



The following is a summary of the vision care services for **Stryker Corporation**.

This document is not the Summary Plan Description.

## **Plan Information**

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**Stryker Corporation**, (hereinafter, "Employer") has selected EyeMed Vision Care, LLC ("EyeMed") as your vision care services provider (the "Benefit"). The Benefit provides coverage for routine vision exams, as well as eyeglasses and contact lenses.

This Summary reflects the Plan that will be in effect beginning **1/1/2023**. As issues arise which are not specifically addressed in this Summary, the Claims Administrator will review whether coverage for such services will be included as a covered service under the Benefit.

Employer has delegated the responsibility of its claims determinations under the Benefit to First American Administrators, Inc., ("FAA"), a wholly-owned subsidiary of EyeMed. FAA has the discretionary authority to decide claims and appeals, including the authority to interpret the relevant provisions of the Benefit and the authority to grant and/or deny any and all claims for the vision Benefits.

This Summary is based on the official Benefit documents. If there is a disagreement between the information contained in this Summary and the official Benefit documents, the Benefit documents will govern. This Summary describes the current vision Benefit. Except as prohibited by law, or by the terms of a collective bargaining agreement, Employer may amend or terminate the Benefit.

This Summary does not address Benefit eligibility. Eligibility decisions are solely and exclusively determined by Employer.

## **The EyeMed Network**

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EyeMed's network of providers includes private practitioners, as well as the nation's premier retailers, LensCrafters®, Target Optical, and most Pearle Vision locations. To locate EyeMed Vision Care providers near you, visit [www.eyemed.com](http://www.eyemed.com) and choose the **Access**. You may also call EyeMed's Customer Care Center at **1-866-939-3633**. EyeMed's Customer Care Center can be reached Monday through Friday from 7:30 am to 11:00 pm, on Saturdays from 8:00 am until 11:00 pm and on Sundays from 11:00 am to 8:00 pm EST.

### **Online options**

You can also use your in-network benefits to purchase glasses, contacts and prescription sunglasses online. Simply visit [glasses.com](http://glasses.com), [contactsdirect.com](http://contactsdirect.com), [lenscrafters.com](http://lenscrafters.com), [targetoptical.com](http://targetoptical.com) or [ray-ban.com](http://ray-ban.com) to instantly apply your eyewear benefits at checkout.

## **Using In-Network Providers**

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

ID card to identify your membership.

When you receive services at a participating EyeMed Network 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 Vision Benefits. To receive your out-of-network reimbursement, complete and sign an out-of-network claim form and attach your itemized receipts. For your convenience, you may submit your claim form in one of the three (3) following options:

- 1) Online: FAA/EyeMed out-of-network claims can be completed online. To access the out-of-network form or to check the status of a claim, log in to [Member Web](#) and navigate to the Claims tab. Remember to upload an itemized paid receipt with your name included.
- 2) Mail: First American Administrators, Inc., ("FAA"), a wholly-owned subsidiary of EyeMed Vision Care:  
  
FAA/EyeMed Vision Care  
Attn: OON Claims  
P.O. Box 8504  
Mason, OH 45040-7111
- 3) Email: You may also print a claim form and email it to us at [oonclaims@eyemed.com](mailto:oonclaims@eyemed.com) or call the EyeMed's Customer Care Center at **1-866-939-3633**.

## Summary of Vision Benefits

	Your In-Network Cost	Your Out-of-Network Reimbursement*
Exam	\$0 copay	Up to \$35
Retinal Imaging	Up to \$39	Not covered
<b>CONTACT LENS FIT AND FOLLOW- UP</b>		
Fit and Follow-Up - Standard	Up to \$55	Not covered
Fit and Follow-Up - Premium	10% off retail price	Not covered
<b>FRAME</b>		
Frame	\$0 copay, 20% off balance over \$150 allowance	Up to \$45
<b>STANDARD PLASTIC LENSES</b>		
Single Vision	\$20 copay	Up to \$40
Bifocal	\$20 copay	Up to \$60
Trifocal	\$20 copay	Up to \$80
Lenticular	\$20 copay	Up to \$80
Progressive – Standard	\$90 copay	Up to \$60
Progressive – Premium	\$90 copay; 20% off retail price less \$120 allowance	Up to \$60
<b>LENS OPTIONS</b>		
Anti-Reflective Coating - Standard	\$45 copay	Not covered
Photochromic – Plastic	20% off retail	Not covered
Polycarbonate – Standard	\$40	Not covered
Scratch Coating – Standard Plastic	\$15	Not covered
Tint – Solid or Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
<b>CONTACT LENSES**</b>		
Contacts - Conventional	\$0 copay, 15% off balance over \$150 allowance	Up to \$105
Contacts - Disposable	\$0 copay, 100% of balance over \$150 allowance	Up to \$105
Contacts - Medically Necessary	\$0 copay; paid in full	Up to \$210
<b>OTHER</b>		
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1-877-203-0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	Not covered

<b>FREQUENCY</b> Based on <b>Insert calendar year;</b> <b>plan year, or DOS</b> Exam	Once every calendar year	Once every calendar year
Frames	Once every calendar year	Once every calendar year
Lenses or Contact Lenses	Once every calendar year	Once every calendar year
<b>Lasik</b>	Once Per Lifetime	Once Per Lifetime]

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

\*\* For prescription contact lenses for only one eye, the 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. Except for the following Allowance for which any remaining balance may be used within the same Benefit Frequency;

## **Additional Discounts**

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Under the Plan, you may receive benefits for eyeglasses (frame and lenses) or contact lenses as outlined on the Summary of Vision Benefits. In addition, EyeMed provides an in-network discount on products and services once your in-network benefits for the applicable benefit period have been used. The in-network discounts are as follows:

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

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

Discounts on services may not be available at all participating providers. Prior to your appointment, please confirm with your provider whether discounts are offered.

