



# **VISION CARE PROGRAM FOR PRE-MEDICARE RETIREES**

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# VISION CARE PROGRAM FOR PRE-MEDICARE RETIREES

## The Big Picture

### *An Overview of the Vision Care Program*

Effective Jan. 1, 2020

## VISION BENEFITS FOCUS ON PREVENTIVE CARE AND MAINTAINING GOOD EYESIGHT

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Good vision is essential to many aspects of day-to-day life and necessary for certain types of work. To encourage lifelong eye health and maintain good eyesight, vision care benefits cover many of your regular needs for preventive and diagnostic eye exams, eyeglass lenses or contact lenses for vision correction, and eyeglass frames.

While you pay the full cost of coverage, BNSF has negotiated attractive group rates for services

through an extensive network of eye care providers. You also have the flexibility of using out-of-network providers at a lesser benefit level. The Vision Care Program for Pre-Medicare Retirees also offers discounts on services such as laser vision correction.

The two vision care options cover the same comprehensive services. They differ in some of the copays required and the frequency that a benefit is paid for eyeglass frames.

## VISION CARE OPTIONS IN BRIEF

Services are covered once per calendar year, except as noted.

	EyeMed Access Plan H-12		EyeMed Access Plan H-24	
	In-Network You Pay:	Out-of-Network: You Pay	In-Network: You Pay	Out-of-Network: You Pay
<b>Exams</b>	\$0	Cost over \$40	\$10	Cost over \$40
<b>Eyeglass Lenses</b>				
<ul style="list-style-type: none"> <li>• Single, Bifocal or Trifocal</li> </ul>	\$10	Cost over \$25, \$40 or \$65 respectively	\$20	Cost over \$25, \$40 or \$65 respectively
<ul style="list-style-type: none"> <li>• Standard Progressive</li> </ul>	\$50	Cost over \$40	\$85	Cost over \$40
<b>Eyeglass Frames</b>	Cost over \$150, with 20% discount, <sup>1</sup> <b>every calendar year</b>	Cost over \$75, <b>every calendar year</b>	Cost over \$150, with 20% discount, <sup>1</sup> <b>every other calendar year</b>	Cost over \$75, <b>every other calendar year</b>
<b>Contact Lenses</b> (You may choose contact lenses instead of eyeglass lenses. The program does not pay for both.)	Cost over \$150 for elective lenses, with 15% discount	Cost over \$120 for elective lenses	Cost over \$150 for elective lenses, with 15% discount	Cost over \$120 for elective lenses
	\$0 for medically necessary lenses	Cost over \$200 for medically necessary lenses	\$0 for medically necessary lenses	Cost over \$200 for medically necessary lenses

<sup>1</sup> For in-network purchases, the discount applies to any cost that exceeds the covered amount.

## HOW THE VISION CARE PROGRAM WORKS IN BRIEF

### Financial Assistance

Vision care benefits at BNSF help you reduce your expenses for regular vision care needs, such as eye exams, eyeglasses and contact lenses. BNSF uses its significant buying power to offer you a program of high-quality services and products at discounted fees and prices through EyeMed Vision Care. This holds down expenses for many important vision care services for you and your family.

### Cost

You pay the entire cost of your vision care coverage through a monthly billing or regular automatic deductions from your BNSF Retirement Plan pension. Your cost depends on the Vision Care Program option you select and which family members you choose to cover.

### Copayments and Benefit Allowances

#### *Exams and Lenses*

Once every calendar year, both Vision Care Program options cover the cost of an in-network examination at either no cost, or after a small copayment from you. Also, each year the options cover standard plastic eyeglass lenses with only a fixed copayment from you.

#### *Frames*

The program pays up to an allowance amount for frames, and you pay any additional cost. In addition, for in-network purchases, you receive a 20% discount off any portion of the cost that exceeds the covered amount.

The two vision care options differ in how often eyeglass frames are covered:

- ▶ EyeMed Access Plan H-12 – *Every* calendar year.
- ▶ EyeMed Access Plan H-24 – *Every other* calendar year.

#### *Contact Lenses*

Both Vision Care Program options provide benefits for the purchase of contact lenses in place of eyeglass lenses.

**Defined terms:** For the meaning of terms in [blue](#), click to see the Defined Terms section.



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- ▶ For [medically necessary](#) contact lenses purchased instead of standard plastic lenses and frames, the program pays the full cost of one set of contacts per calendar year if purchased from an in-network provider.
- ▶ Elective contact lenses (those that are not medically necessary) also are covered, up to the calendar year allowance. You pay any additional cost. In addition, for in-network purchases, you receive a 15% discount off any portion of the cost that exceeds the covered amount for conventional contact lenses.

