

Benefits Handbook Date July 1, 2018

Vision Care Plan

Marsh & McLennan Companies



Vision Care Plan

The Vision Care Plan offers you the opportunity to elect affordable, high-quality eyecare coverage—including exams, lenses, frames, and contact lenses—through VSP.

A Note about ERISA

The Employee Retirement Income Security Act of 1974 (ERISA) is a federal law that governs many employer-sponsored plans including this one. Your ERISA rights in connection with this Plan are detailed in the *Administrative Information* section.

SPD and Plan Document

This section provides a summary of the Vision Care Plan (the “Plan”) as of January 1, 2018.

This section, together with the *Administrative Information* section and the applicable section about participation, forms the Summary Plan Description and plan document of the Plan.

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Plan at a Glance

The Plan helps you and your family pay for vision care received through VSP preferred and non-preferred providers. The chart below contains some important Low (Standard) Option and High (Enhanced) Option features, assuming you see a VSP preferred provider. Plan features assuming a non-preferred provider is seen are summarized under “What’s Covered” on page 7.

Plan feature	Low (Standard) Option	High (Enhanced) Option
Eye Examination	Covered in full, after a \$10 COPAYMENT, every calendar year	Covered in full, after a \$10 copayment, every calendar year
Lenses	Covered in full, after a \$25 copayment, every calendar year	Covered in full, after a \$10 copayment, every calendar year
<ul style="list-style-type: none"> ▪ Single Vision ▪ Lined Bifocal ▪ Lined Trifocal ▪ Polycarbonate (for children up to age 19) 		
Progressive Lenses	<ul style="list-style-type: none"> ▪ Standard Progressive \$55 copayment ▪ Premium Progressive \$95-\$105 copayment ▪ Custom Progressive \$150-\$175 copayment 	<ul style="list-style-type: none"> ▪ Standard Progressive \$0 copayment ▪ Premium Progressive \$95-\$105 copayment ▪ Custom Progressive \$150-\$175 copayment
Frames	Covered up to \$130, every other calendar year, with a 20% savings on the amounts over the retail allowance	Covered up to \$175, every calendar year, with a 20% savings on the amounts over the retail allowance
Contact Lenses (in lieu of lenses and frame)	Covered up to \$130, every calendar year; contact lens exam (fitting and evaluation) covered in full with a copayment not to exceed \$60	Covered up to \$175, every calendar year, contact lens exam (fitting and evaluation) covered in full with a copayment not to exceed \$60
Contact Information	For more information, contact: VSP (CLAIMS ADMINISTRATOR) Phone: +1 800 877 7195 Email: www.vsp.com Online chat: www.vsp.com <ul style="list-style-type: none"> ▪ Marsh & McLennan Companies does not administer this Plan. VSP's decisions are final and binding. 	

Note: Expatriates are reimbursed up to the amount allowed under the Plan’s out-of-network provider reimbursement schedule.

Participating in the Plan

You are eligible to participate in the Vision Care Plan if you meet the eligibility requirements described in the *Participating in Healthcare Benefits* section.

You have the option to cover your family members who meet the eligibility requirements that are described in the *Participating in Healthcare Benefits* section.

Enrollment

To participate in this plan, you must enroll for coverage. You may enroll only:

- within 30 days of the date you become eligible to participate
- during Annual Enrollment
- within 30 days of a qualifying change in family status that makes you eligible to enroll
- within 30 days of losing other coverage that you had relied upon when you waived your opportunity to enroll in this plan.

Enrollment procedures for you and your ELIGIBLE FAMILY MEMBERS are described in the *Participating in Healthcare Benefits* section.

Cost of Coverage

You pay the full cost of coverage for both you and your ELIGIBLE FAMILY MEMBERS.

The cost of your coverage depends on the level of coverage you choose.

You can choose from four levels of coverage within the Low (Standard) Option and the High (Enhanced) Option. Cost for each coverage level for eligible employees is shown below.

