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.

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.

<table>
<thead>
<tr>
<th>Item</th>
<th>At the Vision Center at Walmart in Middle Island, NY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lenses</strong></td>
<td></td>
</tr>
<tr>
<td>Single vision</td>
<td>30% discount off retail price if both frames &amp; eyeglass lenses are purchased</td>
</tr>
<tr>
<td>Bifocal</td>
<td></td>
</tr>
<tr>
<td>Trifocal</td>
<td>10% discount off retail price if only eyeglass lenses are purchased</td>
</tr>
<tr>
<td>Standard progressive</td>
<td></td>
</tr>
<tr>
<td>Premium progressive</td>
<td></td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td></td>
</tr>
<tr>
<td>No limit on frequency</td>
<td></td>
</tr>
<tr>
<td>30% discount off retail price if both frames &amp; eyeglass lenses are purchased</td>
<td></td>
</tr>
<tr>
<td>10% discount off retail price if only frames are purchased</td>
<td></td>
</tr>
<tr>
<td><strong>Contact lenses</strong></td>
<td></td>
</tr>
<tr>
<td>No limit on frequency</td>
<td></td>
</tr>
<tr>
<td>Disposable</td>
<td>10% discount off retail price</td>
</tr>
<tr>
<td>Medically necessary</td>
<td></td>
</tr>
</tbody>
</table>

Additional costs may apply such as for UV coating, scratch resistant coating, photochromatic lenses (darken upon exposure to light), etc.

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.
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 services due to illness or injury. For more information, refer to the Aetna Benefit Plan Booklet for the plan in which you are enrolled. The Booklet is available at https://www.bnl.gov/healthbenefits/vision/design.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

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**How to Coordinate the Programs for Routine Eye Exams**

**Year 1**

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

Use Aetna Medical Plan

$10 copayment every 24 months at an 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.

Use 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.

**

No coverage for use of an out-of-network provider.

Consider using Vision Center at Walmart instead.

Use Vision Center at Walmart

Use Vision Center at Walmart

For eyeglasses: $14 copayment

For contact lenses: $8 copayment

No coverage at any other provider.

Use Vision Center at Walmart (in Middle Island)

For eyeglasses: $14 copayment

For contact lenses: $8 copayment

No coverage at any other provider.

Use Vision Center at Walmart (in Middle Island)

For eyeglasses: $14 copayment

For contact lenses: $8 copayment

No coverage at any other provider.

* 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 exams for contact lenses is $49. Premium Fit & Follow-up exams for contact lenses is 10% off retail. ***There is no coverage for use of an out-of-network provider for contact lens exams.

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**Year 2**

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.

**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.

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**If only enrolled in Aetna Medical Plan**

Use Aetna Medical Plan

There is only coverage for in-network providers.

See chart below for coverage.

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**Item**

**Lenses**

One pair of lenses each calendar year

- Single vision: $25 copayment
- Bifocal: $25 copayment
- Trifocal: $25 copayment
- Standard progressive: $25 copayment
- Premium progressive: $110-$200 copayment depending on brand/type

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

- Standard progressive: 40% discount off retail price
- Non-prescription sunglasses: 20% discount off retail price
- Contact lenses: 40% discount off retail price

Additional pairs of eyeglasses, frames, and/or lenses:

40% discount off retail price

No coverage

- No discount

Contact lenses

- Disposable: $120 copayment
- Medically necessary: $10 copayment

Conventional:

- Up to $220 allowance + 15% off amount above allowance

No limit on frequency

35% discount off retail price

No limit on frequency

15% discount off retail price