

## VISION BENEFIT

Vision health is an important part of your overall wellbeing. That's why we've partnered with EyeMed, a leading provider in vision care, to deliver the best coverage for routine vision care services. When you choose an in-network eyecare provider, the Plan covers routine eye examinations, a wide selection of frames and most types of lenses and lens options at no cost. Refer to the Schedule of Benefits for more information.

### IN-NETWORK PROVIDERS

EyeMed has an extensive network of independent and national retail providers including LensCrafters, Pearle Vision and Target Optical. In addition, the EyeMed network includes many online options such as Glasses.com, ContactsDirect.com, LensCrafters, Target Optical and Ray-Ban. To find an in-network provider near you, call EyeMed Member/Patient services at 1-866-800-5457 or go to EyeMed.com and select the "Find an Eye Doctor" link. For the broadest selection of providers, choose the "Insight" network from the network dropdown or login to your EyeMed account to receive a provider list that is tailored to your location and plan. When you use an in-network provider, the provider will file a claim on your behalf.

### IF THERE ARE NO IN-NETWORK PROVIDERS NEAR YOU

If you live in a rural area and you are unable to locate a participating provider within 20 miles of your home or work address, you can order online or use an out-of-network provider and get reimbursed at the in-network level of benefits using the EyeMed Out-Of-Network Claim Form located on our website at [myallegiantcare.com/forms](http://myallegiantcare.com/forms). Contact Allegiant Care before scheduling your appointment to confirm you meet the requirements for in-network reimbursement of an out-of-network claim. This option is not available if you choose an out-of-network provider due to preference or because you are traveling.

### OUT-OF-NETWORK PROVIDERS

If you choose to use a provider that is not part of the EyeMed network, you must pay the provider in full at the time of service and then file a claim for reimbursement. Refer to the Schedule of Benefits for out-of-network reimbursement maximums. The EyeMed Out-of-Network Claim Form is available on our website at [myallegiantcare.com/forms](http://myallegiantcare.com/forms). Mail your completed claim form along with an itemized receipt to:

First American Administrators, Inc.  
Attn: OON Claims  
PO Box 8504  
Mason, OH 45040-7111

### USING YOUR BENEFIT

When you schedule an appointment, inform the provider that your vision benefit uses the EyeMed Insight Network and provide the Member ID number listed on your EyeMed ID card. Ask the provider to verify your eligibility prior to your appointment. Note: You may not be eligible for all benefit components, *i.e.*, exam, frames and lenses at the same time, so it is important to confirm you are eligible for all the benefits you want to use. Refer to the "Schedule of Benefits - Frequency Limits" section of this document to see how often you can use each component of the vision benefit.

### DOWNLOAD THE MOBILE APP

Create a member account at EyeMed.com and download the EyeMed Members App from Google Play or the App Store to access your digital ID card, search for providers, check eligibility and review your benefits.

## SCHEDULE OF BENEFITS

### FREQUENCY LIMITS

Benefit Component	Frequency
Routine Eye Exam	All Ages: Once every 12 months
Lenses for Glasses	All Ages: Once every 12 months
Contact Lenses (in lieu of glasses)	All Ages: Once every 12 months
Frames	Adults: Once every 24 months Children < 19: Once every 12 months

You do not need to use all benefit components at the same time, but your eligibility date for each component will be calculated from the date you last used that benefit.

### ROUTINE EYE EXAMS

Your EyeMed vision plan covers routine eye exams at no charge if you use an in-network provider.

Eye examinations specifically intended to diagnose or treat a medical condition, *e.g.*, glaucoma, diabetes, are not covered under the EyeMed vision benefit. If you have medical coverage through Allegiant Care, these exams are covered under the medical benefit, provided you select an ophthalmologist who is part of your medical plan's provider network.

Exam Services	In-Network Your Cost	Out-of-Network Reimbursement Amount
Routine Eye Exam	\$0 copay	Up to \$40
Retinal Imaging	Up to \$39 copay	Not covered
Fit and follow-up exams for contact lenses	Standard: \$0 copay Premium: 10% off retail price	Not covered

### EXAMINATION FOR CONTACT LENSES

If you order contact lenses, you will need a contact lens examination in addition to a routine eye exam. This exam can typically be done at the same time as the routine exam, but you should inform the provider of your intent to order contact lenses when you schedule the appointment. After the initial exam and fitting, the plan covers up to 2 standard follow-up appointments at no cost. A premium exam and fitting is required for more complex contact lens applications (*e.g.*, toric, multi-focal, gas permeable or post-surgical lenses).

