

Vision Care Plan

Fact Sheet

How the Plan Works

The Vision Plan is designed to help you and your covered dependents pay the cost of certain necessary vision care expenses. EyeMed Vision Care is the Vision Plan Service Administrator for Johnson & Johnson. The Vision Plan gives you the choice of accessing services In-Network or Out-of-Network.

In-Network Services Include:

- Greater benefits and fewer out-of-pocket expenses
- Discount programs for eye exams and eyewear if plan benefits are exhausted for the year
- Service claims submitted by the provider are paid directly by EyeMed Vision Care

Out-of-Network services cover mostly the same expenses, however, there are limits to the benefit coverage provided.

Did You Know?

More detailed information on contact lenses insurance coverage and MSRP rates can be found on FYB.jnj.com in the Vision Plan Details.

Plan Overview

Coverage	In-Network	Out-of-Network
Eye Care Exam		
Annual Exam (dilation as necessary)	\$0 copay	Up to \$50 reimbursement
Retinal Imaging (Fundus)	Up to \$39 copay	No discount or coverage available
Eyeglasses – Frames and Lenses (in lieu of Contact Lenses)		
Annual Allowance for Frames	100% coverage up to \$150, 20% off the	Up to \$55 reimbursement
Annual Coverage for Standard Plastic Lenses		
Single Lenses	\$10 copay (100% coverage)	Up to \$50 reimbursement
Bifocal Lenses	\$10 copay (100%	Up to \$70 reimbursement
Trifocal Lenses	\$10 copay (100%	Up to \$90 reimbursement
Lenticular Lenses	\$10 copay (100%	Up to \$90 reimbursement
Standard Progressive	\$10 copay (100%	Up to \$84 reimbursement
Premium Progressive	\$45 copay	Up to \$84 reimbursement

In the Vision Care Plan, you may either get one pair of eyeglasses per year, OR a year supply of contact lenses.

For more details on the Vision Care plan offerings, look at the Vision Care SPD on Fyb.jnj.com

Coverage	In-Network	Out-of-Network
Other Lens Options Available		
Polycarbonate Adults Children under 19	\$40 copay \$0 copay (100% coverage)	No discount or coverage available Up to \$28 reimbursement
UV Treatment, Tint, Standard Scratch Coating	\$0 copay (100% coverage)	Up to \$11 reimbursement
Standard Anti-Reflective Coating	\$0 copay (100% coverage)	Up to \$32 reimbursement
Premium Anti-Reflective Coating	\$25 copay	Up to \$32 reimbursement
Plastic Photochromatic Lenses (e.g., Transitions)	\$75 copay	No discount or coverage available
Annual Coverage for Contact Lenses (in lieu of Eyeglasses)		
Contact Lenses: Manufactured/Marketed by Johnson & Johnson	<p><u>Annual Supply:</u> 100% coverage up to Manufacturer's Suggested Retail Price (MSRP) when obtained at any in-network provider or ordered through ContactsDirect.</p> <p>You must order the entire annual supply at one time to receive the full benefit.</p>	100% coverage for an annual supply (up to MSRP)
Annual Coverage for Contact Lenses (in lieu of Eyeglasses)		
Contact Lenses: Not Manufactured/Marketed by Johnson & Johnson	<p><u>Conventional Contacts:</u> 100% coverage up to \$130, 15% off balance over \$130</p> <p><u>Disposable Contacts:</u></p> <p><i>Note:</i> For out-of-network claims:</p> <ul style="list-style-type: none"> - For J&J contact lenses, you must purchase the entire annual supply in one transaction. - For Non-J&J contact lenses, you may submit only one claim for reimbursement per year, but the submission can include receipts with multiple dates of service up to the out-of-network 	Up to \$115 reimbursement
Contact Lens Fit and Follow-Up Discount Fee	<p><u>Standard Fitting:</u> Up to \$40 copay</p> <p><u>Premium Fitting:</u> Retail price less 10%</p>	No discount or coverage available
Medically Necessary Contact	\$0 copay (100% coverage)	Up to \$210 reimbursement

Coverage	In-Network	Out-of-Network
Additional Savings/Discounts		
LASIK and PRK Procedures⁸	Retail price less 15% or promotional price less 5% from U.S. Laser Vision	No discount or coverage available
Other Services, Materials or Add-On Features	20% off various services and materials such as polarized lenses, cleaning solutions, cloths, glass lenses and sunglasses (excludes contact lenses and doctors' professional services)	No discount or coverage available
Additional Discounts	<ul style="list-style-type: none"> • 40% off complete pair of eyeglasses once annual benefits for eyeglasses have been used • 15% off conventional contact lenses once annual benefits for contact lenses have been used • 20% off frames lenses or lens options purchased separately 	No discount or coverage available
Amplifon Hearing Discounts	Members receive a 40% discount off hearing exams and a low-price guarantee on discounted hearing aids.	No discount or coverage available
Myopia Benefit	Dependents under 26 are entitled to a \$1,000 annual benefit to be used toward Myopia Management Services.	

Filing Claims

You do not have to submit a claim form if you use a network provider. If you use a non-network provider, you will need to pay the entire bill at the time services are provided and submit a completed claim form to EyeMed Vision Care

Claims must be submitted no later than one year from the date of service. To obtain a claim form, log in to [FYB](#).

How to Order Contact Lenses

Through Your Provider:

- In-Network: Provider orders annual supply of lenses for you and they file the claim with EyeMed. You should not be charged.
- Out-of-Network: You pay the provider for the annual supply of lenses, then file a claim for reimbursement with EyeMed. The receipt must include the brand and type of lenses.

Through ContactsDirect:

1. Visit www.contactsdirect.com/jnj
2. Find the contact lenses you need and add to your shopping cart.
3. Go to the "Shopping Cart" and click *Checkout*
4. Click *Login/Register* and enter your information.
 - a. When registering, make sure to check the box "Register with my Insurance"
 - b. When ordering through **ContactsDirect**, each enrolled family member over the age of 18 must register and place their own order. Dependents under the age of 18 can be added as patients to the subscriber's account.
5. Complete your transaction.
6. Your contact lenses will be shipped to the address you provided during registration (standard ground shipping is free).

Eye Med App

Utilize the Eye Med App to conveniently manage all your vision benefit coverage.

You can:

- View your benefits
- Save your ID card and special offers to your apple wallet
- Quickly find an eye doctor
- Use the "Know Before You Go" to estimate costs before your visit
- Set eye exam appointment reminders
- Upload and save a picture of your latest prescription
- Check the status of your vision claim

Questions?

Visit [EyeMed Vision Care](#) for a list of providers or call the Customer Care Center at:

- 1-866-414-2064, Monday – Saturday: 7:30 AM -11:00 PM ET, Sunday: 11:00 AM - 8:00 PM ET