



Plan Information

YMCA Employee Benefits has selected EyeMed Vision Care as your vision wellness program. The plan, underwritten by Combined Insurance Company of America, allows you to improve your health through a routine eye exam, while saving you money on your eye care purchases. The plan is available through thousands of provider locations participating on the EyeMed **Select Network**.

The EyeMed Network

EyeMed Vision Care's network of providers includes private practitioners, as well as the nation's premier retailers, LensCrafters®, Sears Optical, Target Optical, JC Penney Optical and most Pearle Vision locations. To locate EyeMed Vision Care providers near you, visit www.eyemedvisioncare.com and choose the **Select Network**. You may also call EyeMed's Customer Care Center at **1-866-723-0514**. EyeMed's Customer Care Center can be reached Monday through Saturday 8:00am to 11:00pm EST and Sunday 11:00am to 8:00pm EST.

Using In-Network Providers

When making an appointment with the provider of your choice, identify yourself as an EyeMed member; provide your name and the name of your organization or plan number, located on the front of your ID card. Confirm the provider is an in-network provider for the **Select Network**. While your ID card is not necessary to receive services, it is helpful to present your EyeMed Vision Care ID card to verify your eligibility.

When you receive services at a participating EyeMed Provider, the provider will file your claim. You will have to pay the cost of any services or eyewear that exceeds any allowances, and any applicable co-payments. You will also owe state tax, if applicable and the cost of non-covered expenses (for example, vision perception training).

Using Out-of-Network Providers

If you receive services from an out-of-network Provider, you will pay for the full cost at the point of service. You will be reimbursed up to the maximums as outlined in the Summary of Covered Vision Care Services. To receive your out-of-network reimbursement, complete and sign an out-of-network claim form, attach your itemized receipts and send to:

First American Administrators, Inc.
c/o EyeMed Vision Care
Attn: OON Claims
P.O. Box 8504
Mason, Oh 45040-7111

For your convenience, an EyeMed out-of-network claim form is available at www.eyemedvisioncare.com or by calling EyeMed's Customer Care Center at **1-866-723-0514**.

Summary of Vision Care Services

	Your In-Network Cost	Out-of-Network Reimbursement*
Exam Dilation as necessary Refraction	\$10 co-pay \$0 \$0	Up to \$40
Fundus Photography Benefit	Up to \$39	N/A
Exam Options – Contact Lenses Standard Fit and Follow-Up Premium Fit and Follow-Up	Up to \$40 10% off retail price	N/A N/A
Frames	\$0 copay, \$150 allowance, 20% off balance over \$150	Up to \$75
Standard Plastic Lenses Single Vision Bifocal Trifocal Lenticular Standard Progressive Premium Progressive	\$0 copay \$0 copay \$0 copay \$0 copay \$65 copay \$65 copay, \$120 allowance, 80% of balance over \$120	Up to \$35 Up to \$46 Up to \$56 Up to \$56 Up to \$46 Up to \$46
Standard Lens Options UV coating Tint (solid and gradient) Standard scratch resistance Standard polycarbonate - Adults Standard polycarbonate – Kids under 19 Standard anti-reflective coating Other add-ons and services	\$15 \$15 \$15 \$40 \$0 \$45 20% off retail price	N/A N/A N/A N/A \$5 N/A N/A
Contact Lenses** Conventional Disposable Medically necessary	\$0 copay, \$150 allowance, plus 15% off balance over \$150 \$0 copay, \$150 allowance \$0 (paid in full by plan)	Up to \$90 Up to \$90 Up to \$210
Lasik or PRK from US Laser Network	15% off retail price 5% off promotional price	N/A
Frequency - based on calendar year Exam Lenses or Contact Lenses Frames	Once every 12 months Once every 12 months Once every 12 months	

* You are responsible to pay the out-of-network provider in full at time of service and then submit an out-of-network claim form for reimbursement. You will be reimbursed up to the amount shown on the chart.

** For prescription contact lenses for only one eye, the Vision Care plan will pay one-half of the amount payable for contact lenses for both eyes.

Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.

Additional Discounts

Under the plan, each covered person may receive benefits for either eyeglasses (frames and lenses) or contact lenses as outlined on the Summary of Vision Care Services. In addition to this coverage, EyeMed Vision Care provides a discount on products and services once your funded benefit has been used. The discounts are as follows:

- 40% off a complete pair of eyeglasses (including prescription sunglasses) are available only at in-network providers.
- 15% off conventional contact lenses are available only at in-network providers.
- 20% off items not covered by the plan at network providers.

