

# Vision Benefits

Whether your vision is 20/20 or less than perfect, everyone needs regular vision care. That's why Stryker offers vision benefits as part of the Stryker Corporation Welfare Benefits Plan.

The plan provides for professional vision services as well as glasses and contact lenses. EyeMed administers vision benefits. When you purchase covered vision services and materials through EyeMed's provider network, your out-of-pocket expenses are limited to your copayments. Out-of-network services and materials are covered, too, but you pay a greater share of the cost.

While the definition of dependent child has been voluntarily amended to align with the medical and prescription benefit pursuant to Health Care Reform, the vision benefit is not otherwise subject to the insurance market reforms of Health Care Reform.

## How Vision Benefits Work

Stryker's vision benefits cover the cost of regular vision exams for you and your covered family members. Prescribed glasses and contact lenses are also covered.

## When You Use Participating EyeMed Providers

### Examination Benefit

The plan covers a comprehensive spectacle eye examination, including dilation, performed by a participating provider at no cost to you. Please note: there may be an additional charge from a provider for a contact lens exam without the purchase of contacts.

### Frame Benefit

You are entitled to a \$130 frame allowance every 24 months, with a \$0 copay, when you purchase a frame with prescription lenses from a participating provider. If the frame you select costs more than \$130, you pay 80% of the balance over \$130.

### Lens Benefit

When you purchase lenses from a participating provider, you pay a \$25 copay for single vision, bifocal, trifocal or lenticular lenses. You also pay the following fixed amounts for lens options:

Lens Option	You Pay
▪ Ultra violet coating	\$15
▪ Tint (solid and gradient)	\$15
▪ Standard scratch resistant	\$15
▪ Standard polycarbonate	\$40
▪ Standard progressives (add-on to bifocal)*	\$65

Lens Option	You Pay
▪ Standard anti-reflective	\$45
▪ Other add-ons	20% discount

\* Standard progressive lenses include, but are not limited to, the following trade names: Access®, Adaptar®, AF Mini®, Continuous®, Vue®, Freedom®, Sola VIP®, Sola XL® and True Vision®.

### Contact Lens Benefit

If you purchase contact lenses from a participating provider in lieu of spectacle lenses, you are entitled to a \$130 contact lens allowance, with a \$0 copay, every 12 months. If you purchase disposable contact lenses that cost more than \$130, you pay 100% of the balance over \$130. If you purchase non-disposable contact lenses that cost more than \$130, you pay 85% of the balance over \$130.

### Laser Vision Benefit

You are entitled to a 15% discount or a 5% discount on promotional pricing for LASIK and PRK treatments provided by a U.S. Laser Network provider. Discounts apply to the procedure itself as well as pre-operative and post-operative care, provided that the same participating provider performs the procedure and provides the pre-operative and post-operative care. For more information about laser vision benefits, call **877 552 7376**.

### Additional Purchases

When you purchase vision supplies from a participating provider, you are entitled to a 20% discount off items not covered by the plan at network providers. The discount does not apply to professional services, disposable contact lenses or laser vision services and cannot be combined with any other discount or promotional offer.

**Secondary Purchase Discount**

If you purchase additional pairs of glasses (including prescription sunglasses) from a participating provider, you will receive a 40% discount off a complete pair of eyeglass purchases and a 15% discount off conventional lenses once the funded benefit has been used. Add \$15 to these amounts if you live in California, Alaska, Hawaii, Oregon or Washington.

**How to Locate Participating Providers**

EyeMed’s provider locator service is available seven days a week, 24 hours a day, via an interactive voice response system or the Internet. Call **866 723 0513** or visit **www.eyemedvisioncare.com**. To speak with a customer service representative, call **866 723 0513**.

**If You Use Non-Participating Providers**

When you receive eye care services or materials from a non-participating provider, you pay the cost and then submit a claim for reimbursement. Your reimbursement is based on the type of service up to the following maximums:

Service/Material	Benefit Amount
<b>Exam</b>	▪ \$35
<b>Lenses</b>	
▪ Single vision	▪ \$40
▪ Bifocal	▪ \$60
▪ Trifocal or lenticular	▪ \$80
<b>Frames</b>	▪ \$45
<b>Contact Lenses</b>	
▪ Conventional	▪ \$105
▪ Disposable	▪ \$105

**Benefit Frequency**

You are eligible for vision services and materials at the following intervals:

Service/Material	Frequency
<b>Exam</b>	Every 12 months, based on a calendar year
<b>Lenses</b>	Every 12 months, based on a calendar year
<b>Frames</b>	Every 24 months, based on a calendar year
<b>Contact lenses</b>	Every 12 months, based on a calendar year (in lieu of glasses)

**Expenses Not Covered**

Benefits are not provided for services or materials arising from:

