

# 2018 Vision Care Plan Highlights

## General Information

This Highlights document provides a brief overview of the key features of the Plan. Detailed program provisions, including coverage and coverage amounts, limitations and exclusions, information about eligibility for you and your dependents and information about enrolling in or changing coverage, can be found in the applicable Plan Details. To access these documents, log on to the FYB Website at <http://resources.hewitt.com/jnjbsc>. EyeMed Vision Care is the Vision Care Plan Service Administrator.

## How to Use the Plan

The Vision Care Plan is designed to help you and your covered dependents pay the cost of certain necessary vision care expenses. The Vision Care Plan gives you the choice of accessing services In-Network or Out-of-Network.

- **In-Network Services** generally provides greater benefits and fewer out-of-pocket expenses. EyeMed Vision Care's network consists of optometrists, ophthalmologists and retail chain providers. If you use a network participating provider, you should call for an appointment, identify yourself as an employee or retiree of the Johnson & Johnson Family of Companies, and provide your ID card or the patient's name and date of birth.

After you make the appointment, the provider's office will confirm eligibility and coverage amounts. Once services are rendered, the provider will submit a claim for services and will be paid directly by EyeMed Vision Care. You will be responsible for any expenses not covered under the Vision Care Plan in addition to any amounts over the Vision Care Plan maximums (See the "Vision Coverage At-A-Glance" chart included here or in the Vision Care Plan Details for more information).

To obtain a list of participating vision care providers, or to see if your current provider is participating in the network, go to the EyeMed Vision Care Web site at [www.eyemedvisioncare.com/jnj](http://www.eyemedvisioncare.com/jnj). You can also call EyeMed Vision Care's Customer Care Center at 1-866-414-2064 to obtain information about network providers or to see if there have been any recent changes to the network.

In addition, the Vision Care Plan also provides a discount program for eye exams and eyewear once your plan benefits have been exhausted for the calendar year. Please check with your EyeMed Vision Care provider or call the EyeMed Vision Care Customer Care Center to see if your provider participates in the EyeMed Vision Care discount program and to determine the discount available.

- **Out-of-Network Services** include most of the same type of expenses that are covered In-Network. However, Out-of-Network benefits and limits will apply if you receive services from any qualified doctor or eye care provider who does not participate in the EyeMed Vision Care network (See the "Vision Coverage At-A-Glance" chart included here or in the Vision Care Plan Details for more information).

# 2018 Vision Care Plan Highlights

## Plan Overview

### Vision Coverage At-A-Glance<sup>1</sup>

	In-Network (Select Network)	Out-of-Network <sup>2</sup>
<b>Eye Care Exam</b>		
<b>Annual Exam</b> (dilation as necessary)	\$15 copay	Up to \$50 reimbursement
<b>Retinal Imaging (Fundus Photography)</b>	Up to \$39 copay	No discount or coverage available
<b>Eyeglasses – Frames and Lenses (in lieu of Contact Lenses)<sup>3</sup></b>		
<b>Annual Allowance for Frames</b>	100% coverage up to \$150, 20% off the balance over \$150	Up to \$55 reimbursement
<b>Annual Coverage for Standard Plastic Lenses</b>		
• Single Lenses	\$0 copay (100% coverage)	Up to \$50 reimbursement
• Bifocal Lenses	\$0 copay (100% coverage)	Up to \$70 reimbursement
• Trifocal Lenses	\$0 copay (100% coverage)	Up to \$90 reimbursement
• Lenticular Lenses	\$0 copay (100% coverage)	Up to \$90 reimbursement
• Standard Progressive Lenses	\$0 copay (100% coverage)	Up to \$84 reimbursement
• Premium Progressive Lenses	\$35 copay	Up to \$84 reimbursement
<b>Other Lens Options Available</b>		
• Polycarbonate – Adults	\$40 copay	No discount or coverage available
– Children under age 19	\$0 copay (100% coverage)	Up to \$28 reimbursement
• UV Treatment, Tint, Standard Scratch Coating	\$0 copay (100% coverage)	Up to \$11 reimbursement
• Standard Anti-Reflective Coating	\$0 copay (100% coverage)	Up to \$32 reimbursement
• Premium Anti-Reflective Coating	\$25 copay	Up to \$32 reimbursement
• Plastic Photochromatic Lenses (e.g. Transitions)	\$75 copay	No discount or coverage available
<b>Annual Coverage for Contact Lenses (in lieu of Eyeglasses)<sup>3,4</sup></b>		
<b>Contact Lenses: Manufactured/Marketed by Johnson &amp; Johnson</b>	<ul style="list-style-type: none"> <li>Annual Supply<sup>6</sup>: 100% coverage up to Manufacturer's Suggested Retail Price when obtained at any in-network provider or ordered through ContactsDirect at <a href="http://www.contactsdirect.com/jnj">www.contactsdirect.com/jnj</a></li> <li>You must order the entire annual supply at one time to receive the full benefit.</li> </ul>	100% coverage for an annual supply (up to Manufacturer's Suggested Retail Price) <sup>6</sup>
<b>Contact Lenses: Not Manufactured/Marketed by Johnson &amp; Johnson<sup>5</sup></b>	<ul style="list-style-type: none"> <li><i>Conventional Contacts</i>: 100% coverage up to \$130, 15% off balance over \$130</li> <li><i>Disposable Contacts</i>: 100% coverage up to \$130</li> </ul>	Up to \$115 reimbursement
	<p><i>Note:</i> For out-of-network claims:</p> <ul style="list-style-type: none"> <li>-For J&amp;J contact lenses, you must purchase the entire annual supply in one transaction.</li> <li>-For Non-J&amp;J contact lenses, you may submit only one claim for reimbursement per year, but the submission can include receipts with multiple dates of service up to the out-of-network reimbursement limit.</li> </ul>	

