



The WSRC Team

Vision Care Choice

Issued October 2004



INTRODUCTION

Vision Care Choice is a comprehensive eye care benefit plan designed to help cover your expenses for eye examinations and prescription eyeglasses or contact lenses. EyeMed Vision Care, L.L.C. (“EyeMed Vision Care”), which includes LensCrafters as a participating provider, has been contracted by Washington Savannah River Company, LLC to manage the benefits under this plan by performing as both the Plan Administrator and Claims Administrator. EyeMed Vision Care plan is insured by Fidelity Security Life Insurance Company of Kansas City, Missouri. The Fidelity Security Life Insurance Company policy number is VC-19, form number M-9004. The plan is funded 100% by employee premium contributions.

The Vision Care plan does not cover medical or surgical treatment of the eye. Refer to your Medical Care Summary Plan Description for information on coverage of medically necessary eye procedures.

Vision Care Choice offers benefits when you use any licensed eye care provider, including LensCrafters locations and other providers contracted with EyeMed Vision Care around the nation. In addition, no licensed optometrist, ophthalmologist or optician has been excluded from coverage under the Vision Care option. In order to maximize the value of vision services and products covered under this plan and meet your and your dependents’ needs, it may be to your benefit to “shop around.”

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PARTICIPATING IN VISION CARE CHOICE

Eligibility

If you are a full service employee of the WSRC Team, you are eligible to participate in the Vision Care Plan.

Enrolling for Vision Care Coverage

New Hires

On your first day of employment, you will complete a “Health Choice Election Form” on which you may elect to participate in Vision Care. When you complete the Health Choice Election Form, you will be asked to elect:

- Vision Care Choice or No Vision Coverage, and
- Coverage for yourself only, you and one dependent, or you and two or more dependents.

NOTE: If you and your spouse are both employees of the WSRC Team, you will be asked if you want to be covered as an employee or as a dependent. (Refer to “Special Rules for ‘Dual Couples’” in this Summary Plan Description.)

If you elect Vision Care coverage, it will become effective on your first day of employment. If necessary, you will be allowed to make any change during your first two weeks of employment by completing a “Health Care Enrollment/Change” form (OSR 5-200) and returning it to the WSRC People Support Service Center. The WSRC People Support Service Center must receive your request within the first weeks of employment to be considered.

Annual Enrollment

If you are not a newly hired employee, your participation in Vision Care may begin on January 1 of the following year, after you have elected enrollment in Vision Care during the annual Health Choice enrollment process. You are not required to re-enroll in Vision Care during each Health Choice annual enrollment period as long as you want to continue your Vision Care participation at the same level. Your election will automatically continue with the same level of coverage (employee only, employee plus one dependent or family coverage) from one year to the next, unless you provide specific instructions (using the Enrollment System) to change your number of dependents or discontinue your enrollment.

Shortly before the annual enrollment period begins, you will receive information announcing the Health Choice Open Enrollment. It is important that you carefully review your current benefit elections in the PeopleSoft eBenefits Web site on ShRINE and decide if you want to make any change to your current Health Choice elections, including your Vision Care coverage. If you don't make any change during the annual Health Choice enrollment process, your current year's elections will automatically continue for the next calendar year.

Active WSRC Team employees who are retirees of DuPont Savannah River Plant (classified by the WSRC Team as Retiree-Rehires) and their dependents are eligible to participate in Vision Care Choice. Option A Craft and retirees of the WSRC Team are not eligible for coverage under this plan.

You will be allowed to make a change or correction within two weeks of your initial enrollment. After the initial enrollment period, the earliest you will be able to elect or change Vision Care coverage will be during the next open enrollment period, effective the following January 1, or if you have a mid-year qualifying change in status.

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Mid-Year Changes

You cannot change your Vision Care election during the Plan Year unless you have a qualifying Change in Status (marriage, adoption of a child, etc.) under the federal income tax regulations. You must notify the WSRC People Support Service Center of any qualifying Change in Status within 60 days following the event. (Refer to the Benefits Overview and General Information Summary Plan Description for more complete information on qualifying Changes in Status and requests to change elections.)

