

RETIREE VISION DISCOUNT PLAN

SUMMARY PLAN DESCRIPTION

ELIGIBILITY AND ENROLLMENT

This plan is available to retired Teamsters and their spouses (if applicable) who meet the qualifications for Allegiant Care's pre-Medicare or Medicare retiree plans. To enroll, you must complete an enrollment form and send to Allegiant Care along with your payment or pension deduction authorization. Coverage will begin on the first of the month following the date Allegiant Care receives your enrollment.

If you receive a pension from the New England Teamster & Trucking Industry Pension Fund, you must authorize Allegiant Care to deduct the annual premium from your pension in equal monthly deductions over 12 months. Coverage will automatically continue for successive 12-month periods unless you submit a request in writing to cancel the coverage prior to the start of the next 12-month period. For example, if your 12-month period ends June 30, 2024, you must request cancellation of coverage prior to June 30, 2024.

Retirees who are not receiving a Teamsters pension or whose pension amounts are not sufficient to cover the cost of coverage must pay Allegiant Care the full annual premium in one payment. Once the premium is paid, you have 12 months to use the benefit and then coverage will end unless you purchase coverage for another 12 months.

IN-NETWORK PROVIDERS

EyeMed has an extensive network of independent and national retail providers including LensCrafters, Pearle Vision and Target Optical. In addition, the EyeMed network includes many online options such as Glasses.com, ContactsDirect.com, LensCrafters, Target Optical and Ray-Ban. To find an in-network provider near you, call EyeMed Member/Patient services at 1-866-800-5457 or go to [EyeMed.com](https://www.eyemed.com) and select the "Find an Eye Doctor" link. For the broadest selection of providers, choose the "Insight" network from the network dropdown or login to your EyeMed account to receive a provider list that is tailored to your location and plan. When you use an in-network provider, the provider will file a claim on your behalf.

IF THERE ARE NO IN-NETWORK PROVIDERS NEAR YOU

If you live in a rural area and you are unable to locate a participating provider within 20 miles of your home or work address, you can order online or use an out-of-network provider and get reimbursed at the in-network level of benefits using the EyeMed Out-Of-Network Claim Form located on our website at myallegiantcare.com/forms. Contact Allegiant Care before scheduling your appointment to confirm you meet the requirements for in-network reimbursement of an out-of-network claim. This option is not available if you choose an out-of-network provider due to preference or because you are traveling.

OUT-OF-NETWORK PROVIDERS

If you choose to use a provider that is not part of the EyeMed network, you must pay the provider in full at the time of service and then file a claim for reimbursement. Refer to the Schedule of Benefits for out-of-network reimbursement maximums. The EyeMed Out-of-Network Claim Form is available on our website at myallegiantcare.com/forms. Mail your completed claim form along with an itemized receipt to:

First American Administrators, Inc.
Attn: OON Claims
PO Box 8504
Mason, OH 45040-7111

DOWNLOAD THE MOBILE APP

Create a member account at EyeMed.com and download the EyeMed Members App from Google Play or the App Store to access your digital ID card, search for providers, check eligibility and review your benefits.

USING YOUR BENEFIT

When you schedule an appointment, inform the provider that your vision benefit uses the EyeMed Insight Network and provide the Member ID number listed on your EyeMed ID card. Ask the provider to verify your eligibility prior to your appointment. Note: You may not be eligible for all benefit components, *i.e.*, exam, frames and lenses at the same time, so it is important to confirm you are eligible for all the benefits you want to use. Refer to the Frequency Limits section below to see how often you can use each component of the vision benefit.

FREQUENCY LIMITS

Benefit Component	Frequency
Routine Eye Exam	Once in a 12-month period
Lenses for Glasses	
Frames	
Contact Lenses (in lieu of glasses)	

ROUTINE EYE EXAMS

Your EyeMed vision plan covers routine eye exams at no charge if you use an in-network provider.

Eye examinations specifically intended to diagnose or treat a medical condition, *e.g.*, glaucoma, diabetes, are not covered under the EyeMed vision benefit. If you have medical coverage through Medicare or Allegiant Care, exams for these conditions may be covered under the medical benefit, provided you select an ophthalmologist who is part of your medical plan's provider network.

Exam Services	In-Network Your Cost	Out-of-Network Reimbursement Amount
Routine Eye Exam	\$0 copay	Up to \$40
Retinal Imaging	Up to \$39 copay	Not covered
Fit and follow-up exams for contact lenses	Standard: \$40 copay Premium: 10% off retail price	Not covered

EXAMINATION FOR CONTACT LENSES

If you order contact lenses, you will need a contact lens examination in addition to a routine eye exam. This exam can typically be done at the same time as the routine exam, but you should inform the provider of your intent to order contact lenses when you schedule the appointment. After the initial exam and fitting, the plan covers up to 2 standard follow-up appointments. A premium exam and fitting is required for more complex contact lens applications (*e.g.*, toric, multi-focal, gas permeable or post-surgical lenses).

