

Benefits Handbook Date January 1, 2011

# **Vision Discount Program**

## MMC



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## Vision Discount Program

*The Vision Discount Program offers you discounts on vision care provided by VSP providers, such as eye exams, eyeglasses, and contact lenses.*

*If you meet the employee eligibility requirements, coverage under the Vision Discount Program is automatic for you and your ELIGIBLE FAMILY MEMBERS.*

*In addition to using the discounts that the Vision Discount Program provides, you may also enroll for eyecare coverage under the Vision Care Plan. For more information, see the Vision Care Plan section.*

### SPD and Plan Document

This section provides a summary of the Vision Discount Plan (the "Plan") as of January 1, 2011.

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## Participating in the Vision Discount Program

You are eligible for the discounts provided by the Vision Discount Program if you meet the eligibility requirements described in the *Participating in Healthcare Benefits* section.

Your family members who meet the eligibility requirements that are described in the *Participating in Healthcare Benefits* section are also eligible for the discounts, so long as you are eligible.

### Enrollment

You do not need to enroll in the Vision Discount Program. Coverage is automatic if you are eligible.

### Cost of Coverage

There is no cost for the Vision Discount Program.

### ID Cards

With VSP, there are no ID cards needed to receive the Vision Discount Program's discounts on services from VSP providers.

To receive a discount off VSP providers' regular fees and prices, you or your eligible family member can simply visit a VSP doctor of your choice and tell them you're a VSP member through Marsh & McLennan Companies, Inc. (MMC).

## What the Program Provides

The Vision Discount Program provides discounts to help with your and your eligible family member's vision care expenses. With the Vision Discount Program, you'll receive the following discounts off VSP providers' usual prices:

<b>Eye exams</b>	20% discount
<b>Lenses and frames</b>	20% discount on prescription lenses when purchased with a frame (includes prescription and non-prescription sunglasses and lens options)
<b>Contacts</b>	Exclusive pricing on annual supplies of popular contact lens brands and 15% discount off your contact lens exam

### Contact Information

For more information, contact one of VSP's customer service representatives:

- **E-mail:** Form found on [www.vsp.com](http://www.vsp.com)
- **Online chat:** Form found on [www.vsp.com](http://www.vsp.com)
- **Phone:** (800) 877-7195

MMC does not administer this Plan. VSP's decisions are final and binding.

## Glossary

### ACTIVE WORK STATUS

You must be actively-at-work during your approved scheduled work week and not on any type of leave.

### ACTIVELY AT WORK

You are “actively at work” if you are fulfilling your job responsibilities at a Company-approved location on the day coverage is supposed to begin (e.g., you are not out ill or on a leave of absence).

### AFTER-TAX PAYCHECK DEDUCTIONS

Deductions taken from your pay after Social Security (FICA and Medicare) and federal unemployment insurance (FUTA) taxes and other applicable federal, state and local taxes are withheld.

### APPROVED SPOUSE AND 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 1<sup>st</sup> if you satisfy the plans’ criteria, or immediately upon satisfying the plans’ criteria if you previously did not qualify. To obtain spousal or domestic partner coverage, you will need to complete an Affidavit of Eligible Family Membership via PeopleLink ([www.mmcpeoplelink.com](http://www.mmcpeoplelink.com)), declaring that:

#### *Spouse / Domestic Partner*

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

#### *Spouse Only*

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

#### *Domestic Partner Only*

- Although not registered with a U.S. 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.

- MMC 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.

Once your Affidavit of Eligible Family Membership is completed and processed, you may cover the dependent child(ren) of your spouse or domestic partner.

Complete your affidavit, via PeopleLink ([www.mmcpoplelink.com](http://www.mmcpoplelink.com)). Select the Health tab and under **Vision**, click **Vision Discount Program**. Then go to **Take Action** in the right navigation bar and select **Enroll, view, change benefits**.

#### CLAIMS ADMINISTRATOR/PHARMACY BENEFIT MANAGER

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

#### ELIGIBLE FAMILY MEMBERS

Child/Dependent Child means:

- your biological child
- a child for whom you and your spouse are the legally appointed guardian with full financial responsibility
- the child of an approved 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 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.

**ELIGIBLE MMA EMPLOYEES**

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As used throughout this document, “MMA Employees” are defined as employees classified on payroll as U.S. regular employees of MMA Corporate, Insurance Alliance, the NIA Agency or the MMA Anchorage office.

**ELIGIBLE MMC EMPLOYEES (OTHER THAN MMA)**

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As used throughout this document, “MMC Employees (other than MMA)” are defined as employees classified on payroll as U.S. regular employees of MMC or any subsidiary or affiliate of MMC (other than MMA and any of its subsidiaries).

**WAITING PERIOD/ELIMINATION PERIOD**

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The amount of time you must wait before being able to participate in a plan.