The following is a summary of the vision care services for State of Delaware.
This document is not the Summary Plan Description.

Plan Information

State of Delaware (Hereinafter, "Employer") has selected EyeMed Vision Care, LLC ("EyeMed") as your vision care services provider (the "Plan"). The Plan, underwritten by Fidelity Security Life Insurance Company, provides coverage for routine vision exams, as well as eyeglasses and contact lenses.

This Summary reflects the Plan that will be in effect beginning July 1, 2023.

This Summary is based on the filed insurance documents. If there is a disagreement between the information contained in this Summary and the insurance documents, the insurance documents will govern.

This Summary does not address Plan eligibility. Eligibility decisions are solely and exclusively determined by Employer.

The EyeMed Network

EyeMed's network of providers includes private practitioners, as well as the nation's premier retailers, LensCrafters®, Target Optical, and most Pearle Vision locations. To locate EyeMed Vision Care providers near you, visit www.eyemed.com and choose the **Insight Network**. You may also call EyeMed's Customer Care Center at ***1-855-259-0490.*** EyeMed's Customer Care Center can be reached Monday through Saturday 7:30 am to 11:00 pm EST and Sunday 11:00 am to 8:00 EST.

Using In-Network Providers

When making an appointment with the provider of your choice, identify yourself as an EyeMed member and provide your name and the name of your organization or Plan number, located on the front of your ID card. Confirm the provider is an in-network provider for the Network. While your ID card is not necessary to receive services, it is helpful to present your EyeMed Vision Care ID card to identify your membership in the Plan.

When you receive services at a participating EyeMed Network Provider, the provider will file your claim with EyeMed within six months from date of service. You will have to pay the cost of any services or eyewear that exceeds any allowances, and any applicable co-payments. You will also owe state tax, if applicable, and the cost of non-covered expenses (for example, vision perception training).

Using Out-of-Network Providers

If you receive services from an out-of-network Provider, you will pay for the full cost at the point of service. You will be reimbursed up to the maximums as outlined in the Summary of Vision

Care Services. To receive your out-of-network reimbursement, complete and sign an out-of-network claim form, attach your itemized receipts and send to First American Administrators, Inc., ("FAA"), a wholly-owned subsidiary of EyeMed Vision Care:

FAA/EyeMed Vision Care, LLC.
Attn: OON Claims
P.O. Box 8504
Mason, OH 45040-7111

For your convenience, a FAA/EyeMed out-of-network claim form is available at www.eyemed.com or by calling EyeMed's Customer Care Center at ***1-855-259-0490*** or you can file online by clicking on this link: https://www.eyemedonline.com/managed-vision-care/member-forms/out-of-network-claim#/. You have 15 months from date of service to file your out-of-network claim.

LOW PLAN Summary of Vision Care Services

	Your In-Network Cost	**Your Out-of-Network Reimbursement***
Exam Dilation as necessary	$10 co-pay $0	Up to $30
Refraction	$0	
Exam Options – Contact Lenses Standard Fit and Follow-Up	Up to $40	N/A
Premium Fit and Follow-Up	90% of retail price	N/A
Frames**	$0 copay, plus 80% of balance over $160	Up to $45
Standard Plastic Lenses Single Vision	$20 copay	Up to $25
Bifocal	$20 copay	Up to $40
Trifocal	$20 copay	Up to $55
Lenticular	$20 copay	Up to $55
Standard Progressive	$85 copay	Up to $40
Premium Progressive***		
Tier 1	$105 copay	Up to $40
Tier 2	$115 copay	Up to $40
Tier 3	$130 copay	Up to $40
Tier 4	$85 copay, 80% of charge less $120 Allowance	Up to $40
Standard Lens Options UV coating	$15	N/A
Tint (solid and gradient)	$15	N/A
Retinal Imaging	Up to $39	N/A
Standard scratch resistance	$0	Up to $5
Standard polycarbonate – Adults	$40	N/A
Standard polycarbonate – Kids Under 19	$0	Up to $5
Standard anti-reflective coating	$45	N/A
Premium anti-reflective coating***		