Eligible Dependents

Coverage for your eligible dependents begins at the same time as your coverage if you elect to cover them. You must name the dependents to be covered and provide their birthdates and social security numbers.

Your eligible dependents include your lawful spouse (in accordance with state law in your state of residence) and your “children,” including your own children, legally adopted children or stepchildren who primarily reside with you, and children supported solely by you for whom you have been appointed legal guardian. Your adopted children are covered from the time they are legally placed with you. You will be required to provide proof of legal guardianship or adoption. Your “children” also include children covered by a Qualified Medical Child Support Order which requires the Company to provide vision care coverage for the children. The Qualified Medical Child Support Order must be properly served on the WSRC Team employee and will need to be qualified by WSRC Benefits Administration. Benefits Administration will need a copy of the order and the employee will be required to complete a new Health Care Enrollment Change Form (OSR-200) within 60 days of the qualifying event.

In order to be eligible for coverage, your “children” must: be unmarried; be under age 20; primarily reside with you in a regular parent/child relationship (or living at school while a full-time student); and you must be able to claim them as dependents on your current federal income tax return. Vision Care coverage may be extended up to age 25 for full-time students at accredited educational institutions.

If your unmarried child is totally and permanently disabled and over the age of 20, the disability must have begun before age 20 and your child must remain continuously disabled beyond the age limit to be eligible for coverage. You will be requested to periodically provide proof of total and permanent disability to continue the child’s eligibility under the Health Choice options.

To add an eligible dependent to your Vision Care coverage, you must submit a “Health Care Enrollment/Change” form (OSR 5-200, available on ShRINE) to the WSRC People Support Service Center no later than 60 days from a qualifying Change in Status event. Refer to the Benefits Overview and General Information Summary Plan Description for information regarding qualifying Changes in Status.

Be sure to add any new dependents (for example, due to marriage) to your coverage within 60 days after the date of the qualifying event, if you desire that they be covered under your Vision Care plan. Call the WSRC People Support Service Center for details.

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Consider your Health Choice Vision Care option carefully. Remember, your election must stay in effect for the full calendar year — unless you have a qualifying Change in Status (marriage, spouse loses coverage, etc.) under the federal income tax regulations. Notify People Support Service Center of any qualifying Change in Status within 60 days. Additional information on Qualifying Change in Status for mid-year election changes is in the Benefits Overview and General Information Summary Plan Description. A qualifying Change in Status that is approved by Benefits Administration will be effective as of the “event” date as long as the WSRC People Support Service Center is notified within 60 days.

Benefits Administration and/or EyeMed Vision Care reserve the right to request, at any time, documentation as proof of any dependent’s eligibility, as well as the right to remove any ineligible dependent retroactively from coverage, including the right to seek reimbursement from you for claims paid on any ineligible dependent.

Do not contact EyeMed Vision Care with information or assistance on a qualifying Change in Status; you must contact WSRC People Support Service at (803) 725-7772.

Special Rules for “Dual Couples”

For purposes of the Vision Care plan, a “dual couple” is a WSRC Team employee whose spouse also works for the WSRC Team. A dual couple cannot be covered both as a dependent and as an employee under the Vision Care option. In addition, no dependent child may be covered by more than one WSRC Team “parent” employee.

For example, you may elect to cover your spouse and your child, while your spouse elects to “waive” coverage and is your dependent. Alternatively, you may elect coverage for yourself and your child, while your spouse elects employee only coverage. But you and your spouse may not cover each other or both cover the same child.

No Election Lock-In Longer than One Year

You will not be locked-in to your Vision Care election for longer than one Plan Year at a time.

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When Coverage Ends

Your coverage ends after you elect (during the annual open enrollment process) to no longer be covered by Vision Care Choice for the next Plan Year, or when you no longer meet eligibility requirements.