Discounts may not be combined with any other discounts or promotional offers. Discounts do not apply to EyeMed Provider’s professional services, contact lenses or certain brand name Vision Materials in which the manufacturer imposes a no-discount policy.

Important note for members seeking services in Texas: Pursuant to Texas law, discounts may not be available at all network providers. Prior to your appointment, you should confirm with your provider that discounts are offered.

Savings on Laser Vision Correction

EyeMed Vision Care, in partnership with US Laser Network, offers discounts to members interested in Lasik and PRK. EyeMed members receive a discount (15% off retail or 5% off promotional price) when using a network provider in the US Laser Network, owned and operated by LCA Vision. The US Laser Network offers many locations nationwide. For additional information or to locate a network provider, visit www.eyemedlasik.com or call **1-877-5LASER6**.

After you have located a U.S. Laser Network provider, you should contact the provider and identify yourself as an EyeMed member and schedule a consultation to determine if you are a good candidate for laser vision correction. If you are a good candidate and schedule treatment, you must call the U.S. Laser Network again at **1-877-5LASER6** to activate the discount.

At the time treatment is scheduled, you will be responsible for an initial refundable deposit to U.S. Laser Network. Upon receipt of the deposit, U.S. Laser Network will issue an authorization number to the member and to the provider prior to treatment. Once you receive treatment, the deposit will be applied to the total cost of the treatment. On the day of treatment, you must pay or arrange to pay the balance of the fee. Should you decide against the treatment, the deposit will be refunded.

After treatment, you should follow all post-operative instructions carefully. It is your responsibility to schedule any required follow-up visits with the U.S. Laser network provider to ensure the best results from your laser vision correction procedure.

Mail Order Contact Lens Replacement Program

After initial purchase, you may obtain replacement contact lenses via the Internet at substantial savings and they will be mailed directly to you. For more information, log on to www.eyemedvisioncontacts.com. The contact lens benefit allowance is not applicable to this service.

Plan limitations and exclusions

The following services and supplies are not covered under the Plan:

- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing
- Aniseikonic lenses
- Medical and/or surgical treatment of the eye, eyes or supporting structures
- Corrective eyewear required by an employer as a condition of employment and safety eyewear
- Services provided as a result of any workers' compensation law
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount)
- Two pairs of glasses in lieu of bifocals
- Services or materials provided by any other group benefit plan providing vision care; or
- 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 will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.
- Discounts on frames where the manufacturer prohibits discounts, including, but not limited to: Bvlgari, Cartier, Chanel, Gold & Wood, Maui Jim and Pro Design.
- Applicable taxes
- Visual Display Terminal (VDT) Exam

Sample Savings

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

IF A MEMBER CHOOSES TO RECEIVE:

A comprehensive vision care examination:	you pay	\$10.00
A frame up to a value of \$150:	you pay	\$00.00
One pair of bifocal lenses:	you pay	\$00.00
Ultraviolet coating:	you pay	\$15.00
The total cost to the member is:		\$25.00

IF A MEMBER CHOOSES TO RECEIVE:

A comprehensive vision care examination:	you pay	\$10.00
A frame up to a value of \$180:	you pay	\$24.00
A pair of single vision lenses:	you pay	\$00.00
Standard anti-reflective coating:	you pay	\$45.00
The total cost to the member is:		\$79.00

The EyeMed **Select Network** is always growing, and provider locations are subject to change. Therefore, we recommend using the Provider Locator service through EyeMed's web site www.eyemedvisioncare.com (choose the **Select Network**) or calling EyeMed's

Customer Care Center at **1-866-723-0514** or to locate the EyeMed Provider closest to you.

Member Complaint Procedure

If you are dissatisfied with the services provided by an EyeMed Vision Care provider, you may write to EyeMed at the address shown below or call the EyeMed Vision Care Member Services toll free telephone number at **1-855-259-0490**. If you write, the address is:

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

If you call, the EyeMed Vision Care Member Services representative will log the telephone call and attempt to reach a resolution. If a resolution cannot be reached during the telephone call, or you are not satisfied with the resolution, you may file a written complaint to the address listed above. All written complaints will be acknowledged within three (3) business days and resolved within 30 calendar days.

