



The following is a summary of the vision benefits for **Yale University**.

This document is not the Summary Plan Description document.

I. Contact Lens Benefit

- A. In-Network Benefit. In lieu of the standard plastic eyeglass lenses, a Member is entitled to non-disposable, disposable or medically necessary contact lenses for the amounts below. The contact lens benefit includes materials only.
 - 1. Non-disposable-a \$130.00 allowance applied toward non-disposable contact lenses. The Member is responsible for 85% of the balance over \$130.00 at the time of service.
 - 2. Disposable-a \$130.00 allowance applied toward disposable contact lenses. The Member is responsible for 100% of the balance over \$130.00 at the time of service.
 - 3. Medically Necessary- Member is entitled to a paid-in-full benefit applied toward medically necessary contact lenses.
- B. Out-of-Network Benefit. In lieu of the standard plastic eyeglass lenses, for contact lenses obtained from an out-of-network provider, a Member is entitled to the following:
 - 1. Non-disposable-a Member is entitled to be reimbursed up to \$104.00 for materials only. The Member must pay the out-of-network provider at the point-of-service and file a complete claim to receive the reimbursement.
 - 2. Disposable-a Member is entitled to be reimbursed up to \$104.00 for materials only. The Member must pay the out-of-network provider at the point-of-service and file a complete claim to receive the reimbursement.
 - 3. Medically Necessary-a Member is entitled to be reimbursed up to \$200.00 for materials only. The Member must pay the out-of-network provider at the point-of-service and file a complete claim to receive the reimbursement.
- C. Member Pays. There is no copayment for in-network benefits only.
- D. Benefit Frequency. Once every twelve (12) months.

II. Frame Benefit

- A. In-Network Benefit. A Member is entitled to a \$130.00 allowance toward any frame with the purchase of prescription lenses. The Member is responsible for 80% of the balance over the \$130.00 at the time of service.
- B. Out-of-Network Benefit. A Member is entitled to a reimbursement of up to \$65.00 toward any frame purchased from an out-of-network provider. The Member must pay the out-of-network provider at the point-of-service and file a complete claim to receive the reimbursement.
- C. Member Pays. There is no copayment.
- D. Benefit Frequency. Once every twenty-four (24) months.

****** PLEASE NOTE – There may be “HIGH END” frames that a provider may have a contractual obligation from the manufacturer to not discount. In this case, the EyeMed benefit can not be used towards that particular frame. If a member is interested in a “high end” frame that the provider is not able to discount, the member can pay the retail price for that frame, and file for Out of Network reimbursement.**

III. Lens Benefit

- A. In-Network Benefit. A Member is entitled to single vision, bifocal, and trifocal lenses, all powers, and all sizes.
- B. Out-of-Network Benefit. A Member is entitled to be reimbursed for the following: up to \$25.00 for single vision; up to \$40.00 for bifocal; up to \$55.00 for trifocal. The Member must pay the out-of-network provider in full at the point-of-service and file a complete claim to receive the reimbursement.
- C. In-Network Lens Options A Member is entitled to lens options for the following additional amounts:
- | | |
|--|---------|
| Basic Progressives (add on to bifocal) | \$65.00 |
| Basic Polycarbonate | \$40.00 |
| Ultra Violet Coating | \$15.00 |
| Basic Anti-Reflective | \$45.00 |
| Tint (Solid & Gradient) | \$15.00 |
| Basic Scratch Resistant | \$15.00 |
- D. Member Pays. There is a \$15.00 co-payment for the in-network benefit only.
- E. Benefit Frequency. Once every twelve (12) months.

Please note - your benefit is for Frame & Lenses “or” Contact Lenses – not both.

- **If you purchase a complete pair of glasses (frame/lenses), you have exhausted your benefit.**
- **If you purchase FRAME & LENSES this year, you will be eligible for new LENSES (contact lenses or replacement lenses) the following year.**
- **The FRAME allowance is available once every 24 months (2yrs).**

IV. Laser Vision Benefit

A Member is entitled to a 15% discount 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 the Member elects 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 the Member will be responsible for and such fees are not subject to the 15% discount.

In lieu of the 15% discount outlined above, a Member is entitled to a 5% discount on promotional pricing for 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 Lasik Plus Center, which is part of the U.S. Laser Network, and the Member elects 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 the Member will be responsible for and such fees are not subject to the 5% discount.

Accessing the Benefit

1. To locate the nearest U.S. Laser Network provider, a Member must call 1-877-5LASER6.
2. After the Member has located a U.S. Laser Network provider, the Member should contact the U.S. Laser Network provider and identify himself or herself as an EyeMed Member. The Member should schedule a consultation with a U.S. Laser Network provider to determine if he or she is a good candidate for laser vision correction.
3. If it is determined that the Member is a good candidate for laser vision correction, the Member should schedule a treatment date with a U.S. Laser Network provider.
4. To activate the benefit, the Member must call the U.S. Laser Network again at 1-877-5LASER6 with his or her scheduled treatment date.

