Vision Care Plan

Highlights

Good eyesight is important. That’s why Turner offers a voluntary Vision Care Plan to help you and your family to pay for eye examinations and glasses or contacts. The plan offers a network of qualified eye care providers. You receive the highest level of benefits when you use a network provider, but you may use any licensed optometrist, ophthalmologist, or dispensing optician you choose.

<table>
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<tr>
<th>Plan Overview</th>
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<tr>
<td>Who is eligible?</td>
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<tr>
<td>When are you eligible?</td>
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<tr>
<td>Do you need to enroll?</td>
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<tr>
<td>When do you need to enroll?</td>
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</tbody>
</table>
| What coverage categories are available? | - Employee  
- Employee + Spouse or Registered Domestic Partner  
- Employee + Child(ren)  
- Employee + Family |
| Who pays the cost? | You pay the full cost of coverage, generally deducted from your paycheck on a before-tax basis. Your cost of coverage for a Registered Domestic Partner is deducted on an after-tax basis. |

Please refer to the Administrative Information section of this Summary Plan Description for additional information on claims procedures, plan administration, your rights under the plan, and Turner’s rights under the plan, including the ability to amend or terminate the plan or any component of it at any time in accordance with applicable law and the discretion to interpret all plan documents and make factual determinations. If there is a conflict between this Summary Plan Description and the official plan documents, the plan documents will govern.

Your Choices

If you enroll in the Vision Care Plan, you may choose coverage for:

- You (Employee)
- You and your spouse or Registered Domestic Partner (Employee + Spouse)
- You and one or more children (Employee + Child(ren)) or
- You and your family (Employee + Family)

For more information about enrollment and a complete description of eligible dependents, refer to Your Benefit Program, beginning on page 1.
# The Benefits

## Benefits Summary

### Vision Benefits Overview

<table>
<thead>
<tr>
<th>Doctor Network</th>
<th>VSP Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Coverage (with a VSP doctor)</td>
<td>Premier Coverage (with a VSP doctor)</td>
</tr>
<tr>
<td>WellVision Exam® focuses on your eye health care overall wellness</td>
<td>WellVision Exam® focuses on your eye health care overall wellness</td>
</tr>
<tr>
<td>$10 copay</td>
<td>$10 copay</td>
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<tr>
<td><strong>Prescription Glasses</strong></td>
<td><strong>Prescription Glasses</strong></td>
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<tr>
<td>$10 copay</td>
<td>$10 copay</td>
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<tr>
<td><strong>Lenses</strong></td>
<td><strong>Lenses</strong></td>
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<tr>
<td>every calendar year</td>
<td>every calendar year</td>
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<tr>
<td>• Single vision, lined bifocal, lined trifocal lenses</td>
<td>• Single vision, lined bifocal, lined trifocal lenses</td>
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<tr>
<td>• Photochromic, tints and dyes</td>
<td>• Photochromic, tints and dyes</td>
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<tr>
<td>• Polycarbonate lenses for dependent children</td>
<td>• Polycarbonate lenses for dependent children</td>
</tr>
<tr>
<td>Frame</td>
<td>Frame</td>
</tr>
<tr>
<td>every calendar year</td>
<td>every calendar year</td>
</tr>
<tr>
<td>• $120 allowance for a wide selection of frames</td>
<td>• $250 allowance for a wide selection of frames</td>
</tr>
<tr>
<td>• 20% off the amount over your allowance</td>
<td>• 20% off the amount over your allowance</td>
</tr>
<tr>
<td><strong>Contact Lenses</strong></td>
<td><strong>Contact Lenses</strong></td>
</tr>
<tr>
<td>No copay</td>
<td>No copay</td>
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<tr>
<td>every calendar year</td>
<td>every calendar year</td>
</tr>
<tr>
<td>• $120 allowance for contacts and the contact lens exam (fitting and evaluation)</td>
<td>This enhancement allows members to receive contacts, covered in full, in addition to frame and lenses</td>
</tr>
</tbody>
</table>

### ProTec Safety Benefits

<table>
<thead>
<tr>
<th>ProTec Safety Benefits</th>
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<tbody>
<tr>
<td>Basic Coverage (with a VSP doctor)</td>
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<tr>
<td>Prescription Glasses</td>
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<tr>
<td>$10 copay</td>
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<tr>
<td>Lenses</td>
</tr>
<tr>
<td>every calendar year</td>
</tr>
<tr>
<td>• Certified according to ANSI (American National Standards Institute) requirements</td>
</tr>
<tr>
<td>$10 copay</td>
</tr>
<tr>
<td>ProTec Eyewear Frame</td>
</tr>
<tr>
<td>every calendar year</td>
</tr>
<tr>
<td>• Fully covered when you choose a safety frame from your VSP provider’s ProTec Eyewear collection</td>
</tr>
<tr>
<td>• Certified according to ANSI requirements</td>
</tr>
</tbody>
</table>

### Network Providers

Under the Vision Care Plan, you have access to a network of vision care providers who have agreed to provide services at a negotiated cost. You generally get the most value from your benefit when you use a network provider. When you use a network provider, you will not need to worry about submitting claim forms.
You may access provider information online or call the Vision Plan Administrator to receive a Directory of Network Providers for your area. See your Benefit Provider Directory for more information.