Appealing Claims

As part of the claims administration process, EyeMed Vision Care (via First American Administrators, Inc., a wholly-owned subsidiary of EyeMed) will pay claims for benefits due under the Plan, provide written explanations of the reasons for denied claims, and handle requests for reviews of denied claims. If your claim is denied in whole or in part, you have the right to have the claim reviewed and reconsidered.

Please send a written request to review the claim within 180 days of the denial to:

EyeMed Vision Care, L.L.C.
Attention: Claim Appeals
4000 Luxottica Place
Mason, Ohio 45040

Your written letter of appeal should include:

- The applicable claim number or Explanation of Benefits, if applicable;
- the item of your coverage that you feel was misinterpreted or inaccurately applied; and
- any additional information that you believe will help EyeMed Vision Care complete its review of your appeal, such as documents, records or comments.

EyeMed Vision Care will review your appeal for benefits and notify you in writing of its decision, as well as the reasons for the decision, within 30 calendar days of receipt of the appeal.

Designation of an Authorized Representative

You may authorize someone else to file and pursue a complaint or appeal on your behalf. If you do so, you must notify EyeMed Vision Care in writing of your choice of an authorized representative. Your notice must include the representative's name, address, phone number, and a statement indicating the extent to which he or she is authorized to pursue the complaint and/or appeal on your behalf. A consent form that you may use for this purpose will be provided to you upon request.

Note: The Insured benefits are underwritten by **Combined Insurance Company of America**. Discounts are provided by EyeMed Vision Care. If you have any questions or concerns, please contact EyeMed Vision Care.

IMPORTANT ADMINISTRATIVE INFORMATION: ERISA Your ERISA Rights

As a participant in the Plan, you are entitled to certain rights and protections under ERISA. ERISA provides that all Plan participants shall be permitted to:

- receive information about Plan Benefits;
- examine, without charge, at the Plan Administrator's office and at other specified worksites, all Plan documents – including pertinent insurance contracts, trust agreements, collective bargaining agreements, summary annual reports, and other documents filed with the Internal Revenue Service or the U.S. Department of Labor, and available at the Public Disclosure Room of the Employee Benefits Security Administration;
- obtain copies of all Plan documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual reports, and updated Summary Plan Descriptions, by writing to the Plan Administrator. The Plan Administrator may make a reasonable charge for copies; and
- receive a summary annual report of the Plan's financial activities. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

You can continue vision coverage for yourself, Spouse or Dependents if there is a loss of coverage under the Plan as a result of a qualifying event. You or your Dependents may have to pay for such coverage. Review this Summary Plan Description and the Plan documents to understand the rules governing your COBRA continuation coverage rights.

You will be provided a certificate of creditable coverage in writing, free of charge, from the Employer:

- when you lose coverage under the Plan;
- when you become entitled to elect COBRA;
- when your COBRA coverage ends;
- if you request a certificate of credible coverage before losing coverage; or
- if you request a certificate of credible coverage up to 24 months after losing coverage.

You may request a certificate of creditable coverage by contacting the Plan Administrator.

In addition to creating rights for Plan participants, ERISA imposes duties on the people who are responsible for the operation of the Plan. The people who operate your Plan, who are called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your Employer, your union, or any other person may fire you or otherwise discriminate against you in any way to prevent you from obtaining a Plan Benefit or exercising your rights under ERISA.

If your claim for a Plan Benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules. Plan Benefits will only be paid if the Claims Administrator determines, in its discretion, that you are entitled to them. The Claims Administrator's decisions are conclusive and binding on all persons. You may not bring any legal action to recover under the Plan until you have exhausted the Plan's claims and appeals procedures described in this SPD. After exhaustion of the Plan's review procedures, any further legal action taken against the Plan or its fiduciaries must be filed in a court of law no later than 90 days after the Claims Administrator's final decision regarding the claim.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest summary annual report from the Plan, and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent for reasons beyond the control of the Plan Administrator.

If you have a claim for Benefits, which is denied or ignored, in whole or in part, and you have exhausted the administrative remedies available under the Plan, you may file suit in a state or federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a medical child support order, you may file suit in federal court. If it should happen that the Plan's fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees; for example, if it finds your claim is frivolous.

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory, or write to the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W. Washington, DC 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration at (866) 444-3272.