

Vision Coverage Overview



Plan 3 Covered Expenses

| Benefit | Frequency | In-Network Member Cost | Out-of-Network Benefit |
|---|---------------------------|--|--|
| Exam Services WellVision Exam® | 1 per 12 months | \$10 | Up to \$45 |
| Laser Vision Correction Discount | Once per eye per lifetime | <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price • Discounts only available from contracted facilities | N/A |
| Lenses Single Lined Bifocal Lined Trifocal Lenticular Necessary Contacts | 1 per 12 months | \$10 (lenses and frame) | Up to \$30 Up to \$50 Up to \$60 Up to \$100 Up to \$210 |
| Lens Enhancements Standard progressive Premium progressive Custom progressive | | \$55 copay \$95-\$105 copay \$150-\$175 copay Average savings of 20-25% on other lens enhancements | N/A |
| Frames | 1 per 24 months | <ul style="list-style-type: none"> • \$130 for the frame of your choice and 20% off the amount over your allowance • \$70 allowance at Costco®* | Up to \$70 |
| Elective Contact Lenses <i>Contact lenses are in place of lenses and frames</i> | 1 per 12 months | <ul style="list-style-type: none"> • Up to \$60/15% savings for your contact lens exam (fitting and evaluation) • \$130 for contact lenses | Up to \$105 |

**Additional Glasses and
Sunglasses Discounts**

20% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your exam. Or get 20% off from any VSP doctor within 12 months of your last exam.

N/A



**Coverage with Retail
Providers**

*Coverage with retail providers may be different. Check with Costco for VSP member pricing. Costco allowance is equivalent to the allowance at preferred providers and other retail providers.

Vision Q&A



How do I use my vision benefit?

Once enrolled, simply tell your VSP doctor you're a member and they will handle the rest. If you visit an in-network doctor for services and materials, you don't need an ID card or have forms to complete.

How do I locate an in-network VSP doctor?

There are three ways to find an in-network doctor:

1. Visit vsp.com and select the Choice network.
2. Call 800-877-7195.
3. Download our mobile app, Benefit Tools, and search for a doctor near you.

What happens if I use an out-of-network doctor?

You will be required to pay the full amount to the doctor at time of service. You can then submit a claim for reimbursement, which is a lesser benefit when compared to visiting a VSP doctor.

When will my coverage become effective?

Your coverage starts on the effective date specified in your group policy, provided you are at active work on that date. Otherwise, your coverage will become effective on the day you return to full-time duties.

Can I enroll as a late entrant?

If you elect coverage more than 31 days after your eligibility date, your effective date will be delayed to the next plan anniversary date.

How can I get more information about my coverage?

After the effective date of your coverage, you can visit www.sunlife.com/onlineadvantage to create an account with Online Advantage. Once you're logged in, you'll be able to see your plan details and more. Or you can call Customer Service at 800-877-7195.

Please read the Important Plan Provisions section located at the end of this document for Limitations and Exclusions.

1. Administrative services for the vision insurance plan are provided by Vision Service Plan (VSP).
2. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.
3. Please see your employer for more specific information.
4. Netminder as of December 2016.



Important Plan Provisions

Vision Insurance

Limitations

In no event will coverage exceed the lesser of:

- the actual cost of the examination or materials, or
- the limits of coverage shown in the Benefit Highlights section of the certificate

The allowance for lenses shown in the Benefit Highlights section is for two lenses. If only one lens is needed, coverage will be 50% of the allowance shown for two lenses.

Benefits will not be payable for replacement of lost or broken materials until the next eligible benefit period.

The plan is designed to cover visually necessary materials rather than cosmetic materials. When you or a covered dependent select any of the following extras, the plan will pay the basic cost of the allowed lenses, and you or the covered dependent will pay the additional costs for the options.

- Optional cosmetic processes
- Anti-reflective coating
- Color coating
- Mirror coating
- Scratch coating
- Blended lenses
- Cosmetic lenses
- Laminated lenses
- Oversize lenses
- Progressive multifocal lenses
- Photochromic lenses; tinted lenses except Pink #1 and Pink #2
- UV (ultraviolet) protected lenses
- Certain limitations may apply to low vision care benefits
- A frame that costs more than the plan allowance
- Contact lenses (except as noted in the Vision Insurance Schedule)

Exclusions

Covered vision benefits do not include, and we will not pay benefits for, the following:

- Orthoptic or vision training and any associated supplemental testing
- Plano lenses
- Two or more pairs of glasses, in lieu of bifocals or trifocals
- Replacement of lenses and frames furnished under the plan which are lost or broken, except at the normal intervals when services are otherwise available
- Medical or surgical treatment of the eye, eyes, or supporting structures, except for laser surgery as shown under the Benefit Highlights section
- Materials, services or options not shown in the Benefit Highlights section
- Replacement of lost or damaged contact lenses, except at the normal intervals when services are otherwise available
- Contact lens insurance policies or service agreements
- Refitting of contact lenses after the initial (90-day) fitting period
- Additional office visits associated with contact lens pathology
- Contact lens modification, polishing or cleaning
- Services associated with CRT or Orthokeratology