Low (Standard) Option		
	Semi-monthly Cost	Weekly Cost
Employee Only	\$3.42	\$1.58
Employee + Spouse	\$8.21	\$3.79
Employee + Child(ren)	\$6.84	\$3.16
Family	\$11.97	\$5.52

High (Enhanced) Option		
	Semi-monthly Cost	Weekly Cost
Employee Only	\$5.53	\$2.55
Employee + Spouse	\$13.25	\$6.11
Employee + Child(ren)	\$11.04	\$5.09
Family	\$19.33	\$8.92

Imputed Income for Domestic Partner Coverage

If you cover your domestic partner or your domestic partner's children, there may be imputed income for the value of the coverage for those family members. See the *Participating in Healthcare Benefits* section for more information on imputed income for domestic partner coverage.

The table below shows the imputed income amounts.

Section 152 Dependents

If your domestic partner (or his or her child(ren)) qualifies as a dependent under IRS Section 152, imputed income does not apply.

Imputed Income for Domestic Partner Coverage in the Vision Plan		
	Semi-monthly	Weekly
<i>Low (Standard) Option</i>		
Employee + Domestic Partner (non-qualified)	\$4.79	\$2.21
Employee + Child(ren) (non-qualified)	\$3.42	\$1.58
Employee + Domestic Partner (non-qualified) & Child(ren)	\$5.13	\$2.36
Employee + Domestic Partner & Child(ren) (Domestic Partner and Child(ren) non-qualified)	\$8.55	\$3.94
<i>High (Enhanced) Option</i>		
Employee + Domestic Partner (non-qualified)	\$7.72	\$3.56
Employee + Child(ren) (non-qualified)	\$5.51	\$2.54
Employee + Domestic Partner (non-qualified) & Child(ren)	\$8.29	\$3.83
Employee + Domestic Partner & Child(ren) (Domestic Partner and Child(ren) non-qualified)	\$13.80	\$6.37

ID Cards

With VSP, there are no ID cards.

Once your enrollment has been provided to VSP, you will be able to click on 'View My Benefits and Eligibility' through www.vsp.com to view your eligibility and coverage information. You will need to input the last four digits of your ID number (which is your Social Security Number), along with your first and last name.

When you are ready to receive services, simply:

- find a VSP network doctor, then
- make an appointment and tell the doctor you are a VSP member through Marsh & McLennan Companies, Inc.

Your doctor and VSP will handle the rest.

How the Plan Works

The Vision Care Plan provides coverage to help with you and your family's vision care expenses. As a participant in the Plan, services can be received from any VSP participating provider. When you use a non-participating provider, you will be reimbursed up to the Plan's out-of-network schedule allowance, summarized under "What's Covered" on page 7.

Note: Expatriates are reimbursed up to the amount allowed under the Plan's out-of-network provider reimbursement schedule.

Do I have to satisfy a deductible to use the Plan?

There are no deductibles under the Plan.

Am I responsible for a copayment when I visit my VSP doctor?

Yes, you will need to pay any applicable COPAYMENT(s) to the VSP doctor during your visit, if it's a preferred provider. Otherwise, there is a specific allowance, summarized under "What's Covered" on page 7. Copayments apply to both you and your family members covered under the Plan. Click on Verify Your Coverage through www.vsp.com for copayment information.

Finding a VSP Network Doctor

Finding a VSP network doctor is easy. Visit VSP's online Doctor Directory at www.vsp.com or contact VSP's Member Services Department at +1 800 877 7195.

Once I find a VSP network doctor, or if I decide to change my VSP network doctor, how do I notify VSP of my selection?

It is not necessary to notify VSP when selecting or changing VSP network doctors. When you're ready, simply make an appointment with your new VSP network doctor and inform them of your VSP coverage through Marsh & McLennan Companies, Inc.

Does VSP's network of doctors include optometrists as well as ophthalmologists?

Yes, VSP's network of doctors includes professionally certified optometrists and ophthalmologists.

Non-VSP Doctors

Can I see an out-of-network provider?

Yes, when you use a non-participating provider, you will be reimbursed up to the Plan's out-of-network schedule of allowances.

What to Know About Vision Care

Why should I have my eyes examined regularly?