Vision Care coverage for your dependents ends when (1) your coverage ends, (2) you no longer elect to cover them (during the annual open enrollment period), (3) they no longer meet the eligibility requirements or (4) a qualifying Change in Status occurs which results in a dependent's termination from Vision Care coverage. You will be required to provide proof of the qualifying event within 60 days of the event; otherwise, your dependent will not have coverage under your WSRC Team's Vision Choice option, they will not be eligible for COBRA continuation coverage, and you will not be able to receive a refund of any premium contribution overpayments, and the WSRC Team Benefits Administration and EyeMed reserve the right to remove any ineligible dependent retroactively from coverage and the right to seek reimbursement from you for claims paid on any ineligible participants.

In the event of termination of your employment, coverage for you and your dependents ends on the last day of your applicable pay period. Premium contributions are not prorated in accordance with your termination date. In other words, you'll have to pay the full premium contribution for the pay period in which you terminate employment. You and your dependents may be eligible to continue coverage. (See "Coverage Continuation in Special Situations" in this Summary Plan Description and COBRA continuation coverage in the Benefits Overview and General Information Summary Plan Description.)

Your Cost for Coverage

Your employee contribution for coverage will be handled by payroll deduction, beginning with a contribution for the entire pay period in which your coverage begins.

You pay the full premium for Vision Care Choice coverage. The Vision Care plan is an "employee-pay-all" option, which means that all the required premiums are paid from participating employees' pre-tax contributions. The amount of your premium contribution depends upon whether you elect coverage for yourself only, or you and your dependents. Vision Choice premium contribution rates are announced during the annual open enrollment period for Health Choice, and are effective at the beginning of the next Plan Year. Your premium contributions are deducted from your pay before Social Security and federal and state income taxes are computed and withheld.

Using the Health Care Flexible Spending Account

As an active employee, you can use your Health Care Flexible Spending Account (FSA) to help pay for out-of-pocket eye care expenses that are not reimbursable by the Vision Care plan or any other insurance plan, as long as the expenses fall within the federal income tax guidelines. Information on the types of covered expenses that may be reimbursed through your Health Care FSA is provided in the Flexible Spending Accounts Summary Plan Description. You should also refer to IRS Publication 502.

HOW VISION CARE CHOICE WORKS

Benefits are payable under the Vision Care plan if you receive covered services from any licensed ophthalmologist, optometrist or optician. You can locate EyeMed network providers, check eligibility for benefits, verify benefit amounts, and order EyeMed identification cards on-line at <https://www.eyemedvisioncare.com/memweb/Login>.

Limitations

Benefits offered by Vision Care Choice are available for eye care services incurred and eyewear purchased during the Plan Year (January 1 – December 31) in which you are enrolled for coverage.

Medical or surgical treatment of the eye is not covered under the Vision Care plan, but may be covered as medically necessary under the Health Choice Medical Options.

Benefits for elective or medically necessary contact lenses are provided only if you purchase contact lenses instead of eyeglasses. Benefits will not be provided for both lenses/frames and elective or medically necessary contact lenses purchased in the same calendar year.

See Page 12 for a listing of “Expenses Not Covered.”

EyeMed Vision Care and LensCrafters locations offer special temporary sale prices to the public (for example, a “half-price sale on all frames”). Such sale prices are not valid when using Vision Care Choice.

Your Share of Expenses

Regardless of whether you go to an EyeMed Vision Care provider, a LensCrafters provider or another eye care provider, there are certain expenses that you are responsible for:

- Any expenses above the scheduled benefit amount
- Expenses not covered by Vision Care Choice, including upgrades
- Expenses for the purchase of frames and/or lenses, when benefits for elective or medically necessary contact lenses have already been provided within the same Plan Year
- Expenses for the purchase of elective or medically necessary contact lenses, when benefits for frames and/or lenses have already been provided within the same Plan Year
- Applicable state and local sales tax.

Vision Care benefits are limited to a routine eye exam and either lenses and/or frames or contact lenses, once every calendar year. In order to obtain benefits under this plan, you do not have to wait at least 12 months from receiving vision services in one Plan Year (calendar year) to receive services in the next Plan Year. For example, you could receive a benefit for vision services in November one year and July the next year (8 months apart in this example), as long as you are actively enrolled in the Vision Care plan. Helpful eye care terms and their definitions may be found in the Glossary of this Summary Plan Description.

