



SCHEDULE OF BENEFITS

This Schedule lists the vision care services and materials to which covered patients are entitled, subject to any co-payments and other conditions, limitations and/or exclusions. For services which are allowed at a stated frequency, the interval begins with the date of enrollment and resets on a calendar year basis. For example, during an initial year of enrollment a patient receiving an eye exam after March 1, 2012 would be eligible for a covered exam again after January 1, 2013 and then once per calendar year while continuously enrolled in the plan.

Vision care services and materials may be received from any licensed optometrist, ophthalmologist, or dispensing optician, whether a Participating or Non-Participating Provider. Patients will enjoy a higher benefit when services are rendered by a Participating Provider. The following schedule of benefits will prevail:

<i>Benefit</i>	Participating Coverage	Non Participating Allowance
<i>Eye Examination</i> Once every calendar year	\$10 Co-Pay; Pays 100%	\$25
<i>Materials</i> Lenses, 1 pair every calendar year; Single vision lenses Lined bifocal lenses Lined trifocal lenses Frames, 1 every other calendar year	One \$15 co-pay applies; Pays 100% Pays 100% Pays 100% Pays 100% <i>up to Plan limit: \$120.00</i>	 \$30 \$35 \$45 \$35
<i>Contact lenses</i> Once every calendar year, in lieu of lenses and/or frames. Fitting fees may apply to this allowance. Visually necessary Medically necessary*	 \$120 \$165	 \$105 \$165
<i>Surgery</i> Laser Vision Correction Radial and Astigmatic Keratotomy Cosmetic Eyelid Surgery Brow Lifts	10% Discount 10% Discount 10% Discount 10% Discount	Not Covered Not Covered Not Covered Not Covered
<i>Optional Lens Enhancements</i> Tinted or polychromatic Over-size Progressive/Blended High Index Ultraviolet coating Scratch coating	Patient may purchase " " " " " " " " " " " " " " "	Patient may purchase " " " " " " " " " " " " " " "

*Keratoconus (371.61) and Aphakia (379.31)

Schedule of Benefits may change on group renewal dates for your employer.



??? Frequently Asked Questions ???

Where Do I find current and updated provider information and any new information about my plan?

www.eyecollaborativenetwork.com or call your local benefit plan agent or EAN at 1-800-386-8606

You can also follow EAN and Like us on Facebook!

What is the frame limit?

EAN establishes frame coverage so that a patient may choose frames, which will be covered at 100% after co-payment, or the patient may choose a frame that exceeds the plan limit and pay the cost of the upgrade. The Plan limit is a \$120.00 retail allowance. Frames may be purchased once every 2 years.

Can I purchase contacts and eyeglasses at the same time?

The plan covers **either** contacts or glass lenses within a calendar year period. A patient may receive benefits toward lenses for glasses or contacts lenses once per calendar year.

Will the plan cover a referral exam for a medical problem with my eyes?

The plan covers one eye exam per calendar year. If a patient requires a referral for medical vision care, charges should be submitted under the patient's health insurance plan.

How does the plan coordinate benefits with other vision plans?

Coordination of benefits is determined by the "birthday rule" when dependents are enrolled in more than one vision plan. The employee is always primary under their employer's plan, but dependent children will have primary coverage under the plan of the parent whose birthday occurs first in the calendar year. EAN will reimburse out-of-pocket charges remaining after the primary plan has paid benefits to the extent that they are covered under EAN's schedule of benefits.

How often can I change my enrollment?

Enrollment in EAN is for a 24-month enrollment period, established by your employer for benefit enrollments, provided your employment or family status does not change. If you have an employment change or family status change, you may modify your enrollment in a manner which is consistent with those changes. (i.e. birth or adoption of a child or marriage or divorce) The eligibility of a domestic partner or dependent child to be enrolled in the plan shall follow the rules established by any applicable Federal & State laws or regulations or as provided by your employer for other benefits.

What if I decide to terminate the plan or am no longer affiliated with my current employer?

EAN will honor your right to elect COBRA Continuation of Benefits for our vision program.

What do I do if I have a grievance or complaint?

Most problems or concerns can be quickly resolved by calling Customer Service at **800-386-8606**. If you are still not satisfied, EAN will provide you with our formal grievance protocol.

NOTICE: EAN is a pre-paid vision program and is not insurance.