**Open Access Providers**

You always have the option of choosing any licensed optometrist, ophthalmologist, or dispensing optician who is not part of the network. The plan will pay up to the maximum benefit amount listed in the table above. But because the open access provider’s charges may be more than the reasonable and customary charges determined by the plan, you are likely to pay more than you would pay if you used a network provider. You will need to pay the provider the full amount at the time of service and then file a claim for benefits.

Reasonable and customary charges are the usual, customary and regular charges for the service in the geographic area where the charges are incurred, based on industry standards.

**Laser Vision Discount Program**

The plan offers a laser vision correction discount program through a network of laser surgery facilities and doctors. You can receive a screening and a consultation from a participating network doctor. Then, if you decide to proceed, your network doctor will provide pre-operative care at a discounted price and make arrangements with a network-approved laser surgeon or surgery center. Your network eye doctor and network laser surgeon will coordinate your post-procedure care. More details are available on the Vision Plan Administrator’s website. See your Benefit Provider Directory for more information.

**Covered Expenses**

The following expenses are the only expenses covered by the plan. You are always free to purchase additional products or services from your provider and pay the additional cost. The Base Plan pays benefits for only one set of frames and lenses or one set of contact lenses each calendar year. The Premier Plan pays benefits for one set of frames and lenses each calendar year. But you receive an additional 30% savings on glasses and sunglasses, including lens options, from the VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam.

**Eyeglasses**

When you use a network provider in the Base Plan, the plan covers the cost of frames up to a $120 retail allowance. When you use a network provider in the Premium Plan, the plan covers the cost of frames up to a $250 retail allowance. If you choose a frame valued at more than your allowance in both plans, you will save 20% on your out-of-pocket costs for frames. When you use an open access provider, the plan pays up to a $70 allowance for the cost of frames.

**Contact Lenses**

The Base Plan pays up to $120 once each calendar year toward the purchase of contact lenses. No benefit is paid for eyeglasses during that same 12-month period, but you can save 20% when you purchase non-covered pairs of prescription glasses, including prescription sunglasses, from the same network doctor within 12 months of your last eye exam. Your allowance applies to the cost of your contact lens exam and your contact lenses. You may also be eligible for savings on annual supplies of certain brands of contacts. If you are a current soft contact lens wearer then you may qualify for a special program that includes a contact lens exam and initial six-month supply of lenses. You can receive these member-preferred prices even if you use your coverage for eyeglasses. Log on to the Vision Plan Administrator’s website or ask your network doctor for additional details. The Premier Plan covers a contact lens exam (fitting and evaluation) and a year supply of contacts per calendar year.

**Expenses Not Covered**

The following expenses are not scheduled benefits under the plan, but you may arrange to pay your provider for the additional expense.

- Drugs or any other medication
- Medical or surgical treatment
• Special or unusual treatment, such as orthoptics, vision training, subnormal vision aids, or tonography or special eye examination requiring additional testing
• Services or supplies that are not considered medically necessary in terms of generally accepted vision standards
• Services or supplies not prescribed by a licensed optometrist, ophthalmologist, or optician
• Non-prescription lenses or frames for nonprescription lenses
• Experimental or investigational Services or supplies
• Lens additives, treatments, coatings and types not specified as covered
• Replacement of broken or lost frames or lenses unless at the time of replacement they would have been covered within the frequency period
• Contact lens care kits, cleaning solutions, lens insurance and fittings and follow-up visits other than as specifically indicated as covered
• Examination and lens amounts above the schedule limit or reasonable and customary amount or in excess of the frequency period limit
• Services or supplies for which no obligation to pay exists or for which no charge would have been made in the absence of plan benefits
• Services or supplies furnished for any condition, disease or ailment or injury arising out of or in the course of employment
• Services for supplies covered under any other company sponsored medical benefits program or by Workers’ Compensation laws or any company safety or video display terminal (VDT) lens program
• Services and supplies available from any government agency or covered under any government plan
• Vision exams performed and lenses and frames ordered before the individual became eligible for coverage under the plan, or after termination of the individual’s coverage under the plan
• Applicable sales taxes
• Discounts under this plan cannot be used in conjunction with any other provider promotions or discounts.