According to the American Optometric Association, routine eye exams can detect a number of serious health conditions such as glaucoma, cataracts, diabetes, and even cancer.

How frequently should I have my eyes examined?

You and your doctor should determine the eye exam schedule that best meets your eye care needs. However, as a general rule, the American Optometric Association recommends that you should not go beyond two years to have your eyes examined. Those with a family history of eye diseases, diabetic patients, and anyone whose general health is poor or who are taking medications that may have potential side effects on the eye may need to have their eyes examined twice a year.

Do I need a special eye exam as I get close to, or past, age 40?

The American Optometric Association recommends that you continue to have your regular eye exam at least every two years. As you age, you are more susceptible to certain eye diseases such as cataracts, glaucoma, and macular degeneration. Getting your eyes regularly examined helps your eye doctor detect the first signs of disease and prescribe the appropriate treatments to prevent vision loss.

When should my child have their first eye exam?

The American Optometric Association recommends that children have their first regular eye exam at six months. A thorough exam should be done by age three because this is the age when a child's visual system undergoes its most rapid development and vision correction is most effective.

How frequently should children's eyes be examined after their initial exam?

According to the American Optometric Association, children's eyes should be examined every two years—or more frequently if there is an eye or vision problem or a family history of eye disease. School children use their eyes more frequently than some adults to read and perform other school activities, so it's important for them to have regular eye exams. Also, it is important to remember that an eye screening typically offered at school

only tests distance and will not detect some vision problems. Your child could have problems with near vision, eye coordination and focusing and still have 20/20 distance vision.

What is the difference between a routine eye exam and a contact lens exam?

Routine eye exams are designed to detect vision problems and are an important preventive measure for maintaining your overall health and wellness. In fact, according to the American Optometric Association, a thorough eye exam can detect certain medical conditions, such as glaucoma and diabetes.

Contact lens exams are designed to evaluate your vision with contact lenses. Although your vision may be clear and you feel no discomfort from your lenses, there are potential risk factors with improper wearing or fitting of contact lenses that can affect the overall health of your eyes.

Why is the contact lens exam not covered as part of my routine eye exam?

The Plan covers routine eye exams. A contact lens exam is an additional exam for contact lens wearers to determine the proper size and shape of contact lenses for your eyes and to evaluate your vision with the contact lenses. Depending on your needs, a doctor will provide services, such as training and education. You should discuss the services that your doctor provides to better understand the value of the contact lens exam, as well as the extent of the services necessary for your own eye health.

Coordinating with other plans

How are other plans' benefits coordinated with benefits under this Plan?

To coordinate benefits, the patient must provide the VSP network doctor with both covered members' names and the employee's social security number.

What if I am covered under two VSP plans?

If you are covered by two VSP plans, the following options for coordinating benefits exist:

- **One pair of glasses:** When the patient obtains one complete pair of glasses, the VSP benefits can be coordinated to offset plan COPAYMENT(s), lens options and/or frame overage.
- **Contact lenses:** When the patient receives contact lenses and an eye exam, the exam can be paid using the primary benefit. The contact lens allowances under both plans can be applied toward the contact lenses.

For More Information

For more information on how benefits are coordinated if you have coverage from another plan, the *Participating in Healthcare Benefits* section.

- **Contact lenses and glasses:** When a patient receives prescription glasses (lenses and frame) or contact lenses, the secondary plan amounts available for services received through the primary plan (lenses, frame or contacts) can be applied to offset out-of-pocket expenses.

When VSP administers the secondary plan, the member will receive a specified allowance for each service (exam, lenses, frame or contacts) that will be used to pay up to, but not more than the billed amount. Only services received on the primary benefit may be used for coordinating like services on the secondary benefit. Secondary allowances are applied first to the same service of the primary plan. Any remaining amount may be used to cover additional expenses on other services. If you have questions, contact VSP's Member Services Department at +1 800 877 7195.

What's Covered

The table below summarizes the Plan's coverage levels.