### Annual and Lifetime Maximums

The Vision Care Program does not have annual or lifetime limits on the overall benefits available to you. However, the program limits benefits for most types of service to a specific frequency or allowance amount as listed in the [Schedule of Benefits](#).

### Vision Care Providers

You may use any licensed vision care provider. However, your cost will almost always be less if you use EyeMed in-network providers. The program provides greater benefits for in-network expenses. For a list of in-network providers, you may go to EyeMed’s online provider directory at [eyemed.com](#) > Find an eye doctor.

### Vision Care Claims

EyeMed Vision Care in-network providers automatically file your claims for you, saving you time and effort.

If you use an out-of-network provider, you may have to pay the entire cost up front and file your own claims.

### **Filing Claims and Claim Appeals**

The Vision Care Program includes rules for filing claims, such as time limits and the

information required. It also includes a process for you to appeal claims decisions. Details are in the chapter of this SPD titled *Claims Procedures – Medical and Vision Care Programs for Pre-Medicare Retirees*.

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## **EXPENSES COVERED UNDER THE VISION CARE PROGRAM IN BRIEF**

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The Vision Care Program offers coverage of many vision care services, including those listed later in the chapter. The *Schedule of Benefits* shown later in this chapter provides additional details.

Please note that certain limitations and exclusions apply to Vision Care Program coverage of these expenses. For specific information, refer to the following sections of

this chapter titled *Important Rules and Administrative Information* and *Expenses Not Covered*.

### **Covered Services**

- ▶ Eye examinations
- ▶ Standard plastic eyeglass lenses
- ▶ Eyeglass frames
- ▶ Contact lenses

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## IMPORTANT RULES AND ADMINISTRATIVE INFORMATION IN BRIEF

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### Pre-authorization of Contact Lens Expense

To be sure you receive the maximum benefits under the Vision Care Program, you and your provider should call the [Claims Administrator](#) in advance to authorize benefits for contact lenses. The Claims Administrator will determine if medical necessity requirements are met. Benefits are greater for contacts that qualify under the program as [medically necessary](#), compared to elective contacts.

Ask for [pre-authorization](#) of expenses for contact lenses before making your purchase. The [Claims Administrator](#) will determine whether the contacts qualify as medically necessary or are elective.

### When Coverage Ends

Coverage usually ends for a dependent when he or she is no longer eligible or when you die. If a covered dependent loses coverage because of no longer meeting dependent eligibility requirements, he or she may choose to continue coverage under [COBRA](#) by paying the full cost. For more information, see the chapter of this SPD titled *When Coverage Ends – Medical and Vision Care Programs for Pre-Medicare Retirees*.

### General and Administrative Information

This SPD contains detailed information, including your privacy rights, which may assist you in using the program. For details, refer to the chapters of this SPD titled *General Information About Your Rights to Benefits – Retirees* and *Administrative Information – Medical and Vision Care Programs for Pre-Medicare Retirees*.

### Your ERISA Rights

A federal law, ERISA, gives you important rights under the program. Those rights are described in the chapter of this SPD titled *Your Rights Under ERISA – Medical and Vision Care Programs for Pre-Medicare Retirees*.

## Coverage Details

### Vision Care Program for Pre-Medicare Retirees

## SCHEDULE OF BENEFITS

Services are covered once per calendar year, except as noted.

BENEFITS	EyeMed Access Plan H-12		EyeMed Access Plan H-24	
	In-Network Program Pays:	Out-of-Network Program Pays:	In-Network Program Pays:	Out-of-Network Program Pays:
<b>Examination</b> (with dilation as necessary)	100%	Allowance of up to \$40	100% after \$10 copay	Allowance of up to \$40
<b>Contact Lens Fitting and Follow-up</b>	100% after \$55 copay	N/A	100% after \$55 copay	N/A
<b>Standard Plastic Lenses</b>				
• Single Vision	100% after \$10 copay	Allowance of up to \$25	100% after \$20 copay	Allowance of up to \$25
• Bifocal	100% after \$10 copay	Allowance of up to \$40	100% after \$20 copay	Allowance of up to \$40
• Trifocal	100% after \$10 copay	Allowance of up to \$65	100% after \$20 copay	Allowance of up to \$65
• Standard Progressive	100% after \$50 copay	Allowance of up to \$40	100% after \$85 copay	Allowance of up to \$40
<b>Lens Options<sup>2</sup></b>				
• UV Coating	100% after \$15 copay	N/A	100% after \$15 copay	N/A
• Tint (solid and gradient)	100% after \$15 copay	N/A	100% after \$15 copay	N/A
• Standard Scratch-Resistance	100% after \$15 copay	N/A	100% after \$15 copay	N/A
• Standard Polycarbonate	100%	Allowance of up to \$20	100% after \$40 copay	N/A
• Standard Anti-Reflective Coating	100% after \$45 copay	N/A	100% after \$45 copay	N/A
• Other Add-ons and Services	20% off retail price	N/A	20% off retail price	N/A

<sup>2</sup> Copays apply for each lens option requested. For example, you would pay \$30 for lenses with UV coating and tint (\$15 + \$15).

