



The following is a summary of the vision benefits for **Lutheran Senior Services**.  
This document is not the Summary Plan Description document

## **Plan Information**

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**Lutheran Senior Services** has selected EyeMed Vision Care as your vision wellness program. The plan, underwritten by Combined Insurance Company of America allows you to improve your health through a routine eye exam, while saving you money on your eye care purchases. The plan is available through thousands of provider locations participating on the EyeMed **Access Network**.

## **The EyeMed Network**

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EyeMed Vision Care's network of providers includes private practitioners, as well as the nation's premier retailers, LensCrafters®, Sears Optical, Target Optical, JC Penney Optical and most Pearle Vision locations. To locate EyeMed Vision Care providers near you, visit [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) and choose the **Access Network**. You may also call EyeMed's Customer Care Center at **1-866-723-0513**. EyeMed's Customer Care Center can be reached Monday through Saturday 8:00 am to 11:00 pm EST and Sunday 11:00 am to 8:00 EST.

## **Using In-Network Providers**

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When making an appointment with the provider of your choice, identify yourself as an EyeMed member; provide your name and the name of your organization or plan number, located on the front of your ID card. Confirm the provider is an in-network provider for the **Access Network**. While your ID card is not necessary to receive services, it is helpful to present your EyeMed Vision Care ID card to verify your eligibility.

When you receive services at a participating EyeMed Provider, the provider will file your claim. You will have to pay the cost of any services or eyewear that exceeds any allowances, and any applicable co-payments. You will also owe state tax, if applicable, and the cost of non-covered expenses (for example, vision perception training).

## **Using Out-of- Network Providers**

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If you receive services from an out-of-network Provider, you will pay for the full cost at the point of service. You will be reimbursed up to the maximums as outlined in the Summary of Covered Vision Care Services. To receive your out-of-network reimbursement, complete and sign an out-of-network claim form, attach your itemized receipts and send to:

EyeMed Vision Care  
Attn: OON Claims  
P.O. Box 8504  
Mason, Oh 45040-7111

For your convenience, an EyeMed out-of-network claim form is available at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) or by calling EyeMed's Customer Care Center at **1-866-723-0513**.

## Summary of Vision Care Services

	Your In-Network Cost	Out-of-Network Reimbursement*
<b>Exam</b>	\$10.00 co-pay	Up to \$35.00
Dilation as necessary	\$0	
Refraction	\$0	
<b>Exam Options – Contact Lenses</b>		
Standard Fit and Follow-Up	Up to \$55.00	N/A
Premium Fit and Follow-Up	90% of retail price	N/A
<b>Frames</b>	\$0.00 co-pay, plus 80% of balance over \$130.00	Up to \$65.00
<b>Standard Plastic Lenses</b>		
Single Vision	\$25.00 co-pay	Up to \$25.00
Bifocal	\$25.00 co-pay	Up to \$40.00
Trifocal	\$25.00 co-pay	Up to \$55.00
Standard Progressive	\$25.00 co-pay	Up to \$55.00
Premium Progressive	\$25.00 co-pay plus (80% of charge less \$120.00 allowance)	Up to \$55.00
<b>Standard Lens Options</b>		
UV coating	\$15.00	N/A
Tint (solid and gradient)	\$15.00	N/A
Standard scratch resistance	\$0.00	Up to \$5.00
Standard polycarbonate	\$40.00	N/A
Standard anti-reflective coating	\$45.00	N/A
Other add-ons and services	80% of retail price	N/A
<b>Contact Lenses**</b>		
Conventional	\$0.00 co-pay, plus 85% of balance over \$130.00	Up to \$104.00
Disposable	\$0.00 co-pay, plus 100% of balance over \$130.00	Up to \$104.00
Medically necessary	\$0 (paid in full by plan)	Up to \$200.00
<b>Lasik or PRK from US Laser Network</b>	85% of retail price 95% of promotional price	N/A
<b>Frequency - based on <i>Calendar Year</i></b>		
Exam	Once every 12 months	Once every 12 months
Lenses or Contact Lenses	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 24 months

\* You are responsible to pay the out-of-network provider in full at time of service and then submit an out-of-network claim form for reimbursement. You will be reimbursed up to the amount shown on the chart.

\*\* For prescription contact lenses for only one eye, the Vision Care plan will pay one-half of the amount payable for contact lenses for both eyes.

***Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.***

### **Additional Discounts**

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Under the plan, each covered person may receive benefits for either eyeglasses (frames and lenses) or contact lenses as outlined on the Summary of Vision Care Services. In addition to this coverage, EyeMed Vision Care provides a discount on products and services once your funded benefit has been used. The discounts are as follows:

- 40% off a complete pair of eyeglasses (including prescription sunglasses)
- 15% off conventional contact lenses
- 20% off items not covered by the plan at network providers.