Vision Care Plan	Low (Standard) Option	High (Enhanced) Option
Coverage for Preferred Providers		
Eye Examination	Covered in full, after a \$10 COPAYMENT, every calendar year	Covered in full, after a \$10 copayment, every calendar year
Lenses	Covered in full, after a \$25 copayment, every calendar year	Covered in full, after a \$10 copayment, every calendar year
<ul style="list-style-type: none"> ▪ Single Vision ▪ Lined Bifocal ▪ Lined Trifocal ▪ Polycarbonate (for children up to age 19) 		
Progressive Lenses	<ul style="list-style-type: none"> ▪ Standard Progressive \$55 copayment ▪ Premium Progressive \$95-\$105 copayment ▪ Custom Progressive \$150-\$175 copayment 	<ul style="list-style-type: none"> ▪ Standard Progressive \$0 copayment ▪ Premium Progressive \$95-\$105 copayment ▪ Custom Progressive \$150-\$175 copayment
Frames	Covered up to \$130, every other calendar year, with a 20% savings on the amounts over the retail allowance	Covered up to \$175, every calendar year, with a 20% savings on the amounts over the retail allowance

Vision Care Plan	Low (Standard) Option	High (Enhanced) Option
Contact Lenses (in lieu of Lenses and Frame)	Covered up to \$130, every calendar year, contact lens exam (fitting and evaluation) covered in full with a copayment not to exceed \$60. VSP has partnered with leading contact lens manufacturers to provide VSP members exclusive offers. Visit www.specialoffers.vsp.com to learn more.	Covered up to \$175, every calendar year, contact lens exam (fitting and evaluation) covered in full with a copayment not to exceed \$60. VSP has partnered with leading contact lens manufacturers to provide VSP members exclusive offers. Visit www.specialoffers.vsp.com to learn more.
Medically Necessary Contact Lenses (in lieu of Lenses and Frame) [requires VSP approval]	Covered in full after a \$25 copay every calendar year No copay required for contact lens exam (fitting and evaluation)	Covered in full after a \$10 copay every calendar year No copay required for contact lens exam (fitting and evaluation)
<ul style="list-style-type: none"> ▪ UV Coating 	Up to a 25% savings off the retail price	Up to a 25% savings off the retail price
<ul style="list-style-type: none"> ▪ Tint (Solid and Gradient) 	Up to a 25% savings off the retail price	Up to a 25% savings off the retail price
<ul style="list-style-type: none"> ▪ Scratch Resistance 	Up to a 25% savings off the retail price	Up to a 25% savings off the retail price
<ul style="list-style-type: none"> ▪ Basic Polycarbonate (for adults over age 19) 	Up to a 25% savings off the retail price	Up to a 25% savings off the retail price
<ul style="list-style-type: none"> ▪ Standard Anti-Reflective 	Up to a 25% savings off the retail price	Up to a 25% savings off the retail price
Laser Vision Correction (PRK, LASIK and Custom LASIK)	<ul style="list-style-type: none"> ▪ Savings average 15 - 20% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities. 	<ul style="list-style-type: none"> ▪ Savings average 15 - 20% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.
Additional Pairs of Prescription Glasses	<ul style="list-style-type: none"> ▪ 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of your last WellVision Exam. 	<ul style="list-style-type: none"> ▪ 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of your last WellVision Exam.
Replacement Contact Lenses	15% off the contact lens exam (discount does not apply to the contact lens materials)	15% off the contact lens exam (discount does not apply to the contact lens materials)
Mail Order Contact Lenses	Convenient home or office delivery options may be available from your VSP doctor.	Convenient home or office delivery options may be available from your VSP doctor.

Vision Care Plan	Low (Standard) Option	High (Enhanced) Option
Coverage for Non-Preferred Providers		
Eye Examination	▪ Up to a \$45 allowance	▪ Up to a \$45 allowance
Lenses	▪ Single Vision: Up to \$30 allowance	▪ Single Vision: Up to \$30 allowance
▪ Single Vision	▪ Lined Bifocal : Up to \$50 allowance	▪ Lined Bifocal : Up to \$50 allowance
▪ Lined Bifocal	▪ Lined Trifocal Lenses: Up to \$65 allowance	▪ Lined Trifocal Lenses: Up to \$65 allowance
▪ Lined Trifocal	▪ Progressive Lenses : Up to \$50 allowance	▪ Progressive Lenses : Up to \$50 allowance
Frames	▪ Up to \$70 allowance	▪ Up to \$70 allowance
Contact Lenses (in lieu of Lenses and Frame)	▪ Up to \$105 allowance	▪ Up to \$105 allowance
Medically Necessary Contact Lenses	▪ Up to \$210 allowance	▪ Up to \$210 allowance

More on Covered Services

Can I choose contact lenses instead of glasses?