SCHEDULE OF BENEFITS

Eyewear Benefits	In Network Your Cost	Out-Of-Network Reimbursement Amount
Frames	\$0 copay up to \$90 allowance then 20% discount off balance	Up to \$70
Standard Plastic Lenses		
Single Vision	\$0 copay	Up to \$30
Bifocal	\$20 copay	Up to \$50
Trifocal	\$55 copay	Up to \$70
Lenticular	\$55 copay	Up to \$70
Progressive - Standard	\$85 copay	Up to \$50
Progressive - Premium Tier 1*	\$105 copay	Up to \$50
Progressive - Premium Tier 2*	\$115 copay	Up to \$50
Progressive - Premium Tier 3*	\$130 copay	Up to \$50
Progressive - Premium Tier 4*	\$221 copay	Up to \$50
Lens Options and Coating		
Anti-Reflective Coating - Standard	\$45 copay	Up to \$23
Anti-Reflective Coating - Premium Tier 1*	\$57 copay	Up to \$23
Anti-Reflective Coating - Premium Tier 2*	\$68 copay	Up to \$23
Anti-Reflective Coating - Premium Tier 3*	\$85 copay	Up to \$23
Scratch Resistant Coating - Standard	\$15 copay	Not covered
Ultraviolet (UV) Coating	\$15 copay	Not covered
Tint - Solid and Gradient	\$15 copay	Not covered
High-Index (HI)	20% discount off retail price	Not covered
Polarized	20% discount off retail price	Not covered
Polycarbonate - Standard	\$40 copay	Not covered
Photochromic - Non-Glass	\$75 copay	Not covered
Photochromic - Glass	20% discount off retail price	Not covered
Contact Lenses (in lieu of glasses)		
Conventional	\$90 allowance	Up to \$70
Disposable	\$90 allowance	Up to \$70

* If you select progressive lenses or anti-reflective coating, be sure to ask your provider for assistance in determining which copay tier applies to the brands you have selected. You can also use the cost estimator found on the EyeMed app or website (you must first register and login to get cost estimates specific to your plan).

ORDERING ONLINE

If you have a valid prescription, you can order glasses or contacts online through one of EyeMed's participating online providers, *i.e.*, LensCrafters.com, TargetOptical.com, Ray-Ban.com, Glasses.com and ContactsDirect.com. Visit your selected provider's website and choose from hundreds of brand-name frames and contacts. Enter your EyeMed Member ID number during check-out to automatically apply in-network benefits to your order.

WARRANTY AND BREAKAGE PROTECTION

Glasses obtained from an in-network provider have a one-year manufacturer's warranty. The standard one-year warranty covers manufacturer defects such as delamination of a lens coating, frame breakage under normal usage, discoloring of plastic/acetate in the frame, and surface-level scratches on lenses with scratch coating or polycarbonate lenses. To file a claim, contact the provider that dispensed the eyewear.

DISCOUNTS FOR ITEMS NOT COVERED BY THE PLAN

At participating in-network providers, members get everyday savings like 40% off a complete additional pair of prescription glasses, 20% off non-prescription sunglasses, 20% off the balance for frames after the plan allowance has been met, and 15% discount off the balance for conventional contact lenses. These discounts only apply when you use an in-network provider.

In addition, you can get discounted prices for LASIK, PRK and hearing aids using select providers. See below for more information.

LASIK or PRK

EyeMed is partnered with the U.S. Laser Network to provide a 15% discount off standard pricing to eligible members and dependents at participating locations. Call 1-800-988-4221 or visit eyemedlasik.com for more details.

Hearing Aids

EyeMed partners with the Ampliphon Hearing Health Care Network. Members may receive up to a 64% discount off hearing aids, an extended warranty and free batteries. Call 1-877-203-0675 to find a participating Ampliphon provider and schedule an appointment.

PLAN EXCLUSIONS

The EyeMed Vision Plan does not cover the following:

1. non-prescription eyeglasses, non-prescription sunglasses and cosmetic contacts, *e.g.*, contacts for eye color alteration;
2. eye examinations to diagnose or treat a medical condition, *e.g.*, diabetes, glaucoma, cataracts (exams for these conditions may be covered under your medical benefit);
3. services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye or supporting structures;
4. Aniseikonic lenses;
5. refraction, when not provided as part of a comprehensive eye examination;
6. services rendered or eyewear ordered after the date your coverage under the Plan ends; and
7. solutions, cleaning products or frame cases.