Discounts may not be combined with any other discounts or promotional offers. Discounts do not apply to EyeMed Provider's professional services, contact lenses or certain brand name Vision Materials in which the manufacturer imposes a no-discount policy.

### **Savings on Laser Vision Correction**

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EyeMed Vision Care, in partnership with US Laser Network, offers discounts to members interested in Lasik and PRK. EyeMed members receive a discount (15% off retail or 5% off promotional price) when using a network provider in the US Laser Network, owned and operated by LCA Vision. The US Laser Network offers many locations nationwide. For additional information or to locate a network provider, visit [www.eyemedlasik.com](http://www.eyemedlasik.com) or call **1-877-5LASER6**.

After you have located a U.S. Laser Network provider, you should contact the provider and identify yourself as an EyeMed member and schedule a consultation to determine if you are a good candidate for laser vision correction. If you are a good candidate and schedule treatment, you must call the U.S. Laser Network again at **1-877-5LASER6** to activate the discount.

At the time treatment is scheduled, you will be responsible for an initial refundable deposit to U.S. Laser Network. Upon receipt of the deposit, U.S. Laser Network will issue an authorization number to the member and to the provider prior to treatment. Once you receive treatment, the deposit will be applied to the total cost of the treatment. On the day of treatment, you must pay or arrange to pay the balance of the fee. Should you decide against the treatment, the deposit will be refunded.

After treatment, you should follow all post-operative instructions carefully. It is your responsibility to schedule any required follow-up visits with the U.S. Laser network provider to ensure the best results from your laser vision correction procedure.

### **Mail Order Contact Lens Replacement Program**

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After initial purchase, you may obtain replacement contact lenses via the Internet at substantial savings and they will be mailed directly to you. For more information, log on to [www.eyemedvisioncontacts.com](http://www.eyemedvisioncontacts.com). The contact lens benefit allowance is not applicable to this service.

## Plan limitations and exclusions

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The following services and supplies are not covered under the Plan:

- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing
- Aniseikonic lenses
- Medical and/or surgical treatment of the eye, eyes or supporting structures
- Corrective eyewear required by an employer as a condition of employment and safety eyewear
- Services provided as a result of any workers' compensation law
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount)
- Two pairs of glasses in lieu of bifocals
- Services or materials provided by any other group benefit plan providing vision care; or
- Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order.
- Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.
- Discounts on frames where the manufacturer prohibits discounts, including, but not limited to: Bvlgari, Cartier, Chanel, Gold & Wood, Maui Jim and Pro Design.
- Applicable taxes
- Visual Display Terminal (VDT) Exam

## Sample Savings

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The following examples illustrate how your benefit would be applied to the services received at any in-network provider's office or location:

### If a member chooses to receive:

A comprehensive vision care examination:	you pay \$10.00
A frame up to a value of \$100:	you pay \$ 0.00
One pair of bifocal lenses:	you pay \$25.00
Ultraviolet coating:	you pay <u>\$15.00</u>
<b>The total cost to the member is:</b>	<b>\$50.00</b>

### If a member chooses to receive:

A comprehensive vision care examination:	you pay \$10.00
A frame up to a value of \$150:	you pay \$16.00
A pair of single vision lenses:	you pay \$25.00
Standard anti-reflective coating:	you pay <u>\$45.00</u>
<b>The total cost to the member is:</b>	<b>\$96.00</b>

The EyeMed **Access Network** is always growing, and provider locations are subject to change. Therefore, we recommend using the Provider Locator service through EyeMed's web site

[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) (choose the **Access Network**) or calling EyeMed's Customer Care Center at **1-866-723-0513** or to locate the EyeMed Provider closest to you.

## Claims & Claims Appeals

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### Time Frames for Processing Claims

<b>Health Claim Processing Activity</b>	<b>Post Service Claims</b>
Plan Initial Determination <ul style="list-style-type: none"> <li>• Initial Review Decision</li> <li>• Extension Period, including extension for Missing Information</li> </ul>	30 calendar days 15 calendar days
Plan Notice of Incomplete Claim <ul style="list-style-type: none"> <li>• Missing Information</li> </ul>	Included in Extension Time above
Claimant Time to Complete Claim <ul style="list-style-type: none"> <li>• Provide Additional Information</li> <li>• Comply with Required Filing Procedure</li> </ul>	45 calendar days 45 calendar days

### Coordination of Benefits

EyeMed is typically considered the primary vision benefits carrier. In cases where EyeMed is considered the secondary carrier, EyeMed will process the claim as secondary. Payment as the secondary carrier is based on the Explanation of Benefits (EOB) issued by the primary carrier. If the claim is in-network, the provider should attach a copy of the EOB with the claim submitted to EyeMed. If the claim is out-of-network, the member should attach a copy of the primary carrier EOB to the OON claim form and itemized receipts.