**SCHEDULE OF BENEFITS (CONTINUED)**

**EYEWEAR - PRIMARY PAIR**

<b>Eyewear Benefits</b>	<b>In Network Your Cost</b>	<b>Out-Of-Network Reimbursement Amount</b>
<b>Frames</b>	\$0 copay up to \$200 allowance then 20% discount off balance	Up to \$140
<b>Standard Plastic Lenses</b>		
Single Vision	\$0 copay	Up to \$30
Bifocal	\$0 copay	Up to \$50
Trifocal	\$0 copay	Up to \$70
Lenticular	\$0 copay	Up to \$70
Progressive - Standard	\$0 copay	Up to \$50
Progressive - Premium Tier 1	\$0 copay	Up to \$50
Progressive - Premium Tier 2	\$0 copay	Up to \$50
Progressive - Premium Tier 3	\$0 copay	Up to \$50
Progressive - Premium Tier 4	\$125 copay	Up to \$50
<b>Lens Options and Coating</b>		
Anti-Reflective Coating - Standard	\$0 copay	Up to \$23
Anti-Reflective Coating - Premium Tier 1	\$0 copay	Up to \$23
Anti-Reflective Coating - Premium Tier 2	\$12 copay	Up to \$23
Anti-Reflective Coating - Premium Tier 3	\$37 copay	Up to \$23
Scratch Resistant Coating - Standard	\$0 copay	Up to \$8
Ultraviolet (UV) Coating	\$0 copay	Up to \$8
Tint - Solid and Gradient	\$0 copay	Up to \$8
High-Index (HI)	\$0 copay	Up to \$38
Polarized	\$0 copay	Up to \$38
Polycarbonate - Standard	\$0 copay	Up to \$20
Photochromic - Non-Glass	\$0 copay	Up to \$38
Photochromic - Glass	20% discount off retail price	Not covered
<b>Contact Lenses (in lieu of glasses)</b>		
Conventional	\$0 copay up to \$150 Allowance then 15% off balance	Up to \$105
Disposable	\$0 copay up to \$150 Allowance	Up to \$105
Medically Necessary <sup>1</sup>	\$0 copay; paid in full	Up to \$300

If you select progressive lenses or anti-reflective coating, be sure to ask your provider for assistance in determining which copay tier applies to the brands you have selected. You can also use the cost estimator found on the EyeMed app or website (you must register and login to get estimates specific to your plan).

<sup>1</sup> Contact lenses may be considered medically necessary if you are diagnosed with one of the following conditions: Anisometropia of 3D in meridian powers, High Ametropia, or Keratonconus. Ask your eye doctor for more information.

**SCHEDULE OF BENEFITS (CONTINUED)**

**EYEWEAR - SECOND PAIR**

Members and their spouses can receive a second pair of glasses or contact lenses. Children are not eligible for the second pair benefit. The second pair is subject to the frequency limitations noted on page 2. The benefit schedule for the second pair is outlined below.

<b>2nd Pair Benefits (Member &amp; Spouse Only)</b>	<b>In Network Your Cost</b>	<b>Out-Of-Network Reimbursement Amount</b>
<b>Frames</b>	\$0 copay up to \$130 allowance then 20% discount off balance	Up to \$105
<b>Standard Plastic Lenses</b>		
Single Vision	\$10 copay	Up to \$30
Bifocal	\$10 copay	Up to \$50
Trifocal	\$10 copay	Up to \$70
Lenticular	\$10 copay	Up to \$70
Progressive - Standard	\$80 copay	Up to \$50
Progressive - Premium Tier 1	\$80 copay	Up to \$50
Progressive - Premium Tier 2	\$80 copay	Up to \$50
Progressive - Premium Tier 3	\$125 copay	Up to \$50
Progressive - Premium Tier 4	\$175 copay	Up to \$50
<b>Lens Options and Coating</b>		
Anti-Reflective Coating - Standard	\$33 copay	Up to \$23
Anti-Reflective Coating - Premium Tier 1	\$46 copay	Up to \$23
Anti-Reflective Coating - Premium Tier 2	\$58 copay	Up to \$23
Anti-Reflective Coating - Premium Tier 3	\$83 copay	Up to \$23
Scratch Resistant Coating - Standard	\$15 copay	Not covered
Ultraviolet (UV) Coating	\$15 copay	Not covered
Tint - Solid and Gradient	\$15 copay	Not covered
High-Index (HI)	\$55 copay	Up to \$38
Polarized	\$0 copay	Up to \$38
Polycarbonate - Standard	\$0 copay	Up to \$20
Photochromic - Non-Glass	\$75 copay	Not covered
Photochromic - Glass	20% discount off retail price	Not covered
<b>Contact Lenses (in lieu of glasses)</b>		
Conventional	\$0 copay up to \$150 Allowance	Up to \$105
Disposable	\$0 copay up to \$150 Allowance	Up to \$105
Medically Necessary	\$0 copay; paid in full	Up to \$300

## SCHEDULE OF BENEFITS (CONTINUED)

### EYEWEAR – SAFETY GLASSES

Members can receive a pair of prescription safety glasses (lenses and frames) once every 24 months. The safety glasses benefit is in addition to the primary and second pair benefits. Prescription safety glasses are available to the member (employee) only and are subject to the copays and allowances shown below.

