Vision Care Coverage

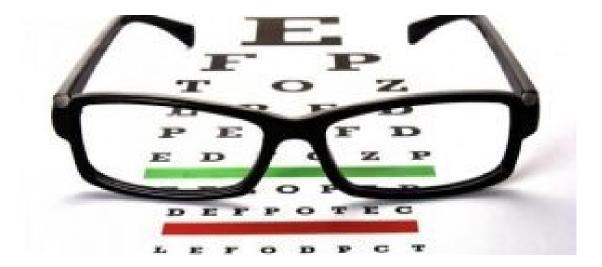
Brookhaven has three programs that are available for your vision care needs:

- Vision Care Plan through EyeMed
- Aetna Medical Plan (Vision Care Discount Program through EyeMed)
- Program at Vision Center at Walmart in Middle Island, NY
- Program at Vision Center in Walmart Supercenter in Yaphank, NY

To be eligible to use the Vision Care Plan through EyeMed or the Aetna Medical Plan, you must be enrolled in these plans and pay for them through payroll deductions. You can enroll in these plans during the Open Enrollment period and coverage will be effective on the following January 1.

The programs through the Vision Centers at Walmart are available to all employees; you do not need to enroll in the program to use them.

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.





Vision Care Plan through EyeMed

If you are enrolled in the Vision Care Plan provided through EyeMed, you have coverage for:

- One routine eye exam each calendar year after a \$10 copay (if you use an in-network provider) or up to a \$50 reimbursement (if you use an out-of-network provider).
- Eyeglasses or contact lenses (Costs vary based on the use of an in- or out-of-network provider, the frames, lenses, or contact lenses selected, etc.).
- Additional coverage applies for diabetics.

Coverage for treatment of illness or injury to the eye is not provided.

If you purchase both eyeglasses and contact lenses, it is advantageous to purchase contact lenses first. Then you will have a \$200 allowance for contact lenses and a \$220 allowance for eyeglass frames, plus a 20% discount on the cost of the frames above the allowance. You will also receive a 20% discount on eyeglass lenses and coatings and the copays do not apply.

If, however, you purchase eyeglasses first, you will have a \$220 allowance for eyeglass frames, plus a 20% discount on the cost of the frames above the allowance. Copays will apply to the eyeglasses and lenses, and there will be no coverage for contact lenses.

If you're also enrolled in the Aetna Medical Plan, it is advantageous to alternate between the two plans each year so that you can have coverage for eye exams every year.

You can locate the EyeMed Insight provider network at <u>www.eyemed.com</u>. It includes Target Optical, LenCrafters, Pearle Vision, Walmart, large network of independent providers, online (ray-ban.com, contactsdirect.com, lencrafters.com, targetoptical.com and glasses.com.

Aetna Medical Plan (Vision Care Discount Program through EyeMed)

If you're enrolled in one of the Aetna Medical Plans in the U.S., you have coverage for:

- One routine eye exam every 24 months at no cost (if you use an in-network provider)
- Eyeglasses and contact lenses (Discounts are provided through EyeMed Select Network providers.)
- Care for illness or injury to the eye based on the copays, coinsurance & deductibles in your Aetna Medical Plan.

If you're also enrolled in the Vision Care Plan through EyeMed, it is advantageous to alternate between the two plans each year so that you can have coverage for eye exams every year.

You can locate the EyeMed Select provider network at <u>www.aetnavision.com</u>. It includes Target Optical, LenCrafters, Pearle Vision, Walmart, large network of independent providers, online (ray-ban.com, contactsdirect.com, lencrafters.com, targetoptical.com and glasses.com.

Program at Vision Center at Walmart in Middle Island, NY

You do not need to enroll in the Aetna Medical Plan or the Vision Care Plan through EyeMed to use this program, just show your BNL badge or provide your BNL Life Number. As an employee, you are eligible for the following discounts for services:

- Routine eye exam (\$59 for eyeglasses; \$89 for contact lenses)
- 30% off purchase of both eyeglass frames and lenses
- 10% discount if you only purchase eyeglass lenses
- 10% discount on purchase of contact lenses

Coverage for treatment of illness or injury to the eye is not provided.

This location participates in both the Vision Care Plan through EyeMed and the Aetna Medical Plan (Vision Care Discount Program through EyeMed).

