

For all employees

This program is available even if you are not enrolled in the Vision Care Plan through EyeMed or the Aetna Medical Plan. No enrollment is needed.

Use the Vision Center at Walmart (in Middle Island)

No coverage at any other provider.

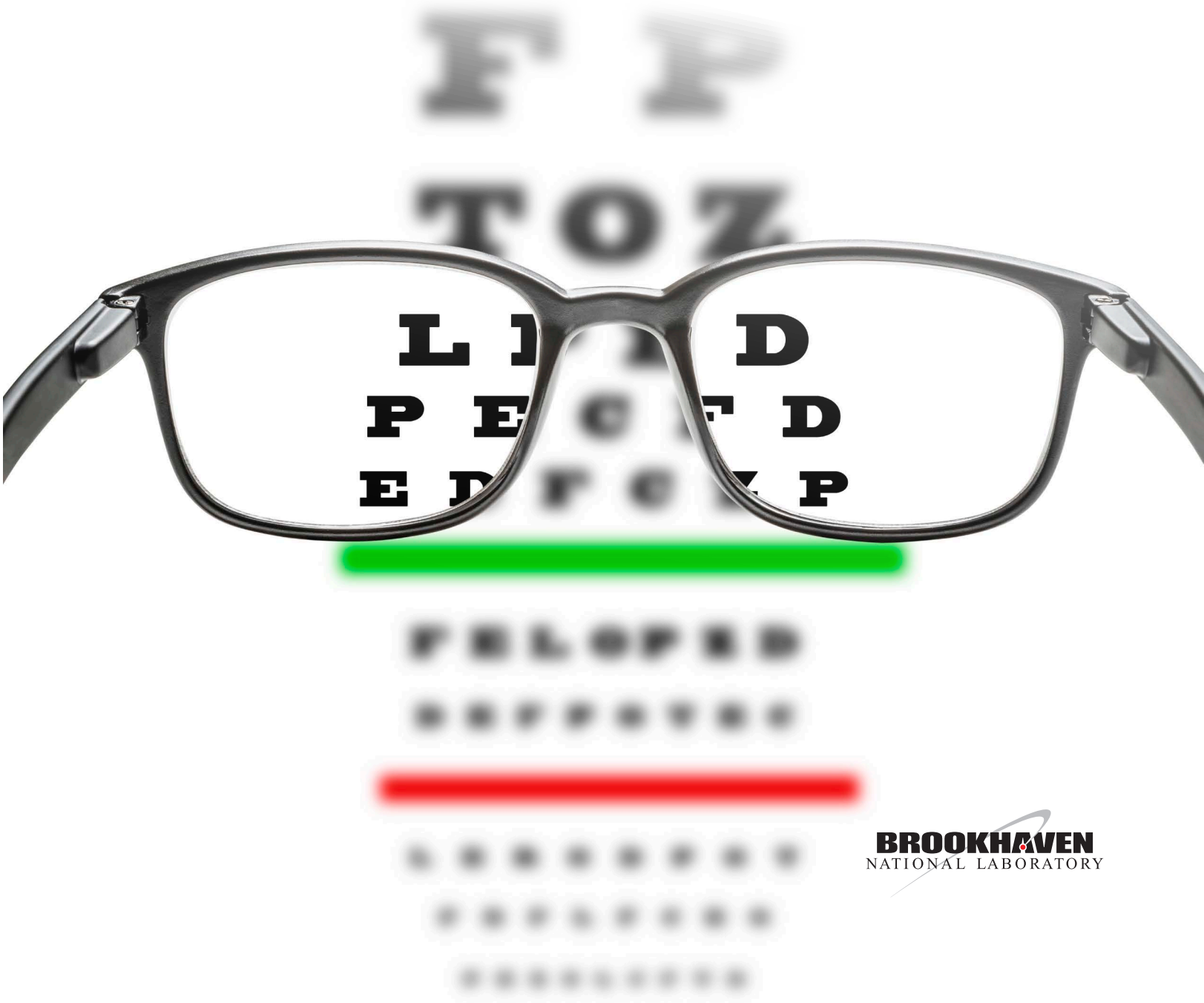
See chart below for coverage.

Item	At the Vision Center at Walmart in Middle Island, NY
Lenses	No limit on frequency
Single vision	30% discount off retail price if both frames & eyeglass lenses are purchased
Bifocal	
Trifocal	10% discount off retail price if only eyeglass lenses are purchased
Standard progressive	
Premium progressive	
Frames	No limit on frequency
	30% discount off retail price if both frames & eyeglass lenses are purchased
	10% discount off retail price if only frames are purchased
Additional costs may apply such as for UV coating, scratch resistant coating, photochromatic lenses (darken upon exposure to light), etc.	
Contact lenses	No limit on frequency
Disposable	10% discount off retail price
Medically necessary	
Conventional	

This is intended to provide only a summary of the programs. Additional details, discounts and coverages may apply, such as costs for UV coating, scratch resistant coating, photochromatic lenses (darken upon exposure to light), etc.

Your Vision Care Coverage

Brookhaven has three programs that are available for your vision care needs, the Vision Care Plan through EyeMed, the Aetna Medical Plan (that is also administered by EyeMed), and the program through the Vision Center at Walmart in Middle Island, NY. To be eligible to use the Vision Care Plan through EyeMed and/or the Aetna Medical Plan, you must be enrolled in these plans and pay for them through payroll deductions. The program through the Vision Center at Walmart is available to all employees; you do not need to enroll in the program to use it. You will see how it may be beneficial to use one program for your routine eye exam and a different program for the purchase of eyeglasses and contact lenses.



