

## UAW/FORD Vision Care Program

The UAW/Ford Vision Program was developed to provide program members with comprehensive vision care services at reduced out-of-pocket expenses. If you are enrolled in the Traditional Plan for health care coverage, or in a health Maintenance Organization (HMO) or a Preferred Provider Organization (PPO) plan that does not provide vision care coverage, SVS Vision Managed Care, Inc. administers the program and a panel network consisting of SVS Vision and other affiliated providers (The Network) provides services.

### Who is Covered by the Program?

Information related to you eligibility for vision care coverage is provided in your Employee Benefits Handbook.

### What Expenses Are Covered Under this Program When Services Are Provided By A Network Provider?

The following vision care expenses are covered under the program when services are provided by a Network provider.

<b>Schedule 1 Network Provider Schedule</b>	
<b>Services</b>	<b>Coverage</b>
<b>Vision Testing Examination</b> .....	<b>Full Coverage</b>
<b>Reexamination</b> (by an ophthalmologist).....	<b>\$45.00</b>
<b>Regular Lenses</b> (Glass or Plastic).....	<b>Full Coverage</b>
• Single Vision    • Bifocal    • Trifocal	
• Special (lenticular, aspheric, etc.)	
<b>Lens Options</b> .....	<b>Full Coverage</b>
• Tints equal to Rose 1 and Rose 2	
• Scratch resistant coating age 13 and under	
• Lenses more than 65 millimeters in diameter	
<b>Frames</b>	
• Standard Frames.....	<b>Full Coverage</b>
• Designer Frames.....	<b>\$40.00</b>
<b>Contact Lenses</b> (instead of eyeglasses)	
• Not medically necessary	
- Hard or Soft contact lenses .....	<b>\$75.00</b>
- Professional fees .....	<b>\$40.00</b>
(fitting & follow-up)	
• Medically necessary to achieve 20/70 in better eye or for kerataconus, irregular astigmatism, or irregular corneal curvature as diagnosed by M.D. or O.D. including professional fees and contact lenses.....	<b>Up to \$350.00</b>

### Is There a Warranty on Lenses and/or Frames Received From A Network Provider?

Most lenses or frames you receive from a Network provider are under warranty for two years. (There is a one year warranty for rimless frames.) The warranty begins on the date you receive your lenses and/or frames and works according to a point system.

During the two-year warranty period (or one year period for rimless frames), a total of 10 replacement points are provided for services received. If any eyeglass part is repaired or replaced, the point value of the repaired replaced part, as described below, will be subtracted from the total number of replacement points remaining.

#### 10 Points

Each Lens .....	2 points
Each Temple .....	2 points
Each Front.....	2 points

If you use all 10 replacement points are used before the expiration of warranty period, you will be responsible for paying any additional repair or replacement costs. This warranty **does not** cover scratched lenses. Broken part(s) must be submitted to qualify for this replacement plan.

### How Do I Obtain Program Service From A Network Provider?

Contact a Network provider for an appointment and let them know you are an hourly UAW/Ford employee with SVS coverage. To obtain the location of the nearest Network provider, you may call this toll-free number **1-800-225-3095**.

### Can I Visit an Ophthalmologist?

Normally, a Doctor of Optometry performs your vision exam. If you prefer, or if your optometrist suggest, you may have a ophthalmologist perform your vision exam. You may choose any licensed ophthalmologist. You will be reimbursed for the exam based on Schedule 2 (regardless of where you live or where your ophthalmologist is located).

If you have your vision exam performed by a optometrist, your optometrist may refer you to an ophthalmologist for medical reasons. Your examination by an ophthalmologist is covered if performed within 60 days from the date of your initial examination. You may receive partial coverage under "Schedule 2" if you go to a non-Network provider, and you live more than 25 miles from a Network provider. (For those residing within 25 miles of a Network provider, referral must be made by a Network provider.)

### What Expenses Are Covered When Services Are Provided By a Non-Network Provider And I Live More Than 25 Miles From a Network Provider?

If you live *more than 25 miles* from a Network provider, and you choose to receive vision care services from a non-Network provider, you will be reimbursed up to lesser of the charges or the following scheduled amount.

