

## **COVERAGE UNDER THE PLAN**

The Vision Care Plan covers:

- One routine eye exam, and
- One of the following:
  - One eyeglass frame fitted with one pair of eyeglass lenses, or
  - Prescription contact lenses or supply of disposable contact lenses.

The benefit permits contact lenses in lieu of frames *and* lenses. The Vision Care Plan pays benefits for the above services and supplies once in a calendar year. This is known as the **calendar year rule**. A calendar year begins January 1st and ends December 31st.

In addition, you will receive other special discounts on a variety of lens options including:

- Basic Polycarbonate
- PSR Scratch-resistant coating
- Anti-Reflective coating
- Ultraviolet 400 coating
- Tints

See “Non-Covered Items/Negotiated Fees,” for network provider charges for these services. 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 for salaried employees.