They are located at 750 Middle Country Road, NY.

To schedule an appointment call (631) 345-0065.

Program at Vision Center at Walmart Supercenter in Yaphank, NY

You do not need to enroll in the Aetna Medical Plan or the Vision Care Plan through EyeMed to use this program, just show your BNL badge or provide your BNL Life Number. As an employee, you are eligible for the following discounts for services:

- Routine eye exam (starting at \$50)
- 30% off purchase of both eyeglasses and/or contact lenses frames and lenses

Coverage for treatment of illness or injury to the eye is not provided.

This location participates in both the Vision Care Plan through EyeMed and the Aetna Medical Plan (Vision Care Discount Program through EyeMed).

They are located at 901 Blvd. East, Yaphank, NY.

To schedule an appointment call (631) 729-4041.

Vision Care Coverage

| | Coverage/Cost | | | | |
|--|--|------------------------------|---|---|---|
| Program | Vision Care Plan through EyeMed | | Aetna Medical Plan (Vision Care Discount Program through EyeMed) | Program at Vision Center at Walmart (in Middle Island, NY) | Program at Vision Center at Walmart Supercenter (in Yaphank, NY) |
| Do you need to elect coverage to use this? | Yes - you need to enroll in the Vision Care Plan | | Yes - you need to enroll in the Aetna Medical Plan | No enrollment is needed | No enrollment is needed |
| Coverage source | In-network (EyeMed Insight Network) | Out-of-network | In-network (EyeMed Select Network) | In-network for EyeMed. (Walmart in Middle Island, NY) | In-network for EyeMed. (Walmart in Yaphank NY) |
| Routine eye exam for eyeglasses | The same exam is used for contact lenses or eyeglasses and the limit is 1 per calendar year \$10 copay Up to \$50 | | 1 per 24 months \$0 copay | No limit on frequency \$59 copay | No limit on frequency |
| | \$10 сорау | reimbursement | фо сорау | ф39 сорау | Starting at \$50 |
| Lenses | One pair of lenses each calendar year | | No limit on frequency | No limit on frequency | No limit on frequency |
| Single vision | \$25 copay | Up to \$50 reimbursement | \$40 copay | 30% discount off retail price if both frames & eyeglass lenses are purchased 10% discount off retail price if only eyeglass lenses are purchased | 30% discount off retail price |
| Bifocal | \$25 copay | Up to \$75 reimbursement | \$60 copay | | |
| Trifocal | \$25 copay | Up to \$100 reimbursement | \$80 copay | | |
| Standard progressive | \$25 copay | Up to \$75 reimbursement | \$120 copay | | |
| Premium progressive | \$110-\$200 copay depending on brand/type | Up to \$75 reimbursement | No discount | | |
| | 1 pair per calendar year | | No limit on frequency | No limit on frequency | No limit on frequency |
| Frames | Up to \$220 allowance + 20% off amount above allowance | Up to \$160 reimbursement | 35% discount off retail price | 30% discount off retail price if both frames & eyeglass lenses are purchased 10% discount off retail price if only frames are purchased | 30% discount off retail price |
| Contact lens exam | The same exam is used for contact lenses or eyeglasses and the limit is 1 per calendar year | Not covered | 1 per 24 months | No limit on frequency | No limit on frequency |
| | \$10 copay for exam | Not covered | \$0 copay 1 per 24 months Can obtain either contact lens exam or eyeglasses exam, but not both | \$89 copay | Starting at \$50 |
| | Standard fit & follow-up exam \$40 | Not covered | | | |
| | Premium fit & follow-up exam 10% off retail | Not covered | | | |
| Contact lenses | Each calendar year | | No limit on frequency | No limit on frequency | No limit on frequency |
| Disposable | Up to \$200 allowance | Up to \$160 reimbursement | 15% discount off retail price | 10% discount off retail price | 30% discount off retail price |
| Medically necessary | \$0 copay | Up to \$210 reimbursement | | | |
| Conventional | Up to \$220 allowance + 15% off amount above allowance | Up to \$160 reimbursement | | | |

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.

This information is intended to provide only a summary of the programs. If questions arise, official plan documents and insurance agreements are controlling and govern final determination of benefits consistent with applicable laws and regulations. BSA reserves the right to amend or terminate the benefit programs at any time and for any reason.