Summary of Vision Care Benefits

The following chart summarizes your benefits under Vision Care Choice.

Vision Care Services	In-Network Member Cost	Out of Network Reimbursement
Exam with Dilation as Necessary		
	\$15 co-pay	\$40
Frames		
Any available frame at provider location	\$0 co-pay, plus 20% off balance over \$100 \$100 benefit reimbursement allowance for any available frame	\$45
Standard Plastic Lenses		
Single Vision, Bifocal, Trifocal, Lenticular, Standard Progressive	\$0 co-pay	\$80
Lens Options		
UV Coating	\$12	N/A
Tint (Solid and Gradient)	\$0	N/A
Standard Scratch-Resistance	\$0	N/A
Standard Polycarbonate	\$35	N/A
Standard Anti-Reflective	\$45	N/A
Other Add-Ons and Services	20% discount	N/A
Contact Lenses (includes fit, follow-up and materials)		
Conventional	\$0 co-pay; 15% discount off balance over \$145	\$105
Disposables	\$0 co-pay; balance over \$145	\$105
Medically Necessary	\$0 co-pay; balance over \$250	\$210
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
Frequency		
Examination	Once every 12 months	
Frame	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	

COVERED VISION CARE SERVICES

The following services and eye wear are covered under the Vision Care option whether they are provided in a participating EyeMed Vision Care location, including LensCrafters, or through another (out-of-network) eye doctor or optician.

Routine Eye Exam (once per year): A routine eye exam is a general examination of the operation of the eye and includes a comprehensive vision analysis (including dilation if deemed necessary by the doctor). Note: Additional procedures such as diagnostic lens evaluation, vision field analysis, vision perception training, etc., are not covered by the routine eye exam, and you may be subject to an unreimbursable charge for these additional procedures.

When your routine eye exam is performed by a participating EyeMed Vision Care provider or a doctor of optometry next to LensCrafters, you are entitled to a 100% paid-in-full benefit, after paying the \$15.00 co-payment. If your eye exam is received from a doctor who is not affiliated with EyeMed Vision Care, then you will be entitled to reimbursement of up to \$40.00 under the Vision Care plan.

Services provided in a participating EyeMed Vision Care doctor's office or a doctor of optometry next to LensCrafters may include the following:

- Medical and vision history
- Complete examination of eye structure including the glands that produce tears
- Refraction — measurement of how light bends in the eye in order to determine the prescription required to achieve near 20/20 vision
- Evaluation of the movement capabilities of the eye muscles
- Glaucoma testing
- Color perception.

Lenses (one pair per year): For lenses purchased from a participating EyeMed Vision Care provider or LensCrafters location, you are entitled to a 100% paid-in-full benefit for the following:

- Standard (non-premium) single vision, bifocal, trifocal, lenticular, or progressive lenses (all powers)
- Plastic (CR-39) with scratch-resistant coating or clear glass, including oversized lenses

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Frames (one purchase per year): For frames purchased from a participating EyeMed Vision Care provider or LensCrafters location, you are entitled to a 100% paid-in-full benefit for any available frame having a retail price of up to \$100.00. For frames priced over \$100.00, an allowance of up to \$100.00 will be applied to the purchase of such frames, and you will receive 20% off the balance over \$100.00.

If you purchase frames from a provider not affiliated with EyeMed Vision Care or LensCrafters, then you will be entitled to reimbursement of up to \$45.00 under the Vision Care plan.

Conventional (non-disposable) and disposable Contact Lenses (one purchase per year, in lieu of the frame and eyeglass lenses benefit): Non-disposable and disposable contact lenses are contact lenses that are not required to alter a medical condition. The Vision Care plan provides a benefit of up to \$ 145.00 for the purchase of non-disposable and disposable contact lenses, including diagnostic services necessary to prescribe the correct lenses, fitting and training the patient on the proper use and maintenance of the lenses and professional follow-up.