Once the claim is received, EyeMed will review the claim and EOB of the primary carrier and determine the amount payable, which is equal to EyeMed's liability, less the amount paid by the primary carrier. If the amount paid by the primary carrier is equal to or greater than EyeMed's liability, the plan will pay zero. If the amount paid by the primary carrier is less than EyeMed's liability, the plan will pay the amount equal to EyeMed's liability, less any applicable co-pays. If services denied by the primary carrier are covered under the EyeMed vision plan, EyeMed will reimburse up to the allowed amount less any co-pays. The calculation will be the same as if we paid as the primary carrier.

### Time Frames for Responding to Appealed Claims

<b>Activity</b>	<b>Time Frame</b>
Claimant Appeal of Adverse Determination (Denial or Reduction)	180 calendar days

Plan Decision on Appeal	60 calendar days
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EyeMed Vision Care has been determined to belong to the post service claims category. If a claim for benefits is denied, EyeMed will notify the member in writing of the specific reasons for the denial. The member may request a full review by EyeMed within 180 days of the date of a denial. The member's written letter of appeal should include the following:

- The applicable claim number or a copy of the EyeMed Vision Care denial information or Explanation of Benefits, if applicable.
- The item of your vision coverage that the member feels was misinterpreted or inaccurately applied.
- Additional information from the member's eye care provider that will assist EyeMed Vision Care in completing its review of the member's appeal, such as documents, records, questions or comments.

The appeal should be mailed or faxed to the following address:

EyeMed Vision Care, L.L.C.  
Attn: Quality Assurance Dept.  
4000 Luxottica Place  
Mason, Ohio 45040  
Fax: 1-513-492-4999

EyeMed will review your appeal for benefits and notify you in writing of its decision, the reasons for the decision, a reference to specific plan provisions, statement of any guideline, rule or protocol relied on, if appropriate, a statement of the specific medical determination used to make the decision and the specialization of any physician or other professional consulted, if appropriate, along with a description of the appeal process and timeframe. For more information on your rights and how to file a formal appeal under the Employee Retirement Income Security Act of 1974, as amended (ERISA), refer to the appropriate section of your Summary Plan Description. You and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your State insurance regulatory Agency. You are entitled to receive, free of charge, upon request, access to and copies of documents, records and other information relevant to your claim.

## **Complaint Procedure**

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A complaint is any dissatisfaction expressed by a Member in writing to EyeMed regarding unresolved inquiries submitted in writing, dissatisfaction with quality of care, dissatisfaction with Provider services, materials or facility, or dissatisfaction with plan administration. If you are dissatisfied with an EyeMed Provider's quality of care, services, materials or facility or plan administration, you should either file a formal complaint by writing to EyeMed at the address indicated above or call the EyeMed Vision Care's Customer Care Center at **1-866-723-0513** to request resolution.

When you choose to call in your dissatisfaction, the EyeMed Vision Care Member Services representative will log the telephone call and attempt to reach a resolution to the issues you have raised. If a resolution cannot be reached during the telephone call, the EyeMed Vision Care Member Services representative will document all of the issues or questions raised. EyeMed will use its best efforts to communicate back with the member within four (4) business days with a decision or resolution to the issues or questions raised. If you are not satisfied with the resolution from the Member Service representative or the issue cannot be resolved by Member Services, you should file a formal complaint to the Quality Assurance department to the address noted above.

If you choose to file a written formal complaint about your dissatisfaction, the EyeMed Vision Care Quality Assurance Department will log your complaint and send you a written acknowledgement within three (3) business days. The acknowledgement letter may also request additional information necessary to investigate the complaint. Quality Assurance will investigate the complaint with the EyeMed Provider and notify you in writing of its decision. The resolution response includes a statement of the decision, reason(s) for the decision, statement of any guideline, rule or protocol relied on, if appropriate, specific medical determination, clinical basis and/or contractual criteria used to make the decision and the specialization of any physician or other Provider consulted as applicable, along with a description of the complaint appeal process and timeframe.

If you remain dissatisfied with the complaint resolution, you may file a formal written complaint appeal to EyeMed Quality Assurance and submit any new information and a new independent review will occur. The reconsideration process is the same as the first complaint review and conducted by a review committee who were not involved in the original review. Your complaint appeal will be acknowledged in writing. EyeMed will review your complaint appeal and notify you in writing of its decision.

The resolution response includes a statement of the decision, reason(s) for the decision, statement of any guideline, rule or protocol relied on, if appropriate, specific medical determination, clinical basis and/or contractual criteria used to make the decision and the specialization of any physician or other Provider consulted as applicable, along with the contact information of your state Bureau of Insurance, as applicable.

### **Time Frames for Responding to Member Complaints**

<b>Activity</b>	<b>Time Frame</b>
Occurrence of Dissatisfaction	180 calendar days
EyeMed Decision on Complaint	30 calendar days
Member Appeal of Complaint Resolution	30 calendar days

Note: The benefits are underwritten by Combined Insurance Company of America. If you have any questions or concerns, please contact EyeMed Vision Care.