

Vision Benefits FAQ

Q1: What are vision benefits?

A1: Vision benefits provide coverage for various eye care services and products, including eye exams, prescription eyeglasses, contact lenses, and in some cases, even corrective eye surgeries. These benefits contribute to maintaining good eye health and enhancing your overall quality of life.

Q2: Who is eligible for vision benefits?

A2: All regular Full-Time and Part-Time Team Members are eligible for vision benefits. All plans are offered through EyeMed as the insurance provider.

Q3: What services and products are typically covered by vision benefits?

A3: Vision benefits often cover the following services and products:

- Comprehensive eye exams
- Prescription eyeglasses (frames and lenses)
- Contact lenses (including fittings)
- Lens coatings and enhancements
- Discounts on laser eye surgery (LASIK or PRK)
- Some plans may also cover vision therapy for certain conditions

Q4: How often can I get an eye exam with my vision benefits?

A4: The frequency of covered eye exams varies depending on the specific vision plan. Our plans cover one comprehensive eye exam every one to two years. Check the plan documents or contact EyeMed to confirm your coverage period.

Q5: How do I find an eye care provider who accepts my vision insurance?

A5: To find an in-network provider, visit the EyeMed website and look for the enhanced provider search option. Full-Time Team Members can call Health Advocate for assistance with finding in-network providers as well. The Enhanced Provider Search has more than 100,000 network providers to choose from. You can filter your search to find ones near you that have the frame brands, hours and services you want most. Utilizing in-network providers often results in lower out-of-pocket costs.

Q6: What is the process for obtaining prescription eyewear with my vision benefits?

A6: When you visit an in-network eye care provider for an eye exam and prescription, they will assist you in choosing frames and lenses that are covered by your plan. They will submit the necessary information to your insurance provider to determine your coverage, and you will be informed of any out-of-pocket costs.

Q7: Can I get both eyeglasses and contact lenses with my vision benefits?

A7: All of our vision plans offer coverage for both eyeglasses and contact lenses. However, the specifics of coverage may vary along with the allowance timeframes (such as covered every year vs. every other year).

Q8: Can I use my vision benefits for non-prescription sunglasses?

A8: In most cases, vision benefits are designed to cover prescription eyewear. Check the plan documents for your plan to verify coverage details. EyeMed does provide a 20% discount off non-prescription sunglasses.

Q9: Can I change my vision plan during open enrollment?

A9: Yes, open enrollment is the designated time each year when you can make changes to your benefits, including your vision plan. Additionally, you may be able to make changes after certain qualifying life events, such as marriage, the birth of a child, or a change in employment status. For Qualifying life events, please make sure to reach out to Benefits@athome.com within 31 days and provide the required documents. Reach out and let the team know what the qualifying event is and they will advise you what documentation is required.

Q10: How can I add my dependents to my vision plan?

A10: During Open Enrollment you can add your spouse or dependents to your vision plan. During the plan year, you can add them following a qualifying life event, such as marriage, the birth of a child, or a change in employment status. Please note that we verify all dependents through a 3rd party vendor, UnifyHR, so after adding your dependents, make sure to follow up with UnifyHR and send in your requested verification documents to ensure your dependents remain covered under your plan.

Q11: Can I use FSA funds after my EyeMed benefit is applied?

A11: A Flexible Spending Account (FSA) is great for paying for a variety of health-related out-of-pocket expenses, including vision care. You can use FSA money for the eye exam copay, prescription glasses or contact lenses (including upgrades), supplies such as contact lens solution, even LASIK surgery. Vision

care out-of-pocket costs are also eligible for Health Savings Account reimbursement, though these expenses don't count toward your annual deductible.

Q12: How do I submit a claim?

A12: When you visit an EyeMed in-network eye doctor, you won't have to submit a claim, EyeMed will take care of all the paperwork. If you do choose to go out-of-network *and* your plan has out-of-network benefits, you'll need to pay during the visit and then submit a claim form for reimbursement. To access the out-of-network form or to check the status of a claim, log into the EyeMed Member Web and navigate to the Claims tab. Remember to upload an itemized paid receipt with your name included.

Q13: How can I make the most of my vision benefits?

A13: To maximize your vision benefits:

- Schedule regular eye exams to monitor your eye health.
- Utilize in-network providers to reduce your out-of-pocket expenses.
- Understand your plan's coverage specifics, such as allowance limits and frequency of services.
- Take advantage of any additional resources, discounts, or wellness programs offered by your vision insurance provider.

Q14: Do I get an ID Card?

A14: EyeMed sends out 2 paper ID cards in the subscriber's name when you enroll, but you don't have to have it when you visit your eye doctor. If you lose your card or need extras for your family, you can print a replacement on the EyeMed Member Website. Or to pull up a digital version anytime, anywhere, download the EyeMed Members App through the App Store or Google Play.