Tier 1	$57	N/A
Tier 2	$68	N/A
Tier 3	80% of charge	N/A
Polarized	80% of retail price	N/A
Photocromatic /Transitions Plastic	$75	N/A
Other add-ons and services	80% of retail price	N/A
Contact Lenses****		
Conventional	$0 copay, plus 85% of balance over $160	Up to $105
Disposable	$0 copay, plus 100% of balance over $160	Up to $105
Medically necessary	$0 copay (paid in full by Plan)	Up to $200
LASIK or PRK from US Laser Network	85% of retail price or 95% of promotional price Whichever is lesser	N/A
Hearing Care from Amplifon Network	Discounts on hearing aids	Not covered
Frequency - based on plan year		
Exam	Once every plan year	Once every plan year
Lenses **or** Contact Lenses	Once every plan year	Once every plan year
Frames	Once every plan year	Once every plan year
Diabetic	Up to (2) services per plan year	Up to (2) services per plan year
Diabetic Services (Available for Type 1 and 2 Diabetics)		
Medical Follow Up Exam	$0 copay	Up to $77
Retinal Imaging	$0 copay	Up to $50
Extended Ophthalmoscopy	$0 copay	Up to $15
Gonioscopy	$0 copay	Up to $15
Scanning Laser	$0 copay	Up to $33

HIGH PLAN Summary of Vision Care Services

	Your In-Network Cost	**Your Out-of-Network Reimbursement***
Exam	$5 co-pay	Up to $30
Dilation as necessary	$0	
Refraction	$0	
Exam Options – Contact Lenses		
Standard Fit and Follow-Up	Up to $40	N/A
Premium Fit and Follow-Up	90% of retail price	N/A
Frames**	$0 copay, plus 80% of balance over $210	Up to $105
Standard Plastic Lenses		
Single Vision	$10 copay	Up to $25
Bifocal	$10 copay	Up to $40
Trifocal	$10 copay	Up to $55
Lenticular	$10 copay	Up to $55

Standard Progressive	$10 copay	Up to $40
Premium Progressive***		
Tier 1	$95 copay	Up to $40
Tier 2	$105 copay	Up to $40
Tier 3	$120 copay	Up to $40
Tier 4	$75 copay, 80% of charge less $120 Allowance	Up to $40
Standard Lens Options		
UV coating	$0	Up to $5
Tint (solid and gradient)	$0	Up to $5
Retinal Imaging	$0	N/A
Standard scratch resistance	$0	Up to $5
Standard polycarbonate – Adults	$0	Up to $5
Standard polycarbonate – Kids Under 19	$0	Up to $5
Standard anti-reflective coating	$0	Up to $5
Premium anti-reflective coating***		
Tier 1	$57	Up to $5
Tier 2	$68	Up to $5
Tier 3	80% of charge	Up to $5
Polarized	80% of retail price	N/A
Photocromatic /Transitions Plastic	$75	N/A
Other add-ons and services	80% of retail price	N/A
Contact Lenses****		
Conventional	$0 copay, plus 85% of balance over $210	Up to $170
Disposable	$0 copay, plus 100% of balance over $210	Up to $170
Medically necessary	$0 copay (paid in full by Plan)	Up to $200
LASIK or PRK from US Laser Network	85% of retail price or 95% of promotional price Whichever is lesser	N/A
Hearing Care from Amplifon Network	Discounts on hearing aids	Not covered
Frequency - based on plan year		
Exam	Once every plan year	Once every plan year
Lenses **or** Contact Lenses	Once every plan year	Once every plan year
Frames	Once every plan year	Once every plan year
Diabetic	Up to (2) services per plan year	Up to (2) services per plan year
Diabetic Services (Available for Type 1 and 2 Diabetics)		
Medical Follow Up Exam	$0 copay	Up to $77
Retinal Imaging	$0 copay	Up to $50
Extended Ophthalmoscopy	$0 copay	Up to $15
Gonioscopy	$0 copay	Up to $15
Scanning Laser	$0 copay	Up to $33

* You are responsible to pay the out-of-network provider in full at time of service and then submit an out-of-network claim for reimbursement. You will be reimbursed up to the amount shown on the chart.
** Frame allowance provides no remaining balance for future use within the same Benefit Frequency.
***Fixed pricing schedule for Premium Progressives and Premium Anti-Reflective available at www.eyemed.com.
****For prescription contact lenses for only one eye, the Vision Care plan will pay one-half of the amount payable for contact lenses for both eyes. Contact Lens allowance is a declining balance. Any remaining balance may be used within the same benefit frequency. Where the Insured Person previously used an In-Network Provider, the remaining balance must be used with the same or any other In-Network Provider. Where the Insured Person previously used an Out-of-Network Provider, the remaining balance must be used with the same or any other Out-of -Network Provider

Additional Discounts

Under the Plan, you may receive benefits for eyeglass frames, eyeglass lenses or contact lenses as outlined on the Summary of Vision Care Services. In addition, EyeMed provides an in-network discount on products and services once your in-network benefits for the applicable benefit period have been used. The in-network discounts are as follows:

- 40% off a complete pair of eyeglasses (including prescription sunglasses)
- 15% off conventional contact lenses
- 20% off items not covered by the Plan at network providers.