BENEFITS	EyeMed Access Plan H-12		EyeMed Access Plan H-24	
	In-Network Program Pays:	Out-of-Network Program Pays:	In-Network Program Pays:	Out-of-Network Program Pays:
<b>Frames</b> (any frame available at provider location)	Allowance of up to \$150, with 20% discount off any balance, every calendar year	Allowance of up to \$75, every calendar year	Allowance of up to \$150, with 20% discount off any balance, every <i>other</i> calendar year	Allowance of up to \$75, every <i>other</i> calendar year
<b>Contact Lenses</b>				
• <b>Medically Necessary</b>	100% (no maximum)	Allowance of up to \$200	100% (no maximum)	Allowance of up to \$200
• <b>Elective, Conventional</b>	Allowance of up to \$150, with 15% discount off any balance	Allowance of up to \$120	Allowance of up to \$150, with 15% discount off any balance	Allowance of up to \$120
• <b>Elective, Disposable</b>	Allowance of up to \$150	Allowance of up to \$120	Allowance of up to \$150	Allowance of up to \$120
<b>Laser Vision Correction Price Discount</b> Lasik or PRK from U.S. Laser Network	Greater of 15% off retail price; or 5% off promotional price	N/A	Greater of 15% off retail price; or 5% off promotional price	N/A
<b>Frequency</b>				
• Examination	Once every calendar year		Once every calendar year	
• Frames	Once every calendar year		Once every <i>other</i> calendar year	
• Plastic Lenses	Once every calendar year		Once every calendar year	
• Contact Lenses	Once every calendar year		Once every calendar year	

### Exception

Contact lenses may be purchased instead of eyeglass lenses. *To receive the benefit for **medically necessary contact lenses**, you and your provider must receive approval from the **Claims Administrator** in advance.*

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## HOW VISION CARE PROGRAM COVERAGE WORKS

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### Your Contributions for Coverage

EyeMed determines the premium for each Vision Care Program option. Your contributions are shown on the [BNSF Benefits Center website](#) during the annual enrollment period or during your enrollment period as a newly eligible retiree. Your contribution depends on the option you select and who you choose to cover (such as you only, you + spouse, etc.).

You make your contributions through regular automatic deductions from your BNSF Retirement Plan pension (unless your BNSF pension isn't sufficient to cover the contributions, in which case you will be direct billed).

### Program Options

The Vision Care Program offers you two options for coverage:

- ▶ EyeMed Access Plan H-12, and
- ▶ EyeMed Access Plan H-24.

The EyeMed Access Plan H-12 option covers eyeglass frames purchases *every* calendar year and includes lower copays for some services. The EyeMed Access Plan H-24 covers eyeglass frames purchases *every other* calendar year and requires a lower contribution from you.

See the description of program options in the [Schedule of Benefits](#).

### Copayments

#### Examinations and Standard Plastic Lenses

If you use an EyeMed Vision Care in-network provider, you are eligible to receive eye examinations and standard plastic eyeglass lenses every calendar year.

In-network exams are provided at no cost to you under the EyeMed Access Plan H-12 option and for a fixed copayment under the EyeMed Access Plan H-24 option.

Examinations include a review of the patient's vision history, dilation, a glaucoma pressure check (tonometry), ophthalmoscopic examinations and certain other services.

Copayment amounts are shown in the [Schedule of Benefits](#).

**Allowances and Discounts****Eyeglass Frames**

You receive an allowance toward the cost of eyeglass frames:

- ▶ Once *every* calendar year under the EyeMed Access Plan H-12 option, or
- ▶ Once *every other* calendar year under the EyeMed Access Plan H-24 option.

Allowances are greater when you use EyeMed Vision Care in-network providers as shown in the [Schedule of Benefits](#).

**Contact Lenses**

You may select contact lenses instead of standard plastic eyeglass lenses every calendar year through either program option. The program covers 100% of the cost for [medically necessary](#) contact lenses purchased from an in-network provider. The allowance for elective contact lenses is lower.

If you use an out-of-network provider, you will receive an allowance toward the cost of services.

Allowance amounts are shown in the [Schedule of Benefits](#).

