

# VISION COVERAGE

## Summary Plan Description

IQVIA offers vision coverage to help you and your family pay for eligible vision expenses. You have a choice of two vision plans administered by EyeMed. This coverage helps you save money on your eye care needs and includes eye exams, glasses and contact lenses. EyeMed gives you access to a nationwide network of vision care professionals and offers discounts on selected eyewear.

### For More Information

For details about eligibility for benefits, when you can change your coverage and how you pay for coverage, see the *Participating in the Health Care Plans* section. For information about your legal rights under ERISA, general information on claims review and appeal procedures and other important administrative details, see the *Administrative Information* section. To contact the plan administrator, use the information listed in the *Contacts* section.

IN THIS SECTION.....	SEE PAGE
<b>At a Glance .....</b>	<b>92</b>
<b>Answers to Frequently Asked Questions .....</b>	<b>92</b>
<b>How the Vision Plan Works .....</b>	<b>92</b>
In-Network Benefits .....	93
Open Access Benefits .....	93
<b>Paying for Your Care .....</b>	<b>93</b>
Copays .....	93
Plan Allowance .....	93
<b>Benefits Covered by the Vision Plan .....</b>	<b>94</b>
Other Benefits .....	95
Additional Discounts .....	95
<b>Benefits Not Covered by the Vision Plan .....</b>	<b>95</b>

## AT A GLANCE

### Questions?

If you are not sure whether a service or treatment is covered by the plan, or if you have questions about your vision benefits, call EyeMed at 866-939-3633, or log on to the EyeMed website at [www.eyemed.com/en-us](http://www.eyemed.com/en-us).

IQVIA provides vision coverage through EyeMed for eye exams, glasses and contact lenses. You choose from two vision plans – the Standard or Enhanced plan. You can see any vision care provider you want, but there are advantages to using EyeMed network doctors:

- You will receive a higher level of benefits when you use EyeMed network doctors.
- You do not have to file claims for reimbursement when you receive services.
- EyeMed has a large national network of doctors and eyewear providers to choose from.

Most network services are covered at 100% after you pay your copay each time you receive care. Here's a quick look at what both plans cover.

Benefit	How Often?
<b>Exam</b>	One exam per person every 12 months
<b>Lenses</b>	One pair of lenses per person every 12 months
<b>Frames</b>	One frame per person every 24 months (Standard); every 12 months (Enhanced)
<b>Contact lenses</b>	One pair of lenses per person every 12 months (in lieu of spectacle lenses and frames)

## ANSWERS TO FREQUENTLY ASKED QUESTIONS

### Once I find a EyeMed network doctor, or if I decide to change my EyeMed network doctor, how do I notify EyeMed of my selection?

It is not necessary to notify EyeMed when selecting or changing EyeMed network doctors. When you're ready, simply make an appointment with your new EyeMed network doctor and inform them of your EyeMed coverage through IQVIA.

### Does EyeMed's network of doctors include optometrists as well as ophthalmologists?

Yes, EyeMed's network of doctors includes professionally certified optometrists and ophthalmologists. To find a network provider, go to [www.eyemed.com](http://www.eyemed.com) and choose "Find an eye doctor," then select the Insight Network.

### What is the difference between a routine eye exam and a contact lens exam?

Routine eye exams are designed to detect vision problems and are an important preventive measure for maintaining your overall health and wellness. In fact, according to the American Optometric Association, a thorough eye exam can detect certain medical conditions, such as glaucoma and diabetes.

Contact lens exams are designed to evaluate your vision with contact lenses. Although your vision may be clear and you feel no discomfort from your lenses, there are potential risk factors with improper wearing or fitting of contact lenses that can affect the overall health of your eyes.

### Do I need an ID card for the Vision Plan?

No. There are no EyeMed ID cards. Just tell your EyeMed network provider that you have EyeMed. The provider can locate you in the EyeMed system without a card.

## HOW THE VISION PLAN WORKS

EyeMed maintains a nationwide network of participating providers who have agreed to accept EyeMed's allowances for exam and lens services. You can maximize your vision benefits when you visit one of EyeMed's participating providers. Certain services, such as medically necessary contact lenses, are paid in full. An allowance is available for elective contacts and discounts are available for many other vision services. You may also choose a provider outside the network and be reimbursed for part of the cost. Note that there are limits on how often you can receive benefits.

## IN-NETWORK BENEFITS

If your provider is part of the EyeMed Insight Network, you pay the applicable copays for most services.

To use an EyeMed network provider:

- Go to **www.eyemed.com** and choose “Find an eye doctor,” then select the Insight Network.
- When you make your appointment, provide your name (or the name of the IQVIA employee), the last four digits of the employee’s Social Security Number and your date of birth. (You do not need an ID card.) If you (or your covered dependent) do not provide this information, any services you receive will be considered as out-of-network, or received through an Open Access provider.
- When you go to your appointment, you will pay the copay, and the provider will bill EyeMed the remaining balance. You do not have to submit any claim forms.