These in-network discounts may not be combined with any other discounts or promotional offers. Discounts do not apply to EyeMed Provider's professional services, disposable contact lenses or certain brand name vision materials in which the manufacturer imposes a no-discount practice or policy.

Discounts on services may not be available at all participating providers. Prior to your appointment, please confirm with your provider whether discounts are offered.

Medically Necessary Contact Lenses

The Plan provides coverage for medically necessary contact lenses when one of the following conditions exists:

- **Anisometropia** of 3D in meridian powers
- **High Ametropia** exceeding –10D or +10D in meridian powers
- **Keratoconus** where the member's vision is not correctable to 20/30 in either or both eyes using standard spectacle lenses
- **Vision Improvement** for members whose vision can be corrected two lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses

The benefit may not be expanded for other eye conditions even if you or your providers deem contact lenses necessary for other eye conditions or visual improvement.

Diabetic Eye Care Benefit

Members of the Plan who have Type 1 or Type 2 diabetes are eligible to receive supplemental coverage for additional services from their vision Provider. With this Diabetic Eye Care benefit, you can obtain a vision evaluation every six months to monitor for signs of diabetic complications. Subject to provider determination and benefit frequency limitations, you may

also receive the following diagnostic testing: retinal imaging, extended ophthalmoscopy, gonioscopy or laser scanning. If questions, please contact EyeMed's customer care Center.

Availability of diagnostic equipment and services varies by location. Members are encouraged to call their provider to confirm availability of services.

Savings on Laser Vision Correction

EyeMed Vision Care, in connection with the U.S. Laser Network, owned and operated by LCA Vision, offers discounts to you for LASIK and PRK. You receive a discount when using a network provider in the U.S. Laser Network. The U.S. Laser Network offers many locations nationwide. For additional information or to locate a network provider, visit www.eyemedlasik.com or call **1-877-5LASER6**.

After you have located a U.S. Laser Network provider, you should contact the provider, identify yourself as an EyeMed member and schedule a consultation to determine if you are a good candidate for laser vision correction. If you are a good candidate and schedule treatment, you must call the U.S. Laser Network again at **1-877-5LASER6** to activate the discount.

At the time treatment is scheduled, you will be responsible for an initial refundable deposit to the U.S. Laser Network. Upon receipt of the deposit, and prior to treatment, the U.S. Laser Network will issue an authorization number to your provider. Once you receive treatment, the deposit will be deducted from the total cost of the treatment. On the day of treatment, you must pay or arrange to pay the remaining balance of the fee. Should you decide against the treatment, the deposit will be refunded.

You are responsible for scheduling any required follow-up visits with the U.S. Laser network provider to ensure the best results from your laser vision correction procedure.

Hearing Discount Benefit with Amplifon Hearing Health Care

At EyeMed, we're all eyes and ears about your health and wellness. That's why we teamed up with Amplifon – the world's largest distributor of hearing aids and services to add affordable hearing care to your EyeMed vision benefits package.

Members receive a discount on hearing aids with a low-price guarantee. For additional information call **1-877-203-0675**

Online Contact Lenses with ContactsDirect.com

You can now apply your contact lens benefit at contactsdirect.com. Simply complete the online transaction form and the contacts will be delivered directly to your home.

Online Eyewear with Glasses.com

To make sure you get easy, convenient access to vision choices that best fit your lifestyle, we've added Glasses.com to our roster of thousands of independent providers and top optical retailers. This is great news for you because EyeMed members can now apply in-network vision benefits from anywhere, anytime. For additional information visit www.glasses.com.

Plan limitations and exclusions

Your vision care plan contains several limitations and exclusions. Please see your Certificate of Insurance for a complete list.