## 2018 Vision Care Plan Highlights

	In-Network (Select Network)	Out-of-Network <sup>2</sup>
<b>Contact Lens Fit and Follow-Up Discount Fee</b>	<ul style="list-style-type: none"> <li>• <i>Standard Fitting</i>: Up to \$40 copay</li> <li>• <i>Premium Fitting</i>: Retail price less 10%</li> </ul>	No discount or coverage available
<b>Medically Necessary Contact Lenses<sup>7</sup></b>	\$0 copay (100% coverage)	Up to \$210 reimbursement
<b>Additional Savings/Discounts</b>		
<b>LASIK and PRK Procedures<sup>8</sup></b>	Retail price less 15% or promotional price less 5% from U.S. Laser Network	No discount or coverage available
<b>Other Services, Materials or Add-On Features</b>	20% off various services and materials such as polarized lenses, cleaning solutions, cloths, glass lenses and sunglasses (excludes contact lenses and doctors' professional services)	No discount or coverage available
<b>Additional Discounts</b>	<ul style="list-style-type: none"> <li>• 40% off complete pair of eyeglasses once annual benefits for eyeglasses have been used</li> <li>• 15% off conventional contact lenses once annual benefits for contact lenses have been used</li> <li>• 20% off frames, lenses or lens options purchased separately</li> </ul>	No discount or coverage available
<b>Amplifon Hearing Discounts</b>	Members receive a 40% discount off hearing exams and a low price guarantee on discounted hearing aids.	No discount or coverage available

<sup>1</sup> Discounts on non-covered service items are not available at some locations in the state of Texas. Contact EyeMed or the provider to confirm.

<sup>2</sup> For exam, frame, standard lenses and contact lenses at Costco or Wal-Mart, reimbursement is equivalent to in-network benefits. For eligible reimbursement from Costco and Wal-Mart, as well as for out-of-network expenses, complete and submit a claim form and receipts to the address listed on the form. Additional savings are not available at Costco or Wal-Mart locations.

<sup>3</sup> The Vision Care Plan covers one eye exam and one pair of eyeglasses (lenses and frames) or one eye exam and a supply of contact lenses (up to the contact lens Plan allowances) per calendar year per covered person. If the member chooses the contact lens benefit, they are also eligible to receive one eyeglass frame (no lenses) up to the Plan allowance.

<sup>4</sup> Services or contact lenses provided through sightbox.com will not be eligible for coverage in or out-of-network.

<sup>5</sup> If you purchase conventional contact lenses in-network, you will receive an additional 15% discount over the annual allowance.

<sup>6</sup> An annual supply varies by contact type and is defined by the manufacturers' guidelines.

