

Hospitality Industry Health Insurance Trust

2020 Vision Plans

| Benefit Summary | EyeMed Materials-only Network Plan | EyeMed Network Plan | VSP Network Plan | No-network Plan | No-network Materials-only Plan |
|------------------------------|---|--|---------------------------|--|--|
| | In-network/Out | In-network/Out | In-network/Out | In-network/Out | In-network/Out |
| Benefit frequencies | Contacts or eyeglass lenses and frame every 12 months | Exam every 12 months, contacts or eyeglass lenses every 12 months, frame every 24 months | | N/A | N/A |
| Annual deductible | None | \$10 exam, \$25 lenses / none | \$10 exam, \$25 materials | None | None |
| Annual eye exam | No benefit, materials-only coverage | 100% / up to \$35 | 100% / up to \$45 | Members will be reimbursed up to \$200 for eligible vision expenses including exams, eyeglasses and contacts | No benefit, materials-only coverage |
| Single vision lenses | 100% / up to \$25 | | 100% / up to \$30 | | Members will be reimbursed up to \$200 for eligible vision materials including eyeglasses and contacts |
| Bifocal lenses | 100% / up to \$40 | | 100% / up to \$50 | | |
| Trifocal lenses | 100% / up to \$55 | | 100% / up to \$65 | | |
| Lenticular lenses | 20% discount / no benefit | | 100% / up to \$100 | | |
| Frames | \$130 / \$65 | | \$130 / \$70 | | |
| Contacts elective | \$130 / \$104 | | \$130 / \$105 | | |
| Contacts medically necessary | 100% / \$200 | | 100% / \$210 | | |
| Contact fit & follow up exam | No benefit, materials-only coverage | Member cost up to \$55 / no benefit | 15% discount / no benefit | | No benefit, materials-only coverage |

Member in-network discounted lens option cost

(may vary by prescription, option chosen and retail location)

| Benefit Summary | EyeMed Materials-only Network Plan | EyeMed Network Plan | VSP Network Plan | No-network Plan | No-network Materials-only Plan |
|-------------------------|------------------------------------|---------------------|-----------------------------|-----------------|--|
| Std. Polycarbonate | \$40 | | 100% children / \$33 adults | | No discounts— Eyeglass lens options such as coating are not reimbursable under this plan. |
| Scratch Resistant | \$15 | | \$17 - \$33 | | |
| Anti-reflective coating | \$45 | | \$43 - \$85 | | |
| Ultraviolet | \$15 | | \$16 | | |
| Tint | \$15 | | \$15 - \$17 | | |

LASIK benefits are included in all vision plans. Enjoy a \$250 lifetime maximum (\$125 per eye) with no network restrictions.

Contributory Plan Monthly Rates – effective 1/1/2020 – employer and employee share the cost of coverage

Employee participation requirements: minimum 3 lives

| | Plan 2 | Plan 3 | Plan 4 | Plan 1 | Plan 9 |
|---------------------|---------|---------|---------|---------|---------|
| Employee only | \$3.96 | \$6.08 | \$6.41 | \$4.85 | \$3.96 |
| Employee + children | \$7.80 | \$10.74 | \$11.07 | \$9.55 | \$7.80 |
| Employee + spouse | \$9.31 | \$12.90 | \$13.55 | \$11.43 | \$9.31 |
| Employee + family | \$13.14 | \$17.55 | \$18.21 | \$16.12 | \$13.14 |

Voluntary Plan Monthly Rates – effective 1/1/2020 – employee pays the full cost of coverage

Employee participation requirements: VSP and EyeMed plans all eligible employees, Vision Perfect minimum 60%

| | Plan 6 | Plan 7 | Plan 8 | Plan 5 | Plan 10 |
|---------------------|---------|---------|---------|---------|---------|
| Employee only | \$5.71 | \$8.37 | \$8.73 | \$7.06 | \$5.71 |
| Employee + children | \$9.80 | \$13.67 | \$14.00 | \$12.12 | \$9.80 |
| Employee + spouse | \$11.43 | \$16.12 | \$16.81 | \$14.13 | \$11.43 |
| Employee + family | \$15.51 | \$21.43 | \$22.09 | \$19.18 | \$15.51 |

Your VSP vision plan

VSP offers the nation's largest network of independent providers. With 91% of VSP doctors offering early morning, evening or weekend hours, you can visit a provider on your schedule. Find VSP network providers at [vsp.com](https://www.vsp.com).



eyeconic

Browse and buy online at [eyeconic.com](https://www.eyeconic.com) and get the most current deals on eyewear. Eyeconic.com is in the VSP network, and your vision benefits are applied directly to your online order.

VSP provider discounts. Take advantage of 20% off the remaining frame balance, additional prescription glasses, and non-covered lens options. And receive an extra \$20 to spend on featured frame brands. Find more ways to save at [vsp.com/specialoffers](https://www.vsp.com/specialoffers).

Based on applicable laws, reduced costs may vary by doctor location.

No claim form. When you visit a VSP provider, your claim form is submitted for you.

LASIK or PRK. Have you always dreamed of better vision without glasses or contacts? Make your dream a reality by using your VSP laser vision correction discount.

