Atrium Health Vision Plan

Summary Plan Description

Effective Date: January 1, 2020

CEC
community eye care

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Preface

This document, which is called a Summary Plan Description (SPD), provides information about the Atrium Health Vision Plan. The plan is offered to employees as a voluntary benefit and is administered by Community Eye Care (CEC). Benefits under the vision plan are also described in the CEC benefit summary for employees and in the vision services agreement between CEC and Atrium Health.

Administrative Information

Name of Plan:
Atrium Health Vision Plan

Name and Address of Employer / Plan Sponsor

Atrium Health
4435 Golf Acres Drive, Building P, Suite 300
Charlotte, NC 28208
Phone: (704) 444-3020

Plan Sponsor's EIN

56-0529945

Type of Plan

Voluntary welfare benefit plan providing vision benefits

Type of Administration

Benefits are provided under a group contract with Community Eye Care (CEC)

Claims Administrator

Community Eye Care, LLC
2359 Perimeter Pointe Parkway, Suite 150
Charlotte, NC 28208
(888) 254-4290

Plan Year

January 1 to December 31

Source of Contributions

Premiums are paid by employees on a pre-tax basis

Who Can Be Covered

To be covered by the vision plan, you must be an employee of Atrium Health who is eligible for benefits and who is voluntarily enrolled in the plan. You can also enroll your dependents in the plan. Dependents include:

- ***Spouse***
- ***Child or children*** up to age 26. Your child can be your natural-born child, stepchild, or child for whom you have been appointed legal guardian
- ***Any other persons who are listed as dependents for income tax purposes***

When to Enroll

Enrollment in the vision plan can occur at the following times:

- When you first become eligible for benefits
- During the annual enrollment period for employees of Atrium Health

If you opt not enroll in the Plan, or if you choose to waive coverage when you are first eligible or in any subsequent year, you may apply to participate only during an annual enrollment period or if you experience a *Qualifying Life Event.*

When Your Coverage Begins

If you enroll during an annual enrollment period, your coverage begins on January 1st following the annual enrollment period. If you are a new hire, your coverage will begin on the 1st day of the month following your company's required benefit waiting period. If you experience a qualifying life event, the change in coverage takes effect on the 1st day of the next month.

Vision benefit coverage will remain in effect for a minimum of twelve (12) months (or, with respect to new employees who enroll mid-year, until the next renewal date). Covered members aren't permitted to terminate coverage prior to the next open enrollment period unless: *a)* the employee is terminated from employment, or *b)* the employee has undergone a qualifying life event. At the time of open enrollment, vision coverage will automatically renew unless voluntarily terminated by the employee.

Your Vision Benefit

The Atrium Health Vision Plan provides enrolled employees and their family members with comprehensive coverage for routine eye care. The components of the benefit are as follows:

- One routine eye exam every 12 months ($0 co-pay)
- A $250 allowance for eyewear every 12 months ($0 co-pay)
- A contact lens fitting, re-fit, or evaluation once a year ($0 co-pay)

The allowance is completely flexible. It can be applied to frames, eyeglass lenses, special lens options, contact lenses, or any combination of these categories.

A member may select eyewear having a retail price that's less than or equal to their allowance and incur no charge at the time of their office visit other than the eyewear co-pay. If the member selects eyewear that costs more than the allowance, they simply pay the balance (retail minus allowance), plus the eyewear co-pay. Most network providers offer discounts on the overage if the member exceeds their allowance – 30% on glasses and 10% on contacts.

Maximum coverage for contact lens fittings is $100, and maximum coverage for contact lens evaluations is $80.

Participating (i.e., in-network) providers file claims on behalf of members. Members who obtain services and goods from an in-network provider are not responsible for filing claims.

Please note that the vision benefit covers routine eye care only. Medical eye care is covered under each employee's health insurance plan, not under their routine vision benefit. Medical eye care includes diagnosis of eye disease, monitoring of eye disease, medical treatment and surgical treatment.

Vision benefits may not be carried forward to a subsequent benefit period.

Coordination of benefits is not permitted.

Out of Network Benefit

Atrium Health members can access their vision benefit either in-network or out-of-network. After paying the full amount due for their purchase to their provider, members can then submit their out-of-network claim and receipt online at **cecvision.com/OONForm** or via mail within 180 days of the date of service. Reimbursement is typically paid in 30-60 business days.

When filing an out-of-network claim, please note that some restrictions apply. Out-of-network claims are only accepted for locations that are able to fill a prescription even if non-prescription eyewear is purchased. Examples of restricted locations include Macy's, Sunglass Hut, Dick's Sporting Goods, Oakley, Ray-Ban and Amazon.com. For a comprehensive list go to www.cecvision.com/supplemental-information.

Note that If you obtain your eye exam from an out-of-network doctor, you will not be eligible for another exam until the next plan year. Similarly, if you obtain your full eyewear benefit from an out-of-network provider, the eyewear benefit will not renew until the next plan year. If, however, you obtain only a portion of your eyewear benefit from an out-of-network provider, you are permitted to utilize the remainder of the eyewear benefit during the same plan year.

Plan Contributions / Funding

The Atrium Health Vision Plan is offered to employees as a pre-tax benefit, with payment handled through payroll deduction. The *bi-weekly* rates are as follows:

Employee Only	$5.75
Employee + One	$10.97
Employee + Family	$16.43

When Coverage Ends

Your vision coverage will continue until the earlier of the following:

- You opt out of the vision plan during open enrollment, in which case coverage will end at 11:59 p.m. on December 31 following open enrollment.
- You are no longer employed by Atrium Health, in which case coverage ends on the last day of the month that includes the last day worked.

Portability Plan

Every vision member who terminates employment is given the option of continuing their existing vision coverage, with no increase in rates and no time limit. Applications for the portability plan must be completed within 60 days of the termination date. Coverage will commence on the first day of the month following receipt of the member's completed form. New membership cards will be mailed to the member prior to their new effective date.

CEC administers the portability plan. Atrium Health retains no administrative or financial obligations whatsoever with respect to vision enrollees who are no longer employed.

Language Assistance

The CEC customer service team supports Spanish-speaking members. Assistance with 200 other languages is available through the services provided by CEC's communication partner, *Choice Translating, Inc.*

Amendment or Termination

Atrium Health reserves the right to amend the vision plan without prior notice to you. Such amendment may affect benefits on both a retroactive and prospective basis. Atrium Health also reserves the right to terminate the vision plan at any time and for any reason without prior notice to you.

Confidentiality

Subject to and in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Claims Administrator may furnish to Atrium Health data setting forth the volume, nature and cost of health care services received by any covered person. Atrium Health agrees that:

- All such data will be treated as confidential.
- It will take all reasonable steps to maintain the confidentiality of the data.

Denial of Benefits

So long as a valid authorization for covered services has been obtained by a CEC provider, a claim for said services will not be denied. Furthermore, denial of claims in the following circumstances do not result in a loss of benefits:

- Claims submitted more than 180 days after the date of service. In this situation, the CEC provider is required to write off the amount of the claim, and the vision plan member incurs no expense as a result of the denial.
- Duplicate claims, i.e., those that have previously been submitted, adjudicated, and paid
- Claims for non-covered services

ERISA Rights

You are entitled to certain rights and protections under the *Employee Retirement Income Security Act* of 1974. ERISA provides that all plan participants shall be entitled to:

- Receipt of information about your plan and benefits
- Prudent actions by plan fiduciaries (the people responsible for operating the plan)
- Enforcement of your rights
- Assistance with your questions