<sup>7</sup> Medically necessary contact lenses are determined at the provider's discretion to correct extreme vision problems that cannot be corrected by spectacle lenses including certain conditions of anisometropia (unequal refractive power in the two eyes) or Keratoconus (a corneal protrusion that often can be corrected by contact lenses), High Ametropia (exceeding -10D or +10D in meridian powers) or Vision Improvement (other than Keratoconus for members whose vision can be corrected two lines of improvement on the visual acuity chart when compared to the best corrected standard spectacle lenses). You or your provider should contact EyeMed Vision Care before the purchase of contact lenses for the above conditions to obtain reimbursement details. An annual supply, as defined by the manufacturers' replacement guidelines, will be 100% covered when using an in-network provider.

<sup>8</sup> Laser vision correction discount is not part of the funded benefit. Discounts are available through the US Laser Vision network, which is owned by LCA-Vision.

# 2018 Vision Care Plan Highlights

## Filing Claims

You do not have to submit a claim form if you use a network provider. If you use a Costco, Wal-Mart or other non-network provider, you will need to pay the entire bill at the time services are provided and submit a completed claim form to EyeMed Vision Care. For services at all Costco and Wal-Mart optical locations, you'll receive reimbursements equivalent to in-network benefits. However, additional savings discounts are not available at Costco and Wal-Mart.

Claims must be submitted no later than one-year from date of service. To obtain a claim form, log on to the FYB website at <http://resources.hewitt.com/jnjbsc>.

## Obtaining an Annual Supply of Johnson & Johnson Contact Lenses

You may obtain your annual supply at any provider\*, including ContactsDirect. An annual supply (as defined by the manufacturer's guidelines) of contact lenses manufactured/marketed by the Johnson & Johnson Family of Companies (Johnson & Johnson) will be covered at 100% up to the Manufacturer's Suggested Retail Price (MSRP).

\*Services or contact lenses provided through sightbox.com will not be eligible for coverage in or out-of-network.

### IMPORTANT FACTS:

- For contact lenses manufactured/marketed by Johnson & Johnson, an annual supply of lenses, as defined by the manufacturer's guidelines, will be covered at 100% (up to MSRP). If you order additional lenses, you will be responsible for the additional cost.
- You must order the annual supply at one time (per Plan Year); additional orders in the same Plan Year will not be covered.
- Only one annual supply of Johnson & Johnson contact lenses is covered per Plan Year per eligible plan participant (in lieu of glasses).

To order through your provider:

1. When utilizing an in-network provider, the provider will order your annual supply of lenses for you and they will file a claim with EyeMed. The provider should not charge you for the annual supply (however, if you order additional lenses, you will be responsible for the additional cost).
2. When utilizing an Out-of-network provider, you must pay the provider for the annual supply. You must file a claim for reimbursement with EyeMed. The receipt must include the brand and type of lenses. Any amount above the MSRP will be your responsibility.

To order through ContactsDirect:

1. Visit [www.contactsdirect.com/jnj](http://www.contactsdirect.com/jnj)
2. Find the contact lenses you need and place in your shopping cart.
3. Go to the "Shopping Cart" and Click on "Checkout".
4. Click on "Login/Register" and Register if using the site for the first time (or Login if you already have an email and password set up with ContactsDirect). When registering, make sure to check the box "Register with my Insurance".
  - a. When ordering through ContactsDirect, each enrolled family member over the age of 18 must register and place their own order. Dependents under the age of 18 can be added as a patient to the subscriber's account.
5. Complete your transaction.
6. Your contact lenses will be shipped to the address you provided during registration (standard ground shipping is free).

# 2018 Vision Care Plan Highlights

[Download the MSRP list here.](#)

## Service Administrator Information

The Vision Care Plan offers a nationwide network of both private practice vision care providers and retail chain providers through an insured arrangement with Combined Insurance Company of America and claims are administered by First American Administrators, Inc. EyeMed Vision Care provides the network of providers who contract their services at pre-negotiated fees.

To contact EyeMed Vision Care for Plan related questions, call the Customer Care Center at 1-866-414-2064. The EyeMed Vision Care representatives are available Monday through Saturday from 7:30 AM to 11:00 PM and Sunday from 11:00 AM to 8:00 PM Eastern Time. You may also access the EyeMed Vision Care Web site directly at [www.eyemedvisioncare.com/jnj](http://www.eyemedvisioncare.com/jnj).