

Active Vision Plan Highlights

General Information

The Vision Care Plan Highlights provides a brief overview of the key features of the Vision Care Plan. Detailed Program provisions, including coverage and coverage amounts, limitations and exclusions, eligibility and enrolling or changing coverage, can be found in the Vision Care Plan Details. Information about your eligibility and your dependents, as well as information about enrolling in or changing coverage, can be found in the General/Administrative Information Plan Details. EyeMed Vision Care is the Vision Care Plan Service Administrator for the Johnson & Johnson Family of Companies. To access the Plan Details, visit the For Your Benefit (FYB) Website at <http://resources.hewitt.com/jnjbsc> where you can access Your Benefits Resources™ (YBR).

How to Use the Plan

The Active Vision Care Plan is designed to help you and your covered dependents pay the cost of certain necessary vision care expenses. The Vision Care Plan gives you the choice of accessing services In-Network or Out-of-Network.

- **In-Network Services** generally provides greater benefits and fewer out-of-pocket expenses. EyeMed Vision Care's network consists of optometrists, ophthalmologists and retail chain providers. If you use a network participating provider, you should call for an appointment, identify yourself as an employee of the Johnson & Johnson Family of Companies, and provide your ID card or the patient's name and date of birth.

After you make the appointment, the provider's office will confirm eligibility and coverage amounts. Once services are rendered, the provider will submit a claim for services and will be paid directly by EyeMed Vision Care. You will be responsible for any expenses not covered under the Vision Care Plan in addition to any amounts over the Vision Care Plan maximums (See the "Vision Coverage At-A-Glance" chart included here or in the Vision Care Plan Details for more information).

To obtain a list of participating vision care providers, or to see if your current provider is participating in the network, go to the EyeMed Vision Care Web site at www.eyemedvisioncare.com/jnj. You can also call EyeMed Vision Care's Customer Service Center at 1-866-414-2064 to obtain information about network providers or to see if there have been any recent changes to the network.

In addition, the Vision Care Plan also provides a discount program for eye exams and eyewear once your plan benefits have been exhausted for the calendar year. Please check with your EyeMed Vision Care provider or call the EyeMed Vision Care Customer Service Center to see if your provider participates in the EyeMed Vision Care discount program and to determine the discount available.

- **Out-of-Network Services** include the same type of expenses that are covered In-Network. However, Out-of-Network benefits and limits will apply if you receive services from any qualified doctor or eye care provider who does not participate in the EyeMed Vision Care network (See the "Vision Coverage At-A-Glance" chart included here or in the Vision Care Plan Details for more information).

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Plan Overview

Vision Coverage At-A-Glance¹

	In-Network (Select Network)	Out-of-Network ²
Eye Care Exam		
Annual Exam (dilation as necessary)	\$15 copay	Up to \$50 reimbursement
Eyeglasses – Frames and Lenses (in lieu of Contact Lenses)³		
Annual Allowance for Frames	100% coverage up to \$130, 20% off the balance over \$130	Up to \$55 reimbursement
Annual Coverage for Standard Plastic Lenses		
• Single Lenses	\$0 copay (100% coverage)	Up to \$50 reimbursement
• Bifocal Lenses	\$0 copay (100% coverage)	Up to \$70 reimbursement
• Trifocal Lenses	\$0 copay (100% coverage)	Up to \$90 reimbursement
• Lenticular Lenses	\$0 copay (100% coverage)	Up to \$90 reimbursement
Annual Coverage for Standard Progressive Lenses	\$0 copay (100% coverage)	Up to \$84 reimbursement
Annual Coverage for Premium Progressive Lenses⁴		
<ul style="list-style-type: none"> Adaptar Digital, Adaptar Digital Short, Natural Digital, Ovation Digital, Small Fit, Small Fit Digital, Amplitude IQ, GP Wide, Proceed II, Proceed III, Genesis, Piccolo, Gradal Top, Instinctive HD, Synchrony, Adage, Concise, EOS, Fusion I, Fusion II, Illumina, Image, Novel, Novella, Precise, Precise Short, Xplorer, MVP, Premium Progressive, Short Fit Progressive, Ray Ban Rox Progressive, Hoya TACT BKS, Hoya Amplitude BKS, Hoya Amplitude Mini BKS, Hoya Amplitude IQ Mini, Navigator FBS, Navigator Short FBS 	\$26 copay	Up to \$84 reimbursement
<ul style="list-style-type: none"> Ideal, Ideal Short, Varilux Comfort 2, Varilux Comfort 2 Short, Varilux Comfort DRx, Varilux Comfort Drx Short, Varilux Comfort W2+, Varilux Comfort W2+ Fit, Summit CD, Summit ECP, Seiko PC Wide Computer, Succeed, Succeed WS, Element, Genesis Attitude, Piccolo Attitude, AO Easy, GT2, GT2 Short, Compact Ultra, Sola One, Zeiss Choice, Zeiss Digital, Zeiss Digital Wrap, DST Custom Plus, EOS Wrap, Image Wrap, HD Workspace, Kodak Precise PB, Kodak Precise PB Short, IOT Everyday, TruClear, Nikon Presio I Digital, Instinctive Performance, Shamir Golf Progressive, IsSential 	\$32 copay	Up to \$84 reimbursement

