contact lenses directly online and mailed directly to your home. Visit the Web site www.eyemedcontacts.com for more details.

Non-Covered Items/Negotiated Fees

Eyeglass Lens Options

The following lens options are not **covered** under the Vision Care Plan. However, the network providers have agreed to limit their charges for the following services and supplies:

Lens Options	Participant Cost
Standard Progressive (add on to bifocals)	\$65.00
Basic Polycarbonate	\$40.00
Scratch Resistant Coating	\$15.00
Anti-Reflective Coating	\$45.00
Ultraviolet 400 Coating	\$15.00
Tints	\$15.00
Other Coatings	80% of charge
Other Lens Options	80% of charge

If you receive any of the above materials from an out-of-network provider, you are responsible for paying the full cost. Since these items are not **covered** under the Vision Care Plan, you will not receive reimbursement. However, you may be eligible for reimbursement of such non-covered expenses through The Avaya Inc. Health Care Reimbursement Account Plan if you are a participant in that Plan.