Out-of-network benefits. Walmart and Sam's Club will file your claim for you, but your benefit amount will be higher if you visit a VSP network provider.

Your EyeMed vision plan

EyeMed offers one of the largest vision networks in the nation with a mix of independent providers and retail chains. Find EyeMed network providers at [eyemed.com](https://www.eyemed.com).



contactsdirect
GLASSES.COM

Browse and buy online at [contactsdirect.com](https://www.contactsdirect.com) and [glasses.com](https://www.glasses.com). At checkout, each site applies the plan benefit then shows the remaining cost.

EyeMed provider discounts. Take advantage of 20% off the remaining frame balance, materials not covered by the plan, and nonprescription sunglasses.

Based on applicable laws, reduced costs may vary by doctor location.

No claim form. When you visit an EyeMed provider, your claim form is submitted for you.

LASIK or PRK. Fifteen percent average off retail price for LASIK or PRK laser vision correction, or 5% off promotional price, at U.S Laser Network locations.

Extended hours. EyeMed providers are open an average of 10 evening hours and 12 weekend hours each week.

Set your sights on perfect vision. All plans include LASIK benefits. Enjoy a \$250 lifetime maximum, up to \$125 per eye, with no network restrictions.

Vision limitations/exclusions

Covered Expenses will not include and no benefits will be payable for expenses incurred for:

Limitations for all plans

- lenses more than the frequency as indicated on the plan summary page.
- frames more than the frequency as indicated on the plan summary page.

Limitations for Plan(s) 1, 5, 9, 10

- examinations performed or frames or lenses ordered before the member was covered under the eye care expense benefits.
- subject to extension of benefits, any examination performed or frame or lens ordered after the member's coverage under the eye care expense benefits ceases.
- sub-normal eye care aids; orthoptic or eye care training or any associated testing.
- non-prescription lenses.
- replacement or repair of lost or broken lenses or frames except at normal intervals.
- any eye examination or corrective eyewear required by an employer as a condition of employment.
- medical or surgical treatment of the eyes.
- any service or supply not shown on the Schedule of Eye Care Procedures.
- coated lenses; oversize lenses (exceeding 71mm); photo-gray lenses; polished edges; UV-400 coating and facets, and tints other than solid.

Limitations for no-network plans and EyeMed plans that cover exams and materials

- vision examinations more than the frequency as indicated on the plan summary page.

Limitations for no-network plans and EyeMed plans that cover materials only

- vision examinations.

Limitations for all EyeMed plans

- contact lenses more than once in any twelve month period. When chosen, contact lenses shall be in lieu of any other lens benefit during the twelve month period. When eyeglass lenses are chosen, expenses for contact lenses are not Covered Expenses during the twelve month period.
- contacts limited to the amount shown on the plan summary page unless they are medically necessary. Contact lenses are defined as medically necessary if the individual is diagnosed with one of the following conditions:
 - keratoconus where the patient is not correctable to 20/30 in either or both eyes using standard spectacle lenses.
 - high Ametropia exceeding -12 D or +9 D in spherical equivalent.
 - anisometropia of 3 D or more.
 - patients whose vision can be corrected two (2) lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses.

If the member is diagnosed with a medically necessary condition, the Provider will submit a request for pre-authorization to EyeMed. The Medical Director reviews all requests for medically necessary contact lenses. If approved, the member will be covered for medically necessary contact lenses up to the plan allowance.

Such payment is limited to once in any twelve month period and is in lieu of lens benefits under this proposal.

- orthoptics or eye care training and any associated testing.
- plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).
- two pairs of glasses in lieu of bifocals. (Does not apply to Secondary Discounts).
- lenses and frames which are lost or broken, except at the normal intervals when services are otherwise available.
- medical and/or surgical treatment of the eye, eyes, or supporting structures.
- services for which a claim is filed more than 1 year after completion of the service.
- for any procedure not listed on the Schedule of Eye Care Services.

The VSP plans have the following limitation:

Some brands of spectacle frames may be unavailable at all locations for purchase as Covered Expenses, or may be subject to additional out-of-pocket expenses. Members may obtain details regarding frame brand availability from their treating provider or by calling VSP's Customer Care Division at (800) 877-7195.

The VSP plans to not cover

- More than one eye exam in the frequency as indicated on the plan summary page.
- More than one pair of lenses in the frequency as indicated on the plan summary page.
- More than one set of frames in the frequency as indicated on the plan summary page.
- Services and/or materials not specifically included in the Schedule as covered Plan Benefits.
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section of the Plan Benefits.
- Services or materials that are cosmetic, including Plano contact lenses to change eye color and artistically painted Contact Lenses.
- Two pairs of glasses in lieu of Bifocals.
- Replacement of Spectacle Lenses, Frames, and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available.
- Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eyes.
- Contact lens modification, polishing or cleaning.
- The refitting of Contact Lenses after the initial 90-day fitting period.
- Contact Lens insurance policies or service contracts.
- Additional office visits associated with contact lens pathology.
- Local, state and/or federal taxes, except where law requires us to pay.
- Membership fees for any retail center in which an Affiliate or Open Access provider office may be located. Covered persons may be required to purchase a membership in such entities as a condition of accessing Plan Benefits.