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Annual Coverage for Premium Progressive Lenses ⁴ (continued)		
	In-Network (Select Network)	Out-of-Network ²
<ul style="list-style-type: none"> Definity, Definity Short, Ideal Advanced, Ideal Adv Wrap, Varilux Ellipse, Varilux Panamic, Varilux Physio, Varilux Physio Short, Varilux Physio DRx, Varilux DRx Short, Varilux Stylistic Wrap, Supercede II, Autograph II Attitude Wrap, Autograph II Fixed, Autograph II Office, Autograph II Variable, Creation, Shamir Computer, Shamir InTouch, Shamir Work Space, Spectrum, AO Easy HD, Compact Ultra HD, GT2 3D, GT2 3D Short, Sola OneHD, Zeiss Choice Plus, Zeiss Offilens, Concise Digital, DST Custom Plus HD, DST Custom Plus HD Sun Wrap, Precise Digital/Digital Short, Unique, IOT Ultimate, IOT Universal, TruClear SD, Nikon Digi Life 	\$38 copay	Up to \$84 reimbursement
<ul style="list-style-type: none"> Other Premium Progressives 	80% of the charge less \$120 allowance	Up to \$84 reimbursement
Other Lens Options Available		
<ul style="list-style-type: none"> Polycarbonate <ul style="list-style-type: none"> – Adults – Children under age 19 	\$40 copay \$0 copay (100% coverage)	No discount or coverage available Up to \$28 reimbursement
<ul style="list-style-type: none"> UV Treatment, Tint, Standard Scratch Coating 	\$0 copay (100% coverage)	Up to \$11 reimbursement
<ul style="list-style-type: none"> Standard Anti-Reflective Coating 	\$0 copay (100% coverage)	Up to \$32 reimbursement
<ul style="list-style-type: none"> Plastic Photochromatic Lenses (e.g. Transitions) 	\$75 copay	No discount or coverage available
<ul style="list-style-type: none"> Premium Anti-Reflective Coating⁴ <ul style="list-style-type: none"> - Crizal Easy with UV, HiVision, Hoya Premium w/ViewProtect, Carat, Carat Gold, Gold ET, BluCrystal, Kodak CleAR, RF Endura EZ, Xperio Sun UV, Xperio Sun UV w/Mirrors, Viso 	\$12 copay	No discount or coverage available

