

The benefits listed are your benefits for your Vision Plan. Detailed description of your benefits, co-payments, and procedures, may be found in the Group Service Agreement or Member Handbook. For a listing of participating providers within our network, please refer to NetCare's Provider Directory or log on to NetCare's website at [www.netcarelifeandhealth.com](http://www.netcarelifeandhealth.com).

| BENEFIT DESCRIPTION                                     | WHAT YOU PAY AT PARTICIPATING PROVIDERS | WHAT YOU PAY AT NON-PARTICIPATING PROVIDERS |
|---|---|---|
| <b>EYE GLASSES</b>                                      |   |   |
| 1. Frames   | No Charge                               | Not Covered                                 |
| 2. Eyeglass Fitting                                     | No Charge                               | Not Covered                                 |
| <b>EYE GLASS LENSES</b>                                 |   |   |
| 1. Single Vision Lenses                                 | No Charge                               | Not Covered                                 |
| 2. Bifocal Lenses                                       | No Charge                               | Not Covered                                 |
| 3. Trifocal Lenses                                      | No Charge                               | Not Covered                                 |
| 4. Lenticular/Aphakik Lenses                            | No Charge                               | Not Covered                                 |
| <b>CONTACT LENSES</b><br>Including Contact Lens Fitting | No Charge                               | Not Covered                                 |
| <b>CONTRACT PERIOD MAXIMUM</b>                          | Plan pays \$150 Per Member              | Not Applicable                              |

### EXCLUSIONS

- Charges that are not Covered Vision Care Charges or for procedures, services or supplies that are not specifically included as Covered Vision Care charges.
- Any portion of a charge in excess of the Prevailing Rates, as defined.
- Services or supplies which were furnished or rendered or for which charges were incurred prior to the effective date of Vision Care Benefit under this plan, or after such Vision Care Benefits terminate.
- Orthoptics or vision training, sub-normal aids, aniseikonia, aniseikonia lenses, coated lenses or any other special purpose vision aids.
- Sunglasses, whether or not requiring a prescription, safety glasses and safety goggles. Tinted lenses with the tint other than what is listed as a covered benefit are considered to be sunglasses for purposes of this exclusion.
- Frames to be used with lenses which do not require a prescription.
- Medical or surgical treatment of the eyes, or for any prescribed drug or other medication.
- Any procedure, service or supplies which are payable under any medical expense benefit plan provided by your Employer, or provided through a medical department of client maintained by your Employer.
- Services and treatment for radical keratotomy or lasik.
- Services or supplies rendered primarily for Cosmetic purposes.
- Services or supplies which are furnished or rendered in connection with an illness, injury, disease or condition contracted or resulting from an act of war, declared or not, civil disobedience, participation in a criminal act, riot or nuclear or atomic explosion or accident.

### DEFINITIONS

**APPEAL & GRIEVANCE PROCEDURES** - NetCare is required by Guam law to offer certain appeal and grievance procedures. These procedures are listed in your Member Handbook or Group Service Agreement. NetCare does have the option to impose time limitations on filing the appeals or grievance.

**COVERED CHARGES** - A dollar amount the Plan will pay based on contractual obligations with participating providers within the network.

**CO-PAYMENT / CO-INSURANCE** - A fixed dollar amount or percentage that is payable by the member before the Plan pays benefits.

**COORDINATION OF BENEFITS** - Coordination of benefits will apply if a member has additional vision coverage. NetCare reserve the right to recover any excess benefits from either the member, the Plan with primary responsibility, or any person or entity that received these benefits for overpayment.

**EXPLANATION OF BENEFITS (EOB)** - An EOB explains how NetCare processed a claim which include services performed, amount charged, amount the Plan paid if a claim was denied in whole or in part, the EOB will provide an explanation of the reason for denial.

**ELIGIBLE CHARGES** - The charge determined by NetCare to be the maximum amount that it will pay for a covered service to a health care provider. Any applicable co-payment will apply to the Eligible Charge. The Eligible Charge will be the lesser of the actual charge or the negotiated charge.

**ENROLLMENT** - Enrollment for vision coverage shall follow the same requirement as medical coverage. Coverage is limited to the group's employee participation requirement and limited to employees who have active medical coverage.

**HIPAA** - NetCare enforces provisions mandated by the Health Insurance Portability and Accountability Act (HIPAA).

**IDENTIFICATION CARDS** - NetCare issues member ID cards for employees and dependents electing coverage. A fee is charged for replacement cards.

**NON-PARTICIPATING PROVIDER** - An optometrist who is not contracted with NetCare to provide service to members. There is no coverage for vision services rendered by a Non-Participating Provider.

**PARTICIPATING PROVIDERS** - An optometrist contracted with NetCare to provide service to members based on Covered Charges. Coverage is limited to Guam and Philippine providers.

**PRIVACY POLICY** - NetCare's Privacy Policy is adopted to ensure that the Plan complies fully with the Health Insurance Portability and Accountability Act (HIPAA). It describes how NetCare may use or disclose members protected information. You have the right to request a copy of NetCare's Privacy Policy by contacting NetCare's office.

**SERVICE AREA REQUIREMENT** - Membership in the Plan is limited to only those enrollees who reside within the designated service area.

**REIMBURSEMENT** - Claims must be submitted to our NetCare office within 90-days of the date of service. Claims filed beyond 90-days of the date of service will be denied and become the sole financial responsibility of the member. Incomplete claims will be returned to the member.

**UCR** - Usual Customary & Reasonable charges of the geographical location where service was rendered.