## **Medically Necessary Contact Lenses**

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The Plan provides coverage for medically necessary contact lenses when one of the following conditions exists:

- **Anisometropia** of 3D in meridian powers
- **High Ametropia** exceeding -10D or +10D in meridian powers
- **Keratoconus** mild/moderate - when keratoconus is present and the member's vision is not correctable to 20/ 25 in either or both eyes using standard spectacle lenses
- **Keratoconus** advanced/ectasia – when keratoconus is present and one or more specified conditions are met
- **Vision Improvement** for members whose vision can be corrected two lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses

The benefit may not be expanded for other eye conditions even if you or your providers deem contact lenses necessary for other eye conditions or visual improvement.

## **Retinal Imaging**

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Retinal imaging has been provided as a discount to your vision care benefit. Retinal imaging is a diagnostic tool that provides high-resolution, permanent digital records of your inner eye. Please consult with your Provider to determine if you are a candidate for retinal imaging.]

## **Savings on Laser Vision Correction**

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EyeMed Vision Care, in connection with the U.S. Laser Network, owned and operated by LCA Vision, offers savings to you for LASIK and PRK. You are entitled to the following discounts:

\$800 off LASIK at Featured Provider Lasik**Plus** - or - at any other in-network provider you can receive 15% off standard price or 5% off any promotional price.

For additional information or to locate a network provider, visit [www.eyemedlasik.com](http://www.eyemedlasik.com) or call 1-800-988-4221. Once you choose your provider, make sure to identify yourself as an EyeMed member to receive your discount and get further member instructions.

## **Hearing Discount Benefit with Amplifon Hearing Health Care**

At EyeMed, we're all eyes and ears about your health and wellness. That's why we teamed up with Amplifon – the world's largest distributor of hearing aids and services to add affordable hearing care to your EyeMed vision benefits package.

Members receive a discount on hearing aids with a low-price guarantee. For additional information call **1-877-203-0675**.

## **Benefit limitations and exclusions**

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Your vision care benefit contains several limitations and exclusions. Please contact your employer for additional information.

## **Claims and Claims Appeals**

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You may authorize someone else to file and pursue a claim for benefits or an appeal on your behalf. If you do so, you must notify EyeMed Vision Care in writing of your choice of an authorized representative. Your notice must include the representative's name, address, phone number, and a statement indicating the extent to which he or she is authorized to act on your behalf. A consent form that you may use for this purpose will be provided to you upon request.

### **Time Frames for Processing Claims**

FAA will decide claims within the time permitted by applicable state law, but generally no longer than 30 days after receipt. If FAA needs additional time to decide a claim, it will send you a written notice of the extension, which will not exceed 15 days. If FAA needs additional information from you in order to decide the claim, FAA will send you a written notice explaining the information needed. You will have 45 days to provide the information to FAA. If your claim is denied, in whole or in part, FAA will inform you of the denial in writing.

### **Time Frames and Procedures for Appealing Claims**

If your claim is denied, in whole or in part, you may file an appeal. The appeal must be in writing and received by FAA within 180 days of your notice of the denial. If you do not receive an EOB within 30 days of submission of your claim, you may submit an appeal within 180 days after this 30-day period has expired. Your written letter of appeal should include the following:

- The applicable claim number or a copy of the written denial or a copy of the EOB, 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 FAA in completing its review of the member's first-level appeal, such as documents, records, questions or comments.

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

FAA/EyeMed Vision Care  
Attn: Quality Assurance Dept.  
4000 Luxottica Place  
Mason, OH 45040  
Fax: 1-513-492-3259

FAA/EyeMed will review your appeal and notify you in writing of its decision.

## **Complaint Procedure**

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If you are dissatisfied with an EyeMed Provider's quality of care, services, materials or facility or with EyeMed's Plan administration, you should first call EyeMed Customer Care Center at **1-866-939-3633** to request resolution. The EyeMed Customer Care Center will make every effort to resolve your matter informally.

If you are not satisfied with the resolution from the Customer Care Center service representative, you may file a formal complaint with EyeMed's Quality Assurance Department at the address noted above. You may also include written comments or supporting documentation.

The EyeMed Quality Assurance Department will resolve your complaint within thirty (30) days after receipt, unless special circumstances require an extension of time. In that case, resolution shall be achieved as soon as possible, but no later than one hundred twenty (120) days after EyeMed's receipt of your complaint. Upon final resolution, EyeMed will notify you in writing of its decision.

## **ERISA**

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As a participant in the **Stryker Corporation**, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). For a detailed description of your rights, please refer to the Summary Plan Description ("SPD") document provided by your employer.

### **Enforce Your Rights**

If your claim for vision benefits is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

When you have completed all appeals mandated by ERISA, additional voluntary alternative dispute resolution options may be available, including mediation and arbitration. You should contact the U. S. Department of Labor or the state insurance regulatory agency for details. Additionally, under ERISA (Section 502(a)(1)(B)), see, 29 U.S.C. 1132(a)(1)(B), you have the right to bring a civil (court) action when all available levels of review of denied claims, including the appeals process, have been completed, the claims were not approved in whole or in part, and you disagree with the outcome.

### **Assistance with Your Questions**

If you have any questions about your Plan, you should contact the Plan Administrator. Your Human Resources Department should be able to provide you with the name and contact information of your Plan Administrator...If you have any questions about this summary of vision care services or about your rights under ERISA, you should contact the nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your

telephone directory or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Pension and Welfare Benefits Administration.