Medically Necessary Contact Lenses (one purchase per year, in lieu of the frame and eyeglass lenses benefit): Medically necessary contact lenses are contact lenses that are required to treat a medical condition, including but not limited to:

- keratoconus where the patient is not correctable to 20/30 in either or both eyes using standard spectacle lenses,
- high ametropia exceeding -12 D or +9 D in spherical equivalent,
- anisometropia of 3 D or more or
- patients whose vision can be corrected two (2) lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses.

The Vision Care plan provides a benefit of up to \$250.00 for the purchase of medically necessary contact lenses if using an in-network provider, including diagnostic services necessary to prescribe the correct lenses, fitting and training the patient on the proper use and maintenance of the lenses and professional follow-up, and provides a benefit of up to \$210.00 if using an out-of-network provider.

Additional Purchases and Out-of-Pocket Discounts: You may receive a 20% discount on the remaining balance at participating providers beyond Plan coverage, which may not be combined with any other discounts or promotional offers. However, the discount does not apply to the optometrist's professional services or disposable contact lenses.

EXPENSES NOT COVERED

Benefits are not available under Vision Care Choice for the following:

- Services or supplies covered by the Health Choice Medical Options, including the medical or surgical treatment of the eye, drugs or medication (An example of a surgical treatment covered under the Medical Options is the removal of cataracts.)
- Eye examination services provided by an EyeMed Vision Care participating provider or a doctor of optometry next to LensCrafters for:
 - diagnostic lens evaluation
 - visual field analysis or
 - retinal photography
- An eye exam which:
 - is required by an employer as a condition of employment
 - an employer is required to provide under a labor agreement or
 - is required by any government law
- Orthoptics or vision training (or related training to treat muscular or learning problems related to the eye)
- Lenses that can be obtained without a prescription
- Low vision aids
- Aniseikonic lenses
- Plano lenses (non-prescription), including Plano sunglasses, frames and lenses
- Two pairs of glasses instead of bifocals
- Coatings other than a scratch-resistant coating

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- Premium Lens Upgrades

Examples of premium lens upgrades include (but are not limited to):

- Polycarbonate
 - Super Scratch-Resistant
 - Photochromic
 - Oversize (when purchased from a non-LensCrafters provider)
 - High Index
- Replacement of lost or stolen lenses or frames
 - Broken lenses or frames
 - Both eyeglasses and contact lenses during the calendar year (Note: The Vision Care plan provides benefits for either two regular lenses and one frame or one pair of contact lenses per calendar year.)
 - A service or supply for which a benefit is provided in whole or in part under any Workers' Compensation law or any other applicable law
 - A service or supply received while the person is not covered, except for the purpose of eyeglasses, if the patient had received a covered eye exam within 30 days prior to termination of his/her Vision Care coverage
 - Safety eyeglasses
 - Vision perception training
 - For out-of-network purchases, any amount exceeding the out-of-network allowance available under this plan.

COORDINATION OF BENEFITS

If you have coverage under another employer's group vision or medical care plan — through your spouse, for example — your benefit payments under the WSRC/BSRI Vision Care plan will not be coordinated with benefit payments from any other group vision or medical care plan. In other words, you may or may not be eligible to receive the full amounts available under the WSRC/BSRI Vision Care option. You should compare benefits under each vision program and use the one that provides the greatest level of coverage. Also, if the other group vision care plan is with EyeMed Vision Care, you will be limited to benefit payments from only one EyeMed Vision Care group vision care plan.

TIPS FOR FILING CLAIMS

Identifying Yourself as a Plan Participant

When you visit a provider contracted with EyeMed Vision Care or a LensCrafters location, be sure to identify yourself as a participant in the “WSRC Vision Care Plan” by showing your EyeMed Vision Care identification card or by verbally telling the provider. The receptionist or other staff member will verify your eligibility for coverage. Call the EyeMed Vision Care Customer Service at 1-800-521-3606 if you encounter any problem or question in using your Vision Care plan benefits.

When you receive services at an EyeMed Vision Care provider’s office or LensCrafters location, you will not have to file a claim form. At the time services are rendered, you will have to pay the cost of any services or eyewear that exceeds the Vision Care Choice allowances. You also will owe state and local sales tax, if applicable, and the cost of non-covered expenses (for example, vision perception training).