Yes, the Plan provides coverage for either glasses or contact lenses. Keep in mind that by choosing contact lenses you will not be eligible to receive glasses (lenses and a frame) during the same service period.

Does the Plan cover contact lens accessories and solutions?

No. The Plan does not cover contact lens accessories and solutions.

Do all VSP network doctors have a selection of frames I can choose from?

Yes, all VSP network doctors have a selection of frames in their offices.

Am I limited to the kind of frame I can pick?

Your VSP frame benefit offers you the freedom to choose a frame that complements your appearance and lifestyle. If you choose a frame exceeding your plan allowance, you'll be responsible for paying this amount (less a 20% discount on your out-of-pocket costs available through VSP network doctors) in addition to any applicable copayments at the time of your visit.

Does the Plan cover lens options?

The High (Enhanced) Option covers standard Progressive lenses at varying costs to you depending on the type of Progressive lens. Please see "What's Covered" on page 7 for additional information.

Under both options, VSP network doctors offer an average savings of 20 - 25% off the retail price on lens options, such as scratch resistant and anti-reflective coatings.

Does the Plan cover replacement eyeglasses or contact lenses?

No. The Plan does not cover replacement eyeglasses or contact lenses. However, for contact lenses, the Plan does cover a replacement contact lens exam at a 15% discount. Please see “What’s Covered” for additional information. If you need to replace your prescription eyewear, VSP network doctors provide a 20% savings on additional prescription glasses and sunglasses. Also visit www.specialoffers.vsp.com to learn about exclusive offers for contact lenses.

Does the Plan cover prescription and non-prescription sunglasses?

No. The Vision Care Plan covers prescription lenses if it’s the first pair of prescription sunglasses. Polarization or tinting will have additional costs. If the sunglasses are a second pair of glasses you will receive a 20% discount on the glasses (including lens enhancements) from any VSP doctor within 12 months of your last WellVision Exam.

Does the Plan cover safety eyewear?

No. The Vision Care Plan does not cover safety eyewear. However, you will receive a 20% savings from a VSP doctor within 12 months of your last WellVision Exam.

How can I find out more about Laser Vision Correction?

VSP offers discounted services for laser vision correction surgery to correct such visual acuity problems as near sightedness, farsightedness and even astigmatism. For more details, look for Laser Vision Correction at www.vsp.com.

You undergo laser vision correction surgery at your own risk; neither VSP nor Marsh & McLennan Companies can be held responsible for the outcome.

What’s Not Covered

There is no benefit for professional services or materials connected with:

- Orthoptics or vision training and any associated supplemental testing; plano lenses; or two pairs of glasses in lieu of bifocals
- Replacement of lenses and frames furnished under this Plan which are lost or broken, except at the normal intervals when services are otherwise available
- Medical or surgical treatment of the eyes
- Any eye examination, or any corrective eye wear, required by an employer as a condition of employment
- Corrective vision treatment of experimental nature such as but not limited to Radial Keratotomy (RK) and Photorefractive Keratectomy (PRK) surgery.

Filing a Claim

Do I need to fill out a claim form for in-network eyecare services?

No. If you use an in-network provider, you do not need to complete any paperwork or forms. Simply call a VSP network doctor to schedule an appointment and tell them you're a VSP member through Marsh & McLennan Companies, Inc. The doctors and VSP will handle the rest.

Glossary

CLAIMS ADMINISTRATOR

Vendor that administers the Plan and processes claims; the vendor's decisions are final and binding.

COPAYMENT

An amount you pay for a covered service each time you use that service.