Sample Savings

The following examples illustrate how your benefit would be applied to the services received at an in-network provider's office or location:

LOW PLAN
If a member chooses to receive:

A comprehensive vision care examination:	you pay $10.00
A frame up to a value of $150:	you pay $0.00
One pair of bifocal lenses:	you pay $20.00
Ultraviolet coating:	you pay $15.00
The total cost to the member is:	$45.00

If a member chooses to receive:

A comprehensive vision care examination:	you pay $10.00
A frame up to a value of $200:	you pay $32.00
A pair of single vision lenses:	you pay $20.00
Standard anti-reflective coating:	you pay $45.00
The total cost to the member is:	$107.00

HIGH PLAN
If a member chooses to receive:

A comprehensive vision care examination:	you pay $5.00
A frame up to a value of $150:	you pay $0.00
One pair of bifocal lenses:	you pay $10.00
Ultraviolet coating:	you pay $0.00
The total cost to the member is:	$15.00

If a member chooses to receive:

A comprehensive vision care examination:	you pay $5.00
A frame up to a value of $200:	you pay $0.00
A pair of single vision lenses:	you pay $10.00
Standard anti-reflective coating:	you pay $0.00
The total cost to the member is:	$15.00

Claims & Claims Appeals

You may authorize someone else to file and pursue a claim for benefits or an appeal on your behalf. If you do so, you must notify EyeMed Vision Care in writing of your choice of an authorized representative. Your notice must include the representative's name, address, phone number, and a statement indicating the extent to which he or she is authorized to act on your behalf. A consent form that you may use for this purpose will be provided to you upon request.

Time Frames for Processing Claims

First American Administrators, Inc., a third-party administrator and wholly owned subsidiary of EyeMed ("hereinafter "FAA") will decide claims within the time permitted by applicable state law, but generally no longer than 30 days after receipt. If FAA needs additional time to decide a

claim, it will send you a written notice of the extension, which will not exceed 15 days. If FAA needs additional information from you in order to decide the claim, FAA will send you a written notice explaining the information needed. You will have 45 days to provide the information to FAA. If your claim is denied, in whole or in part, FAA will inform you of the denial in writing.

Time Frames and Procedures for Appealing Claims – First Level

If your claim is denied, in whole or in part, you may file a first-level appeal. The first-level appeal must be in writing and received by FAA within 180 days of your notice of the denial. If you do not receive an EOB within 30 days of submission of your claim, you may submit a first-level appeal within 180 days after this 30-day period has expired. Your written letter of appeal should include the following:

- The applicable claim number or a copy of the written denial or a copy of the EOB, if applicable.
- The item of your vision coverage that the member feels was misinterpreted or inaccurately applied.
- Additional information from the member's eye care provider that will assist FAA in completing its review of the member's appeal, such as documents, records, questions or comments.

The appeal should be mailed or faxed to the following address:

FAA/EyeMed Vision Care, LLC
Attn: Quality Assurance Dept.
4000 Luxottica Place
Mason, OH 45040
Fax: 1-513-492-3259

FAA/EyeMed will review your first-level appeal and notify you in writing of its decision.

Time Frames for and Procedures for Appealing Claims – Second Level

This second-level appeal applies only if permitted by applicable state law. If your first-level appeal is denied, in whole or in part, you may file a second-level appeal. The second-level appeal must be in writing and received by FAA within 180 days after the denial of your first-level appeal. If you do not receive first-level appeal decision within 60 days after it was filed, you may submit a second-level appeal within 180 days after this 60-day period has expired. Your written letter of appeal should include the same items detailed above, plus any new information that you believe supports your position.
The appeal should be mailed or faxed to the following address:

FAA/EyeMed Vision Care, LLC
Attn: Quality Assurance Dept.
4000 Luxottica Place
Mason, OH 45040
Fax: 1-513-492-3259

FAA/EyeMed will review your second-level appeal and notify you in writing of its decision.

Complaint Procedure

If you are dissatisfied with an EyeMed Provider's quality of care, services, materials or facility or with EyeMed's Plan administration, you should first call EyeMed Customer Care Center at ***1-855-259-0490*** to request resolution. The EyeMed Customer Care Center will make every effort to resolve your matter informally.

If you are not satisfied with the resolution from the Customer Care Center service representative, you may file a formal complaint with EyeMed's Quality Assurance Department at the address noted above. You may also include written comments or supporting documentation.

The EyeMed Quality Assurance Department will resolve your complaint within thirty (30) days after receipt, unless special circumstances require an extension of time. In that case, resolution shall be achieved as soon as possible, but no later than one hundred twenty (120) days after EyeMed's receipt of your complaint. Upon final resolution, EyeMed will notify you in writing of its decision.

The Insured benefits are underwritten by Fidelity Security Life Insurance Company. Discounts are provided by EyeMed Vision Care. If you have any questions or concerns, please contact EyeMed Vision Care at eyemed.com or **1-855-259-0490**.