<b>Schedule 2 Non-Network Provider Schedule – Live More Than 25 Miles From a Network Provider</b>	
<b>Services</b>	<b>Coverage</b>
<b>Vision Testing Examination</b> .....	<b>\$45.00</b>
<b>Re-examination</b> (by an ophthalmologist).....	<b>\$45.00</b>
<b>Regular Lenses</b> (Glass or Plastic)	
• Single Vision.....	<b>\$59.00</b>
• Bifocal.....	<b>\$79.00</b>
• Trifocal • Special (lenticular, aspheric, etc.).....	<b>\$99.00</b>
<b>Lens Options</b> .....	<b>\$0.00</b>
• Tints equal to Rose 1 and Rose 2	
• Scratch resistant coating age 13 and under	
• Lenses more than 65 millimeters in diameter	
<b>Frames</b> (Standard or Designer).....	<b>\$49.00</b>
<b>Contact Lenses</b> (instead of eyeglasses)	
• Not medically necessary including hard or soft contact lenses and professional fees (fitting and follow-up).....	<b>\$89.00</b>
• Medically necessary to achieve 20/70 in better eye or for kerataconus, irregular astigmatism, or irregular corneal curvature as diagnosed by M.D. or O.D. including exam and professional fees and contact lenses.....	<b>\$200.00</b>

**What Expenses Are Covered Under The Program When Services Are Provided By a Non-Network Provider and I Live Within 25 Miles of a Network Provider?**

If you live *within 25 miles* of a Network provider and you choose a non-Network provider, you will be reimbursed up to the lesser of the actual charges or the following amounts:

**Schedule 3**  
*Non-Network Provider Schedule – Live Within 25 Miles Of a Network Provider*

<u>Services</u>	<u>Reimbursement Amount</u>
<b>Vision Examination</b> .....	<b>\$0.00</b>
<b>Re-examination</b> (by an ophthalmologists).....	<b>\$0.00</b>
<b>Regular Lenses</b> (Glass or Plastic).....	<b>\$13.00</b>
• Single Vision •Bifocal •Trifocal	
• Special (lenticular, aspheric, etc.)	
<b>Lens Options</b> .....	<b>\$0.00</b>
• Tints equal to Rose 1 and Rose 2	
• Scratch resistant coating age 13 and under	
• Lenses more than 65 millimeters in diameter	
<b>Frames</b> .....	<b>\$13.00</b>
<b>Contact Lenses</b> (instead of eyeglasses)	
• Not medically necessary including hard or soft contact lens and professional fees (fitting and follow-up).....	<b>\$37.00</b>
• Medically necessary to achieve 20/70 in better eye or for keratonus, irregular astigmatism, or irregular corneal curvature as diagnosed by M.D. or O.D. including professional fees and contact lenses.....	<b>\$52.50</b>

**How Do I Submit a Claim for Services Received From a Non-Network Provider?**

If you or your eligible dependent receives services from a non-Network provider, you must submit a claim form. Claim forms are available upon request from SVS Vision or your UAW Benefits Representative or by visiting the following website, [www.svsvision.com](http://www.svsvision.com). Submit completed claim forms, along with itemized receipt, to *SVS Vision Managed Care, Inc., P.O. Box 464, Mt. Clemens, MI 48046-0464*. You will be reimbursed up to the amounts described in this brochure. If you or your eligible dependent receives vision care services from a Network provider, no claim forms are required.

**To whom are Benefits Paid?**

If you obtain vision care services from a Network Provider, payment for eligible expenses is made directly to the provider. If you obtain services from a Non-Network Provider, the payment for eligible expenses is made directly to you. You will be responsible for paying the Non-Network Provider.

**Benefit Limitations**

Program Benefits are limited to:

- One vision testing examination in any period of 24 months plus one referral (when medically necessary) to an ophthalmologist for re-examination within 60 days from the date of initial examination. (For those residing within 25 miles of a Network provider, referral must be by the Network provider.)
- One pair of lenses, and frames or contact lenses in any period of 24 months.

- Children, to the end of the calendar year when they become sixteen years of age, who are diagnosed as having severe, progressive myopia (i.e. myopia of 2.00 diopters or greater and progressing at the rate of 1.00 diopter or more per year in the meridian of greatest change) will be eligible for an additional examination, 12 months (365 days) after the most recent examination paid for by the Program.

If the examination reveals a change of 1.00 diopter or more has occurred during the preceding 12 months, appropriate corrective lenses will be provided by the Program. If the change is less than 1.00 diopter, lenses will not be provided by the program until 24 months has elapsed since Program provided the most recent lenses. Subsequent examinations will be limited to the normal 24-month interval unless the child is again diagnosed as having severe progressive myopia.

- If you (or your eligible dependent) are an insulin-dependent diabetic, you may obtain a vision examination each calendar year. If you have a change of .5 diopter or 10 degree axis, you may receive one pair of lenses on an annual basis at the new prescription (but not new frames).