COVERED SERVICE(S)

See the detailed list of covered vision services covered under the plan.

Covered vision services must be provided:

- when the plan is in effect
- prior to the effective date of any of the individual termination conditions set forth in this Summary Plan Description
- only when the person who receives services is a covered person and meets all eligibility requirements specified in the plan.

Decisions about whether to cover new technologies, procedures and treatments will be consistent with conclusions of prevailing medical research based on well-conducted randomized trials or group studies.

The Claims Administrator determines only the extent to which a service or supply is covered under the plan and not whether the service or supply should be rendered. The coverage determination is made using the descriptions of covered charges included in this section and the Claims Administrator's own internal guidelines. The decision to accept a service or obtain a supply is yours.

ELIGIBLE FAMILY MEMBERS

Child/Dependent Child means:

- your biological child
- a child for whom you or your spouse are the legally appointed guardian with full financial responsibility
- the child of a domestic partner
- your stepchild

- your legally adopted child or a child or child placed with you for adoption.

Note: Any child that meets one of these eligibility requirements and who is incapable of self support by reason of a total physical or mental disability as determined by the Claims Administrator, may be covered beyond the end of the calendar year in which the child attains age 26.

Dependent children are eligible for healthcare coverage until the end of the calendar year in which they attain age 26. This eligibility provision applies even if your child is married, has access to coverage through his or her employer, doesn't attend school full-time or doesn't live with you, and is not your tax dependent.

Note: While married children are eligible for healthcare coverage under your plan until the end of the calendar year in which they attain age 26, this provision does not apply to your child's spouse and/or child(ren), unless you or your spouse is the child's legally appointed guardian with full financial responsibility.

The Company has the right to require documentation to verify dependency (such as a copy of the court order appointing legal guardianship). Company medical coverage does not cover foster children or other children living with you, including your grandchildren, unless you are their legal guardian with full financial responsibility—that is, you or your spouse claims them as a dependent on your annual tax return.

IN-NETWORK PROVIDERS

Preferred health care providers who have agreed to charge reduced fees to members.

OUT-OF-NETWORK PROVIDERS

Health care providers who are not in-network providers.

SPOUSE/DOMESTIC PARTNER

Adding a spouse or same gender or opposite gender domestic partner to certain benefits coverage is permitted upon employment or during the Annual Enrollment period for coverage effective the following January 1st if you satisfy the plans' criteria, or immediately upon satisfying the plans' criteria if you previously did not qualify. To obtain domestic partner coverage, you will need to agree to the Affidavit of Eligible Family Membership declaring that:

Spouse / Domestic Partner

- You have already received a marriage license from a US state or local authority, or registered your domestic partnership with a US state or local authority.

Spouse Only

- Although not registered with a US state or local authority, your relationship constitutes a marriage under US state or local law (e.g., common law marriage or a marriage outside the US that is honored under US state or local law).

Domestic Partner Only

- Although not registered with a US state or local authority, your relationship constitutes an eligible domestic partnership. To establish that your relationship constitutes an eligible domestic partnership you and your domestic partner must:
 - be at least 18 years old

- not be legally married, under federal law, to each other or anyone else or part of another domestic partnership during the previous 12 months
- currently be in an exclusive, committed relationship with each other that has existed for at least 12 months and is intended to be permanent
- currently reside together, and have resided together for at least the previous 12 months, and intend to do so permanently
- have agreed to share responsibility for each other's common welfare and basic financial obligations
- not be related by blood to a degree of closeness that would prohibit marriage under applicable state law.

Marsh & McLennan Companies reserves the right to require documentary proof of your domestic partnership or marriage at any time, for the purpose of determining benefits eligibility. If requested, you must provide documents verifying the registration of your domestic partnership with a state or local authority, your cohabitation and/or mutual commitment, or a marriage license that has been approved by a state or local government authority.

In order to cover the child(ren) of a domestic partner, you will be required to agree to the Affidavit of Eligible Family Membership. Go to Colleague Connect (<https://colleagueconnect.mmc.com>), click **Career & Rewards** and select **Mercer Marketplace Benefits Enrollment Website** under Tools.