Here's how the programs coordinate with each other and how to get the most out of them.
Where can I go for coverage for routine eye exams and the purchase of eyeglasses and contact lenses under each of the programs?

Vision Care Plan through EyeMed

IN-NETWORK

Use EyeMed Insight Network: Target Optical, LensCrafters, Pearl Vision, Walmart throughout the U.S., and other independent providers

Online: Ray-ban.com, contactsdirect.com, lenscrafters.com, targetoptical.com and glasses.com

OUT OF NETWORK

All other vision care providers

Aetna Medical Plan*

IN-NETWORK

Target Optical, LensCrafters, Pearl Vision, and other independent providers

* The Aetna Medical Plan also provides coverage for eyecare due to illness or injury. For more information, refer to the Aetna Benefit Plan Booklet for the plan in which you are enrolled. The Booklets are available at <https://www.bnl.gov/hr/benefits/OE/plan-designs.php>.

OUT OF NETWORK

No coverage

**Vision Center at Walmart
(in Middle Island, NY)**

IN-NETWORK

Only Walmart in Middle Island, NY

OUT OF NETWORK

No coverage

How to Coordinate the Programs for the Purchase of Eyeglasses and Contact Lenses

If enrolled in the Vision Care Plan through EyeMed

Use Vision Care Plan through EyeMed

Important rules apply

If you purchase eyeglasses (frame & lenses) before contact lenses, there will be no coverage for the contact lenses.

If you purchase contact lenses before eyeglasses (frame & lenses), see the chart below for coverage.

If only enrolled in Aetna Medical Plan

Use Aetna Medical Plan

There is only coverage for in-network providers.

See chart below for coverage.

How to Coordinate the Programs for Routine Eye Exams

If enrolled in Aetna Medical Plan and Vision Care Plan through EyeMed

Use Aetna Medical Plan
\$0 copayment every 24 months at in-network provider. *

If less than 24 months, applicable copayment or deductible + coinsurance based on the Aetna Medical Plan in which you are enrolled.

No coverage for use of an out-of-network provider. Consider using Vision Care Plan through EyeMed instead.

If enrolled in Aetna Medical Plan

Use Aetna Medical Plan
\$0 copayment every 24 months at in-network provider. *

If less than 24 months, applicable copayment or deductible + coinsurance based on the Aetna Medical Plan in which you are enrolled.

No coverage for use of an out-of-network provider. Consider using Vision Center at Walmart instead.

If only enrolled in Vision Care Plan through EyeMed

Use Vision Care Plan through EyeMed
\$10 copayment per calendar year at an in-network provider. **

— or —

Obtain up to a \$50 reimbursement if using an out-of-network provider. ***

If not enrolled in Aetna Medical Plan or Vision Care Plan through EyeMed. This program is available to all employees. No enrollment is needed.

Use Vision Center at Walmart (in Middle Island)
For eyeglasses: \$54 copayment

For contact lenses: \$89 copayment

No coverage at any other provider.

Use Vision Care Plan through EyeMed

\$10 copayment per calendar year at an in-network provider. **

— or —

Obtain up to a \$50 reimbursement on eye exam for eyeglasses if using an out-of-network provider. ***

Use Vision Center at Walmart (in Middle Island)

For eyeglasses: \$54 copayment

For contact lenses: \$89 copayment

No coverage at any other provider.

Use Vision Care Plan through EyeMed

\$10 copayment per calendar year at an in-network provider. **

— or —

Obtain up to a \$50 reimbursement if using an out-of-network provider. ***

Use Vision Center at Walmart (in Middle Island)

For eyeglasses: \$54 copayment

For contact lenses: \$89 copayment

No coverage at any other provider.

Item	At an In-network Provider	At an Out-of-network Provider
Lenses	One pair of lenses each calendar year	
Single vision	\$25 copayment	Up to \$50 reimbursement
Bifocal	\$25 copayment	Up to \$75 reimbursement
Trifocal	\$25 copayment	Up to \$100 reimbursement
Standard progressive	\$25 copayment	Up to \$75 reimbursement
Premium progressive	\$110-\$200 copayment depending on brand/type	Up to \$75 reimbursement
Additional costs may apply such as for UV coating, scratch resistant coating, photochromatic lenses (darken upon exposure to light), etc.		
Frames	1 pair of frames per calendar year	
	Up to \$220 allowance + 20% off amount above allowance	Up to \$160 reimbursement
Additional pairs of eyeglasses, frames, and/or lenses	40% discount off retail price	No coverage
Non-prescription sunglasses	20% discount off retail price	No coverage
Contact lenses	Each calendar year	
Disposable	Up to \$200 allowance	Up to \$160 reimbursement
Medically necessary	\$0 copayment	Up to \$210 reimbursement
Conventional	Up to \$220 allowance + 15% off amount above allowance	Up to \$160 reimbursement

Item	At an In-network Provider
Lenses	No limit on frequency
Single vision	\$40 copayment
Bifocal	\$60 copayment
Trifocal	\$80 copayment
Standard progressive	\$120 copayment
Premium progressive	No discount
Additional costs may apply such as for UV coating, scratch resistant coating, photochromatic lenses (darken upon exposure to light), etc.	
Frames	No limit on frequency
	35% discount off retail price
Contact lenses	No limit on frequency
Disposable	15% discount off retail price
Medically necessary	
Conventional	

*Can obtain either contact eyeglasses exam or contact lens exam but not both. **The same exam is used for contact lenses and eyeglasses. Standard fit & follow-up exam for contact lenses is \$40. Premium fit & follow-up exam for contact lenses is 10% off retail. ***There is no coverage for use of an out-of-network provider for contact lens exams.

Year 1

Year 2