- Orthoptic or vision training
- Subnormal vision aids and any associated supplemental testing
- Medical or surgical treatment of the eye, eyes or supporting structures (These services are generally covered under the medical plan.)
- Corrective eyewear required by an employer as a condition of employment and safety eyewear
- Any service or material that may be covered under any Workers’ Compensation law
- Plano non-prescription lenses and non-prescription sunglasses, except for the 20% discount for materials purchased from participating providers
- Two pairs of glasses in lieu of bifocals
- Discounts on frames where the manufacturer prohibits discounts, including, but not limited to: Bvlgari, Cartier, Chanel, Gold & Wood, Maui Jim and Pro Design
- Services that are available without cost from any federal, state, county, city or other governmental organization

Benefits may not be combined with any discount, promotional offering or other group benefit plans. Allowances are one-time use benefits; no remaining balance may be used for additional pairs. Lost or broken materials are not covered.

## How to Obtain Vision Benefits

### If You Use Participating Providers

Once you've located a participating provider, schedule an appointment. Be sure to let the provider's office know that you are covered under an EyeMed vision plan. Your provider's office will collect your copays as well as any additional amounts you may owe for optional items such as designer frames or tinting. The provider's office also files claims for you.

Please note that the contact lens allowance is a one-time per calendar year benefit. If you purchase disposable contact lenses from a participating provider, be sure to purchase a sufficient quantity so that you use all of the \$130 in-network benefit allowance. If you do not use all of the allowance for a single purchase, you won't have any remaining balance to use for future purchases in the same calendar year.

### If You Use Non-Participating Providers

If you do not use a participating provider, you must pay for services and materials and then file a one-time claim for reimbursement of all services and materials. You will need to complete an out-of-network claim form and submit the form with itemized receipts for reimbursement to:

EyeMed Vision Care  
 Attention: OON Claims  
 P.O. Box 8504  
 Mason, OH 45040

If your eye exam is provided on a date that is different from the date you receive your glasses or contacts, don't file your claim for reimbursement until you have all of the necessary receipts.

If you purchase contact lenses from a non-participating provider, you must file a claim in order to obtain the \$105 contact lens allowance. This is a one-time reimbursement, so you should wait to file your claim until you have all of the necessary receipts for your contact lens exam, fitting and the contact lenses themselves.

## Time Frames for Processing Out-of-Network Claims

Health Claim Processing Activity	Time Frame
<b><i>Plan Initial Determination</i></b>	
▪ Initial review decision	▪ 30 calendar days
▪ Extension period, including extension for missing information	▪ 14 calendar days
<b><i>Plan Notice of Incomplete Claim</i></b>	
▪ Missing information	▪ Included in extension period above
<b><i>Claimant Time to Complete Claim</i></b>	
▪ Provide additional information	▪ 45 calendar days
▪ Comply with required filing procedure	▪ 45 calendar days

## Time Frames for Responding to Appealed Claims

Health Claim Processing Activity	Time Frame
<b><i>Claimant Appeal of Adverse Determination</i></b> (Denial or Reduction)	▪ 180 calendar days
<b><i>Plan Decision or Appeal</i></b>	▪ 60 calendar days

EyeMed Vision Care has been determined to belong to the post service claims category. If a claim for benefits is denied, EyeMed Vision Care will notify the member in writing of the specific reasons for the denial. The member may request a full review by EyeMed Vision Care 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 you feel was misinterpreted or inaccurately applied

- Additional information from your eye care provider that will assist EyeMed Vision Care in completing its review your appeal, such as documents, records, questions or comments

The appeal should be mailed to the following address:

EyeMed Vision Care, L.L.C.  
Attn: Quality Assurance Dept.  
4000 Luxottica Place  
Mason, Ohio 45040

EyeMed Vision Care will review your appeal for benefits and notify you in writing of its decision, as well as the reasons for the decision, with reference to specific plan provisions.

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## Member Grievance Procedure

If you are dissatisfied with the services provided by an EyeMed Vision Care Provider, you should either write to EyeMed at the address indicated above or call the EyeMed Vision Care Member Services toll free telephone number at **866 723 0513**.

The EyeMed Vision Care Member Services representative will log the telephone call and attempt to reach a resolution to the issues you raise. 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 Vision Care will use its best efforts to communicate back with you within four (4) business days, with a decision or resolution to the issues or questions raised. If you are not satisfied with the resolution, you may file a formal appeal as set forth above related to a denial of benefits.

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## How to Reach EyeMed

EyeMed Vision Care  
Stryker Group # for Active Employees: 9706201  
Stryker Group # for COBRA  
Participants: 9706219  
4000 Luxottica Place  
Mason, OH 45040  
**866 723 0513**  
**[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)** or  
**[www.eyemedcontacts.com](http://www.eyemedcontacts.com)**