5. At the time the treatment is scheduled, the Member will be responsible to remit an initial refundable deposit to U.S. Laser Network. (If the Member 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 the Member remits the deposit, U.S. Laser Network will issue to the Member an authorization number confirming the EyeMed discount. This authorization number will be sent to the Member's U.S. Laser Network provider prior to treatment.
7. On the day of the treatment, it is the responsibility of the Member to pay or arrange to pay the balance of the fee.
8. After the treatment, the Member should follow all post-operative instructions carefully. In addition, the Member is responsible to schedule any required follow-up visits with a U.S. Laser Network provider to ensure the best results from the laser vision correction.

V. Additional Purchases and Out-of-Pocket Discount

Member will receive a 20% discount on remaining balance at Participating EyeMed Providers beyond plan coverage, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed's Providers professional services, disposable contact lenses or services provided by laser providers. Members are also eligible for additional discounts on eyewear purchases. Once the initial benefit has been used, members are eligible for 40% off the retail price of a complete pair eyeglass purchase and 15% off conventional contact lenses.

VI. Limitations and Exclusions

Benefits are not provided for services or materials arising from: Orthoptic or vision training; subnormal vision aids, and any associated supplemental testing. Aniseikonic lenses. Medical and/or surgical treatment of the eyes. Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under the Plan. Services provided as a result of any Worker's Compensation law. Plano non-prescription lenses and non-prescription sunglasses (except for the 20% EyeMed discount). Services or materials provided by any other group benefit providing for vision care. Benefit allowances provide no remaining balance for future use within same benefit period. Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next benefit period.

SAMPLE SAVINGS

The following examples illustrate how your benefit would be applied to the services received at any participating EyeMed provider's office or location:

If a member chooses to receive:

A frame up to a value of \$130:	the member pays \$0.00
One pair of bifocal lenses:	the member pays \$15.00
Ultraviolet coating:	the member pays \$15.00
The total cost to the member is:	\$30.00

If a member chooses to receive:

A frame up to a value of \$200:	the member pays \$56.00
A pair of single vision lenses:	the member pays \$15.00
Standard anti-reflective coating:	the member pays \$45.00
The total cost to the member is:	\$116.00

The EyeMed network is always growing, and provider locations are subject to change. Therefore, we recommend calling EyeMed's Member Services Department 866-723-0514 or using the Provider Locator service through EyeMed's web site www.eyemedvisioncare.com to locate the EyeMed Provider closest to you.

Tips for Filing Claims

EyeMed Providers

Before you go to a participating EyeMed Provider location for an eye exam, glasses or contact lenses, it is recommended that you call ahead for an appointment. When you arrive, show the receptionist or sales associate your EyeMed Identification Card. If you should forget to take your card be sure to say that you are participating in the Yale University vision care plan so that eligibility can be verified.

When you receive services at a participating EyeMed Provider location, you will not have to file a claim form. At the time services are rendered, you will have to pay the cost of any services or eyewear that exceeds any allowances. You also will owe state tax, if applicable, and the cost of non-covered expenses (for example, vision perception training).

EyeMed Vision Care Customer Service can be reached seven days a week Monday through Saturday 8:00 am to 11:00 pm and Sunday 11:00 am to 8:00 pm Eastern Time at 866-723-0514.

If you are not satisfied with the EyeMed Vision Care response and still believe that the claim form was incorrectly paid or denied, you should file a formal (ERISA) appeal to EyeMed Vision Care at the address below or to the Plan Administrator within 60 days after the claim was denied or any other adverse determination. Your written letter of appeal should include the following:

- The provision you feel was misinterpreted or inaccurately applied; and
- Additional information from your eye care provider that will assist EyeMed Vision Care in completing their review of your appeal, such as documents, records, questions or comments.

If you are sending an appeal to EyeMed Vision Care, it should be mailed to the following address:

EyeMed Vision Care, L.L.C.
Attn: Quality Assurance Dept.
4000 Luxottica Place
Mason, Ohio 45040

EyeMed Vision Care will review your appeal for benefits and notify you in writing of their decision, as well as the reason for the decision, with reference to specific plan provisions. For more information on your rights and how to file a formal appeal under the Employee Retirement Income Security Act of 1974, as amended (ERISA), refer to the appropriate section of your Summary Plan Description.

The benefits are underwritten by Combined Insurance of America. If you have any questions or concerns, please contact EyeMed Vision Care.