*EyeMed Vision
Care Customer Service
can be reached Monday-
Saturday 8 a.m. to 11 p.m.,
and Sunday 11 a.m. to 8 p.m.
eastern time
at 1-800-521-3606.*

Other Providers

When you want to use your Vision Care plan benefits for services of an eye care provider that is not affiliated with EyeMed Vision Care or LensCrafters, you are responsible for payment of vision care services at the time of service. After you have paid for your services and/or eyewear in full, obtain an itemized bill from your eye doctor or optician and use it to file your claim to EyeMed Vision Care.

Here are the steps to follow when filing a claim for services not provided at EyeMed Vision Care or LensCrafters locations:

- 1: Complete ALL sections of the EyeMed Out of Network Claim Form OSR 5-352 to ensure proper benefit allocation. You can obtain an Out of Network Claim form from ShRINE or by calling EyeMed Vision Care Customer Service at 1-800-521-3606.
- 2: Have your eye doctor or optician give you an itemized bill. Handwritten receipts must be on provider letterhead. The itemized bill should include:
 - Date of service
 - Description of each service
 - Charge for each service.
- 3: Attach your itemized bill to your Out of Network claim form. Keep a copy of the EyeMed Vision Care claim form and the itemized bill for your records.
- 4: Verify that the personal information listed on the form is correct.

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5: Promptly mail your claim form, along with the itemized bill from your eye doctor or optician, to EyeMed Vision Care to the following address:

EyeMed Vision Care, L.L.C.
Attn: Claims Department, WSRC Team Plan
P.O. Box 8504
Mason, OH 45040-7111

Alternatively, you may fax your claim form and itemized bill (using a non-government fax machine) to the following fax number: 1-866- 293-7373.

- 6: EyeMed Vision Care will process your claim and reimburse you up to the scheduled amount for the services rendered. You should receive reimbursement usually within 30 days after EyeMed Vision Care receives your fully completed claim form.
- 7: When your claim is paid, carefully review the EyeMed Vision Care Explanation of Benefits (EOB) statement to make certain you've received the correct benefits.
- 8: If your benefits don't appear to be paid correctly, call EyeMed Vision Care Customer Service at 1-800-521-3606 and discuss the claim payment. Additional documentation may be required; if so, provide it promptly.
- 9: If you are not satisfied with the EyeMed Vision Care response and still believe that the claim was incorrectly paid or denied, you should file a formal (ERISA) appeal to the Plan Administrator – EyeMed Vision Care – within 180 days after the claim was denied. Your written letter of appeal should include the following:
- The applicable claim number or a copy of the EyeMed Vision Care Explanation of Benefits
 - The Vision Care Choice plan provision you feel was misinterpreted or inaccurately applied
 - Additional information from your eye care provider that will assist EyeMed Vision Care in completing their review of your appeal, such as documents, records, questions or comments.

Your appeal should be mailed to the following address:

EyeMed Vision Care, L.L.C.
Attn: Quality Assurance Dept., WSRC Team Plan
4000 Luxottica Place
Mason, OH 45040-7111

EyeMed Vision Care will review your appeal for benefits and notify you in writing of their decision, as well as the reason for the decision, with reference to specific plan provisions. For more information on your rights and how to file a formal appeal under the Employee Retirement Income Security Act of 1974, as amended (ERISA), refer to the Claims and Appeals section in the Benefits Overview and General Information Summary Plan Description.

COVERAGE CONTINUATION IN SPECIAL SITUATIONS

If you retire, are laid off or terminate your employment with the WSRC Team, Vision Care coverage for you and your dependents will end on the last day of the pay period in which you are no longer a full service employee. You may be able to continue your coverage by electing COBRA continuation coverage. (See information on COBRA continuation coverage in this Summary Plan Description and in the Benefits Overview and General Information Summary Plan Description.)

If you die, Vision Care coverage for your dependents will end on the last day of the pay period in which you die. Your dependents may be eligible to continue their coverage by electing COBRA continuation coverage.