Safety Glasses (Member Only)	In Network Your Cost	Out-Of-Network Reimbursement Amount
<b>Frames</b>	\$0 copay up to \$130 allowance then 20% discount off balance	Up to \$91
<b>Safety Lenses</b>		
Single Vision	\$25 copay	Up to \$30
Bifocal	\$25 copay	Up to \$50
Trifocal	\$25 copay	Up to \$70
Lenticular	\$25 copay	Up to \$70
Progressive - Standard	\$80 copay	Up to \$50
Progressive - Premium Tier 1	\$110 copay	Up to \$50
Progressive - Premium Tier 2	\$120 copay	Up to \$50
Progressive - Premium Tier 3	\$135 copay	Up to \$50
Progressive - Premium Tier 4	\$200 copay	Up to \$50
<b>Lens Options and Coating</b>		
Anti-Reflective Coating - Standard	\$0 copay	Up to \$23
Anti-Reflective Coating - Premium Tier 1	\$12 copay	Up to \$23
Anti-Reflective Coating - Premium Tier 2	\$23 copay	Up to \$23
Anti-Reflective Coating - Premium Tier 3	\$85 copay	Up to \$23
Scratch Resistant Coating - Standard	\$0 copay	Up to \$8
Ultraviolet (UV) Coating	\$0 copay	Up to \$8
Tint - Solid and Gradient	\$0 copay	Up to \$8
Polycarbonate - Standard	\$0 copay	Up to \$20
Photochromic - Non-Glass	\$0 copay	Up to \$38

## **ORDERING ONLINE**

If you have a valid prescription, you can order glasses or contacts online through one of EyeMed's participating online providers, i.e., LensCrafters.com, TargetOptical.com, Ray-Ban.com, Glasses.com and ContactsDirect.com. Visit your selected provider's website and choose from hundreds of brand-name frames and contacts. Enter your EyeMed Member ID number during checkout to automatically apply your in-network benefits to your order.

## **WARRANTY AND BREAKAGE PROTECTION**

Glasses obtained from an in-network provider have a one-year manufacturer's warranty. The standard one-year warranty covers manufacturer defects such as delamination of a lens coating, frame breakage under normal usage, discoloring of plastic/acetate in the frame, and surface-level scratches on lenses with scratch coating or polycarbonate lenses. To file a claim, contact the provider that dispensed the eyewear.

## **DISCOUNTS FOR ITEMS NOT COVERED BY THE PLAN**

At participating in-network providers, members get everyday savings like 40% off a complete additional pair of prescription glasses, 20% off non-prescription sunglasses, 20% off the balance for frames after the plan allowance has been met, and 15% discount off the balance for conventional contact lenses. These discounts only apply when you use an in-network provider.

In addition, you can get discounted prices for LASIK, PRK and hearing aids using select providers. See below for more information.

### **LASIK or PRK**

EyeMed is partnered with the U.S. Laser Network to provide a 15% discount off standard pricing to eligible members and dependents at participating locations. Call 1-800-988-4221 or visit [eyemedlasik.com](http://eyemedlasik.com) for more details.

### **Hearing Aids**

EyeMed partners with the Ampliphon Hearing Health Care Network. Members may receive up to a 64% discount off hearing aids, an extended warranty and free batteries. Call 1-877-203-0675 to find a participating Ampliphon provider and schedule an appointment.

## **PLAN EXCLUSIONS**

The EyeMed Vision Plan does not cover the following:

1. non-prescription eyeglasses, non-prescription sunglasses and cosmetic contacts, e.g., contacts for eye color alteration;
2. eye examinations to diagnose or treat a medical condition, e.g., diabetes, glaucoma, cataracts;
3. services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye or supporting structures;
4. Aniseikonic lenses;
5. refraction, when not provided as part of a comprehensive eye examination;
6. services rendered or eyewear ordered after the date your coverage under the Plan ends; and
7. solutions, cleaning products or frame cases.