## OPEN ACCESS BENEFITS

If your provider is not part of the EyeMed Insight Network, the services you receive are considered to be out-of-network (received from an Open Access provider). In this case, you pay the full cost at the time of service, and get an itemized receipt. You will need to submit your claim to EyeMed within six months of the date of service. For details on submitting an out-of-network claim:

- Go to [www.eyemed.com/en-us](http://www.eyemed.com/en-us) and login
- Access the claims form from the “Claims” tab and follow the instruction to submit.

### Remember to Get a Receipt

Be sure to get an itemized receipt from your Open Access provider, and submit your claim within six months.

## PAYING FOR YOUR CARE

Your out-of-pocket costs for vision services are based on whether you choose an in-network or Open Access provider.

### COPAYS

#### Copay

The dollar amount you pay *for a specific health care expense*.

When you use an EyeMed in-network provider, you will pay a copay for some services, such as exams, lenses and frames.

### PLAN ALLOWANCE

#### Plan Allowance

The plan allowance is the maximum amount the plan will pay for a benefit during the coverage period.

The plan allowance is the maximum amount the plan will pay for a benefit during the coverage period. If your provider charges less than the plan’s allowance for a specific service, you’ll be reimbursed only up to the actual charges. If your provider charges more than the plan’s allowance, you’ll have to pay the difference between your provider’s fee and the plan’s allowance.

## BENEFITS COVERED BY THE VISION PLAN

The following chart shows how exams, lenses, frames and contact lenses are covered by the Vision Plans and how benefits are paid when using an in-network or Open Access provider. Keep in mind that both Vision Plans provide coverage once every 12 months for glasses or contacts—not both.

Benefit	Standard Plan		Enhanced Plan	
	In-Network Provider	Open Access Provider	In-Network Provider	Open Access Provider
<b>Routine exam (one exam per person every 12 months)</b>	100% after \$10 copay	Up to \$40	100% after \$10 copay	Up to \$50
<b>Lenses (one pair of lenses per person every 12 months)</b>		Up to:		Up to:
■ Single vision		■ \$30	100% after \$10 copay	■ \$45
■ Lined bifocal	100% after \$25 copay	■ \$50		■ \$70
■ Lined trifocal		■ \$70		■ \$95
<b>Lens Options</b>	Standard progressive lenses covered 100% after \$80 copay; copays range from \$110 to \$200 for Premium progressive lenses	Progressive lenses reimbursed up to \$50	Standard progressive lenses covered 100% after \$10 copay; copays range from \$95 to \$185 for Premium progressive lenses	Progressive lenses reimbursed up to \$70
<b>Frames</b>	Every 24 months. Up to a retail allowance of \$130, plus 20% off any amount over your allowance	Up to \$91	Every 12 months. Up to a retail allowance of \$175, plus 20% off any amount over your allowance	Up to \$125
<b>Contact lenses (one pair of lenses per person every 24 months, in lieu of spectacle lenses and frames)</b>				
Medically necessary (i.e., if eye glasses will not correct vision impairment)	100%; \$0 copay	Up to \$300	100%; \$0 copay	Up to \$300
Elective Contacts	Up to \$130 retail allowance	Up to \$91	Up to \$175 retail allowance	Up to \$125

## OTHER BENEFITS

Additional discounts are available for the following services received in-network:

### Discounted Exam Services

- Retinal Imaging Up to \$39

### Contact Lens Fit and Follow Up

(Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)

- Fit and Follow-up - Standard Up to \$40
- Fit and Follow-up - Premium 10% off retail price

### Discounted Lens Options

- Photochromic - Non-Glass \$75
- Polycarbonate - Standard \$0

With Enhanced plan only:

- Scratch Coating - Standard Plastic \$15
- Tint - Solid or Gradient \$15
- UV Treatment \$15

### Other Add-On Services and Materials

- 20% off retail price

## ADDITIONAL DISCOUNTS

The EyeMed vision plans include the following additional savings for members:

- 40% off additional pairs of safety glasses and a 15% discount on conventional lenses once funded benefit is used –an industry exclusive
- 20% off any item not covered by the plan, including non-prescription sunglasses
- Lasik or PRK from US Laser Network --15% off retail price or 5% off promotional price
- Hearing Care --Through Amplifon Hearing Health Care Network, members receive up to 64% off hearing aids, an extended warranty, and free batteries.

### If You Have a Spending Account

If you sign up for a Health Savings Account (HSA) or Health Care Flexible Spending Account, you may submit eligible out-of-pocket expenses or eligible expenses that are not covered by the Vision Plan.

## BENEFITS NOT COVERED BY THE VISION PLAN

No benefits will be paid for services or materials connected with or charges arising from:

- Medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures;
- Refraction, when not provided as part of a Comprehensive Eye Examination;
- Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
- Orthoptic or vision training,
- Subnormal vision aids and any associated supplemental testing;
- Aniseikonic lenses;
- Any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment;
- Safety eyewear;
- Solutions, cleaning products or frame cases;
- Non-prescription sunglasses;
- Plano (non-prescription) lenses;
- Plano (non-prescription) contact lenses;
- Two pair of glasses in lieu of bifocals;
- Electronic vision devices;
- Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order;
- Lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available.

Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state.