If you become eligible for Long-Term Disability, your Vision Care coverage will end on the last day of the pay period prior to your Long-Term Disability benefits beginning. You will be eligible to continue your Vision Care coverage by electing COBRA continuation coverage as explained in this Summary Plan Description and in the Benefits Overview and General Information Summary Plan Description.

If you are on an approved Leave of Absence, (for example, a Family and Medical Leave), you will be eligible to continue Vision Care coverage for yourself and your dependents. (Refer to the WSRC 5B Manual Practice 3-14 Company Paid Absences and Leaves of Absence for more information on benefits related to a Leave of Absence.)

If your dependent becomes ineligible for participation in this plan, coverage will terminate on the day of the event. For example, when a dependent child reaches age 20 and is not a full-time student, the child will no longer have coverage under Vision Care Choice. However, your dependent will be eligible to continue his or her Vision Care coverage by electing COBRA Continuation coverage as explained in this Summary Plan Description and in the Benefits Overview and General Information Summary Plan Description.

COBRA CONTINUATION COVERAGE

*Vision Care
Choice coverage ends on
the last day of the pay period
in which you terminate
employment.*

Under federal law — the Consolidated Omnibus Budget Reconciliation Act (COBRA) — you and your eligible dependents may be entitled to continue your Vision Care coverage for up to 18, 29 or 36 months depending on the reason for loss of coverage. In order to be eligible for COBRA continuation coverage, you or your eligible dependents must have lost coverage under certain circumstances (such as termination of employment or death). For more detailed information on continuing coverage under COBRA, see the Benefits Overview and General Information Summary Plan Description.

EYE CARE PROVIDER DISCLAIMER

The WSRC Team is not responsible in any way for services received from any eye care provider under this Plan and no guarantees are made as to the competency of the providers or the quality of services. All malpractice issues on the part of the patient or dependent covered under this plan must be directed solely at the provider of the service.

A GLOSSARY OF HELPFUL TERMS

Aniseikonic Lenses: Lenses that correct a condition that causes the ocular image to be different in each eye.

Cornea: The clear part of the coating of the eyeball that covers the iris and pupil.

Disposable Contact Lenses: According to the Federal Drug Administration (FDA), which approves contact lenses for patient use, a disposable contact lens is considered a single-use medical device which must be discarded upon removal from the eye.

Glaucoma: A disease of the eye that causes increased intraocular pressure which can result in blindness.

Ophthalmologist: A licensed Medical Doctor or Doctor of Osteopathy (M.D. or D.O.) who specializes in the branch of medicine dealing with the structure, functions and diseases of the eye.

Optician: A person who specializes in fitting eyeglasses.

Optometrist: A licensed Doctor of Optometry (O.D.) specifically trained to determine the presence of visual problems and to prescribe necessary corrective lenses.

Orthoptics: Eye muscle exercises for correcting faulty eye coordination or other conditions involving the structure and functions of the eye, also called Visual Training.

Plano Lenses: Lenses that do not require a prescription.

Retina: The membrane that lines the interior of the eyeball.

ERISA INFORMATION

As a participant in the WSRC/BSRI Health Choice benefits plans, you are entitled to certain rights and protection under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The official documents which govern the EyeMed Vision Care Plan dictate the actual operation of the Plan and the payment of benefits. The EyeMed Vision Care Plan is insured by Fidelity Security Life Insurance Company of Kansas City, Missouri. The Fidelity Security Life Insurance Company policy is VC-19, form number M-9004. For more information on your ERISA rights and administration of the Plan, including important Plan Information, refer to the Benefits Overview and General Information Summary Plan Description.

Eligibility for benefits should not be viewed as a guarantee of employment. Also, while the Company intends to continue providing a comprehensive benefits program, the Company reserves the right to modify or terminate any of the benefit plans at any time. For more information on the procedures to modify or terminate benefit plans, refer to the Benefits Overview and General Information Summary Plan Description.

The WSRC Team's Vision Plan is managed by EyeMed Vision Care and is insured by Fidelity Security Life Insurance Company of Kansas City, Missouri.

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