In order to receive these benefits, you must provide a letter from your personal physician to the optometrist or ophthalmologist stating that you (or you eligible dependent) are insulin-dependent. If you are enrolled in an HMO or PPO plan fro medical coverage and are covered under the SVS Program for vision coverage, you would get your annual eye exam from your HMO or PPO provider, and any lenses from a SVS Network provider.

- When eligible for lenses, and until the enrollee's thirteenth birthday, coverage will be provided for scratch-guard coating on plastic lenses when received from a Network provider. Scratch-guard coating will be covered under the Program not more frequently than once every two calendar years.

**Program Exclusions**

The Program does not cover any of the following services or procedures.

1. Visual training, orthoptics, visual therapy for learning disorders, low vision aids, aniseikonic lenses, aphakic lenses (if for conditions of surgical aphakic) and tonography.
2. Medical or surgical treatment. (Your medical plan may cover these services)
3. Drugs or any other medication not administered for the purpose of a vision testing examination.
4. Vision testing examinations, lenses, or frames furnished for any condition, disease, ailment or injury arising out of and in the course of employment.
5. Vision testing examinations, lenses, or frames ordered:
  - a. before the program member became eligible for coverage under this program; or
  - b. after termination of coverage under this Program.
6. Lenses or frames which are not necessary according to accepted standards of ophthalmic practice, or which are not

ordered or prescribed by the attending physician or optometrist.

7. Charges for vision testing examinations, lenses, or frames to the extent for which benefits are payable under any health care programs supported in whole or in part by funds of the federal government or any state or political subdivision thereof.
8. Charges for vision testing examinations, lenses, or frames to the extent for which benefits are payable under any other group policy or pre-payment arrangement.
9. Lenses or frames ordered while insured but delivered more than sixty (60) days after coverage terminated.
10. Charges which exceed the stated reimbursement levels or which otherwise exceed Plan benefits.

### **Emergency Services**

If you are eligible under the Program frequency limitations and need to receive services in the event of an emergency (as used in this paragraph, "emergency" is a permanent visual impairment of such nature that access to a Network provider is impossible and failure to replace lost or broken lenses and/or frames could reasonably result in jeopardizing your safety or well-being), and you receive services from a Non-Network Provider, reimbursement will be made at the lesser of charges or as on the schedule shown previously under the heading "Outside 25 Miles from a Network provider."

### **Complaint and Appeal Procedures**

You have the right to initiate a complaint regarding the quality, availability or appropriateness of services received from a Network provider. Your complaint should be delivered to SVS Vision Managed Care, Inc. or mailed to the Complaint Committee, Managed Care, Inc. PO Box 464, Mt. Clemens, Michigan 48046-0464. The complaint should state your name and address, and the basis for your complaint. (Complaint forms are available at all Network provider offices.) The SVS Vision Managed Care, Inc. Complaint Committee will promptly review and investigate the complaint, make a recommendation and notify you promptly of its decision in writing.

In the event you are not satisfied with the recommendation made by the Complaint Committee, you may select a doctor of the appropriate type of practice, who is not otherwise associated with The Program, from a list approved by the Ford/UAW Vision Care Program, to review the complaint. If the reviewing doctor recommends that vision care services be corrected, the Network provider shall abide by such recommendations.

A patient with a complaint and/or grievance that remains unresolved after the proper review procedures have been exhausted, has the right to file a grievance with the following state agency:

**Michigan Department of Community Health  
Managed Care Quality and Improvement  
400 S. Pine Street - P.O. Box 30476  
Lansing, Michigan 48909-7979  
Attention: Grievance Coordinator**

### **Further Assistance**

A Patient Information Specialist is available to assist you regarding vision care service provided by SVS Vision and to answer questions regarding the Ford/UAW Vision Care Program. To contact the Provider/Patient Information Specialist,

**CALL TOLL FREE: 1-800-225-3095**

**EMAIL: [info&svsvision.com](mailto:info&svsvision.com)**

**WRITE:**

**SVS Vision Managed Care, Inc.**

**Attention: Ford/UAW Vision Care Program**

**PO Box 464**

**Mt. Clemens, Michigan 48046-0464**

This brochure contains a brief explanation of the vision care benefits based on the documents, policies, and negotiated Agreements by which these benefits are provided. If there is any difference between the Plan text and this brochure, the plan texts and negotiated Agreements always will govern.

Ford Motor Company reserves the right to end, suspend and amend plans, subject to the applicable Collective Bargaining Agreement.

Amendments also will be made to comply with applicable statutes and regulations. If changes are made, you will be notified.