

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 Maximum
<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>\$40</p> <p>N/A N/A</p>
<p>Lenses Includes one pair of standard, uncoated plastic lenses, regardless of size or power.</p>	<p>Single, Bi-focal or Tri-focal: Covered in full.</p> <p>Standard Progressives: You pay \$65</p> <p>Premium Progressives: You pay \$65 plus 80% of the charge, less \$120 allowance.</p>	<p>Single Vision: \$40 Bi-focal: \$75 Tri-focal: \$100 Progressives: \$75</p>
<p>Frames Any available frame at provider location</p>	<p>\$0 Copay, \$120 allowance; you pay 80% of balance over \$120</p>	<p>\$50</p>

Benefit	Network Benefit	Out-of-Network Reimbursement Maximum
<p>Contact Lenses</p> <p>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>\$75</p> <p>\$75</p> <p>\$75</p>
<p>LASIK and PRK Vision Correction Program</p> <p>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</p> <p>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.</p> <p>**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
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.

Laser Vision Benefit

You are entitled to a 15% discount on retail pricing or a 5% discount on promotional pricing on LASIK and PRK treatments through the U.S. Laser Network, including pre-operative and post-operative care. However, if the treatment is performed at a LasikPlus Center, which is part of the U.S. Laser Network, and you elect to obtain pre-operative and post-operative care not from the LasikPlus Center provider, the other provider may charge additional fees for the pre-operative and post-operative care which you will be responsible for and such fees are not subject to the 15% discount on retail pricing or the 5% discount on promotional pricing.

Accessing the Laser Vision Benefit

1. To locate the nearest U.S. Laser Network provider, you must call 1-877-5LASER6.
2. After you have located a U.S. Laser Network provider, you should contact the U.S. Laser Network provider and identify yourself as an EyeMed Member. You should schedule a consultation with a U.S. Laser Network provider to determine if you are a good candidate for laser vision correction.
3. If it is determined that you are a good candidate for laser vision correction, you should schedule a treatment date with a U.S. Laser Network provider.
4. To activate the benefit, you must call the U.S. Laser Network again at 1-877-5LASER6 with your scheduled treatment date.
5. At the time the treatment is scheduled, you will be responsible to remit an initial refundable deposit to U.S. Laser Network. (If you should decide not to have the treatment, the deposit will be returned. Otherwise, the deposit will be applied to the total cost of the treatment.)
6. At the time you remit the deposit, U.S. Laser Network will issue you an authorization number confirming the EyeMed discount. This authorization number will be sent to your U.S. Laser Network provider prior to treatment.
7. On the day of the treatment, it is your responsibility to pay or arrange to pay the balance of the fee.
8. After the treatment, you should follow all post-operative instructions carefully. In addition, you are responsible for scheduling any required follow-up visits with a U.S. Laser Network provider to ensure the best results from the laser vision correction.

If you receive any of the above materials from a non-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.