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Other Lens Options Available (continued)		
	In-Network (Select Network)	Out-of-Network ²
- Crizal Alize w/UV, Crizal SunShield w/UV, HiVision w/ViewProtect, Allure AR, Carat Advantage, Carat Advantage Gold, Zeiss Teflon Clear Coat, Custom CleAR Plus, Custom CleAR Plus Sun, Kodak Clean'N CleAR, Premium AR, EasyCare Premium AR, EZ Premium CleAR, Viso XC, ECC AR, Zeiss DuraCoat Silver, Kodak Clean & Clear UV	\$23 copay	No discount or coverage available
- Other Premium Anti-Reflective Coatings	Retail price less 20%	No discount or coverage available
Contact Lenses (in lieu of Eyeglasses) ³		
Annual Allowance for Contact Lenses: Manufactured by Johnson & Johnson	<ul style="list-style-type: none"> • <i>Conventional Contacts:</i> 100% coverage up to \$150, 15% off balance over \$150 • <i>Disposable Contacts:</i> 100% coverage up to \$150 	Up to \$150 reimbursement
Annual Allowance for Contact Lenses: Not Manufactured by Johnson & Johnson	<ul style="list-style-type: none"> • <i>Conventional Contacts:</i> 100% coverage up to \$100, 15% off balance over \$100 • <i>Disposable Contacts:</i> 100% coverage up to \$100 	Up to \$85 reimbursement
<i>Note: You may submit only one claim for reimbursement per year, but the submission can include receipts with multiple dates of service up to the out-of-network reimbursement limit.</i>		
Contact Lens Fit and Follow-Up Discount Fee	<ul style="list-style-type: none"> • <i>Standard Fitting:</i> Up to \$40 copay • <i>Premium Fitting:</i> Retail price less 10% 	No discount or coverage available
Medically Necessary Contact Lenses⁵	\$0 copay (100% coverage)	Up to \$210 reimbursement
Laser Vision Correction ⁶		
	In-Network (Select Network)	Out-of-Network ²
LASIK and PRK Procedures	Retail price less 15% or promotional price less 5% from U.S. Laser Network	No discount or coverage available
Additional Savings		
Other Services, Materials or Add-On Features	20% off various services and materials such as polarized lenses, cleaning solutions, cloths, glass lenses and sunglasses (excludes contact lenses and doctors' professional services)	No discount or coverage available
Additional Discounts	40% off complete pair of eyeglasses / 15% off conventional contact lenses once annual benefits for eyeglasses and contact lenses have been used; 20% off frames, lenses or lens options purchased separately	No discount or coverage available

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¹ *Discounts on non-covered service items are not available at some locations in the state of Texas. Contact EyeMed or the provider to confirm.*

² *For exam, frame, standard lenses and contact lenses at Costco or Wal-Mart, reimbursement is equivalent to in-network benefits. For eligible reimbursement from Costco and Wal-Mart, as well as for out-of-network expenses, complete and submit a claim form and receipts to the address listed on the form. Additional savings are not available at Costco or Wal-Mart locations.*

³ *The Active Vision Care Plan covers one eye exam and one pair of eyeglasses (lenses and frames) or one eye exam and a supply of contact lenses (up to the contact lens Plan allowances) per calendar year per covered person. If the member chooses the contact lens benefit, they are also eligible to receive one eyeglass frame (no lenses) up to the Plan allowance.*

⁴ *Premium progressives or premium anti-reflective coating product brands within each tier are subject to change. For the most up-to-date listing, please call EyeMed at 1-866-414-2064.*

⁵ *Medically necessary contact lenses are determined at the provider's discretion to correct extreme vision problems that cannot be corrected by spectacle lenses including certain conditions of anisometropia (unequal refractive power in the two eyes) or Keratoconus (a corneal protrusion that often can be corrected by contact lenses), High Ametropia (exceeding -10D or +10D in meridian powers) or Vision Improvement (other than Keratoconus for members whose vision can be corrected two lines of improvement on the visual acuity chart when compared to the best corrected standard spectacle lenses). You or your provider should contact EyeMed Vision Care before the purchase of contact lenses for the above conditions to obtain reimbursement details. An annual supply, as defined by the manufacturers' replacement guidelines, will be 100% covered when using an in-network provider.*

⁶ *Laser vision correction discount is not part of the funded benefit. Discounts are available through the US Laser Vision network, which is owned by LCA-Vision.*

Filing Claims

You do not have to submit a claim form if you use a network provider. If you use a Costco, Wal-Mart or other non-network provider, you will need to pay the entire bill at the time services are provided and submit a completed claim form to EyeMed Vision Care. For services at all Costco and Wal-Mart optical locations, you'll receive reimbursements equivalent to in-network benefits. However, additional savings discounts are not available at Costco and Wal-Mart.

Claims must be submitted no later than one-year from date of service. To obtain a claim form, log on to visit the For Your Benefit (FYB) Website at <http://resources.hewitt.com/jnjbsc> where you can access Your Benefits Resources™ (YBR).

Service Administrator Information

The Active Vision Care Plan offers a nationwide network of both private practice vision care providers and retail chain providers through an insured arrangement with Combined Insurance Company of America and claims are administered by First American Administrators, Inc. EyeMed Vision Care provides the network of providers who contract their services at pre-negotiated fees.

To contact EyeMed Vision Care for Plan related questions, call the Customer Service Center at 1-866-414-2064. The EyeMed Vision Care representatives are available Monday through Saturday from 7:30 AM to 11:00 PM and Sunday from 11:00 AM to 8:00 PM Eastern Time. You may also access the EyeMed Vision Care Web site directly at www.eyemedvisioncare.com/jnj.