How to Use the Benefits

Network Providers

1. **Request a provider directory from the Vision Plan Administrator.** Log on to the Vision Plan Administrator’s website through [www.turnerbenefits.com](http://www.turnerbenefits.com) or contact the Vision Plan Administrator to review a provider directory. See your Benefit Provider Directory for information on how to contact the Vision Plan Administrator.

2. **Make an appointment with a network provider.** Tell the provider when you make the appointment that you are covered by the Vision Plan. Provide your employee identification number, including three zeros at the beginning, to verify your participation.

3. **Receive your vision examination.** Your network provider will verify your benefits. Pay your copay and additional discounted charges if you also receive a contact lens examination.

4. **Purchase any necessary eyeglasses or contact lenses.** Pay the difference in cost if you choose expensive frames or contact lenses. Pay additional discounted charges if you purchase special options or lens coatings and/or additional pairs of prescription eyeglasses.

Open Access Providers

1. **Select any eye care provider.** The provider must be a licensed optometrist, optician, or ophthalmologist.

2. **Make an appointment for your vision examination.**

3. **Receive your vision examination.**

4. **Purchase any necessary eyeglasses or contact lenses from any dispensing eye care provider or optical store.**
5. **Your provider will submit your claim to your Vision Plan Administrator.** You will be responsible for any copays or expenses not covered by your plan. If you need to file a claim for reimbursement, you can download a claim form from the VSP member site.

**Laser Vision Discount Program**

1. **Call your network doctor to check if he or she is participating in the program.** You can also locate a participating network doctor in your area by logging on to the [www.turnerbenefits.com](http://www.turnerbenefits.com) website and then your Vision Plan Administrator’s website.

2. **Schedule a complimentary screening and consultation on the benefits and risks of laser vision correction.** Your network doctor will provide pre-operative care and can make arrangements with a network-approved laser surgeon or surgery center. If you have a pre-operative exam and do not proceed with the surgery, your network doctor may charge a discounted exam fee of up to $100.

3. **Receive your laser vision surgery.**

4. **Pay the discounted member-preferred price for your surgery.**

5. **Receive post-procedure care.** This care will be coordinated between your network doctor and your network laser surgeon.

**What Else You Should Know**

**Enrollment**

You have the opportunity to enroll yourself and your eligible dependents when you become eligible and again each year during Open Enrollment.

Generally, once you choose your vision coverage you may not change your coverage until the next Open Enrollment unless you experience a qualified change in status or qualify for special enrollment ([see pages 4-6]).

For more information about eligibility and enrollment, see *Your Benefit Program* beginning on page 1.

**Removing Dependents From Coverage**

It is your responsibility to contact the Benefits Service Center to remove ineligible dependents from coverage within 30 days from the date the dependent becomes ineligible. Until you do so, you will continue to pay for coverage, even if the plan cancels coverage for that dependent. Cancellation is effective at the end of the month during which he or she becomes ineligible. No refunds will be made for premiums paid for an ineligible dependent if you did not notify the Benefits Service Center within 30 days of the date the dependent became ineligible.

**When Coverage Begins**

Your employee coverage begins on the date you become eligible for coverage if you enroll during your initial enrollment period. Your eligible dependents’ coverage will become effective on the same date if you have enrolled them during your initial enrollment period. If you are away from work on your effective date because of your own health status, medical condition or disability, your coverage will still begin on that date.

**Cost**

You pay the entire cost of your coverage under the plan through payroll deductions on a before-tax basis, ([see page 8]). The cost of coverage for a Registered Domestic Partner is paid on an after-tax basis.

**Maximum Benefits**

The maximum benefit available to each person covered under the Vision Care Plan each 12-month period is:

- One eye exam and
- One set of eyeglass frames and lenses or one set of contact lenses

**Family Security Benefits**

Your covered eligible dependents will continue to receive coverage under the plan at no cost to them if you die while you are employed by Turner. This coverage will continue without payment of premiums until the earliest of the following dates:
• Your surviving spouse or Registered Domestic Partner remarries. In this case, coverage for all dependents will end.

• A covered person no longer qualifies as an eligible dependent for any reason other than lack of primary support by you.

• Two years from the date of your death.

Continued coverage for your eligible dependent children will not be affected if your surviving spouse or Registered Domestic Partner dies during the 2 years (maximum) of continued coverage.

Your spouse or Registered Domestic Partner and dependent children will be eligible for COBRA coverage when your Family Security Benefits end.

**When Coverage Ends**

All coverage under the Vision Care Plan ends at the end of the calendar month in which:

• You withdraw from the plan

• You or your qualified beneficiaries fail to make required contributions

• Your employment terminates.

No benefits will be payable once your coverage ends, even if you are receiving an ongoing course of treatment.

If you leave employment with Turner while covered under the plan, you may be eligible to buy group vision coverage under COBRA (see page 173).

**Conversion Privilege**

The Vision Care Plan cannot be converted to an individual policy.