**Discounts on Other Expenses**

Most in-network providers offer substantial discounts, including:

- ▶ 20% off the cost of items not covered by the Vision Care Program. The discount may not be combined with any other discounts or promotional offers and does not apply to in-network provider's professional services or contact lenses.
- ▶ After the purchase of the first pair of eyeglass frames in a benefit period (every calendar year under the H-12 option and every other calendar year under H-24), for each covered family member:
  - 40% discount off the purchase of an additional pair of eyeglasses, and
  - 15% discount off the purchase of an additional pair of conventional contact lenses.
- ▶ Price discounts as noted under [Laser Vision Correction](#) are also offered.

**Annual and Lifetime Maximums**

The Vision Care Program does not have annual or lifetime limits on the overall benefits provided. However, the program limits benefits for most types of service to a specific frequency or allowance amount as listed in the [Schedule of Benefits](#).

## EyeMed Provider Network

EyeMed Vision Care, the Vision Care Program's [Claims Administrator](#), has contracted with a broad range of vision care service providers and brought them together into the EyeMed Vision Care network. These providers have agreed to provide you quality vision care services at discounted contract rates, which saves you money.

While you are free to use any licensed vision care provider, you almost always will pay less if you use in-network providers. In addition to discounted in-network fees and prices, benefits for services by in-network providers are greater. Benefits are less, and fees and prices may be higher, for out-of-network providers.

To locate in-network providers, go to EyeMed's online provider directory at [eyemed.com](http://eyemed.com) > Find an eye doctor.

## Pre-authorization for Contact Lenses

You or your vision care provider should ask the [Claims Administrator](#) for a pre-authorization review of your purchase of contact lenses prior to purchasing them. The review will determine if the contact lenses are medically necessary or elective, and the corresponding benefits payable by the program. Benefits are greater for contacts that qualify under the program as medically necessary.

*Ask for pre-authorization of any purchases of contact lenses.*

### Definition of Medically Necessary

For contact lenses to qualify as medically necessary under the program, your provider must receive pre-authorization from the [Claims Administrator](#) and at least one of the following conditions must apply:

- ▶ Your prescription requires greater than + or – 12.00D in spherical equivalent;
- ▶ You have a keratoconus or similar corneal malady not correctable to 20/40 in either or both eyes using standard spectacle lenses;
- ▶ You have anisometropia of 5.00D or more;
- ▶ Bandage-type lenses are medically indicated; or
- ▶ Your vision can be corrected two lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses.

## Laser Vision Correction

The Vision Care Program does not cover laser vision correction. However, you may use providers who have agreed to offer laser vision correction at discounted pricing. Laser vision surgery is an elective procedure that includes potential risks. The program does not guarantee the outcome of any refractive surgical procedure or a total elimination of the need for glasses or contacts. The program provides only access to a discounted price if you decide you want laser vision correction.

### Price Discounts

Price discounts on Lasik or PRK laser vision correction are available through in-network providers in the U.S. Laser Network. For more information, see the U.S. Laser Network website at [eyemedlasik.com](http://eyemedlasik.com) or call 877-5LASER6 toll-free.

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## GENERAL EXCLUSIONS

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**Expenses that  
Are Not  
Covered**

The following vision care services, supplies or expenses are not covered:

- ▶ Orthoptics or vision training and any supplemental testing.
- ▶ Plano (non-prescription) lenses.
- ▶ Two pairs of eyeglasses instead of bifocals or trifocals.
- ▶ Medical or surgical treatment of the eyes.
- ▶ An eye examination or corrective eyewear required as a condition of employment, including safety eyewear.
- ▶ Any injury or illness covered under a Workers' Compensation or similar law, or which is work-related.
- ▶ Non-prescription sunglasses.
- ▶ Sub-normal vision aids.
- ▶ Experimental or non-conventional treatments or devices.
- ▶ Services or materials provided by any other group benefit plan providing vision care.
- ▶ Eyeglass lens styles, materials or treatments not included in the *Schedule of Benefits*.
- ▶ Laser vision correction (except for discounts noted in the *Schedule of Benefits*).

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## OTHER INFORMATION

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**BNSF's  
Privacy  
Practices**

Participants in the Burlington Northern Santa Fe Group Benefits Plan (the "Plan") have certain rights under the Health Insurance Portability and Accountability Act (HIPAA). These rights and the Plan's legal duties with respect to protected health information (PHI), including how the Plan may use and disclose PHI, are explained in the Plan's Privacy Practices Notice.

Retirees may view or print a copy of the Privacy Practices Notice from the internet at [bnsf.com/retirees/exempt-retirees/pdf/PrivacyPracticeNotice.pdf](https://bnsf.com/retirees/exempt-retirees/pdf/PrivacyPracticeNotice.pdf). In addition, any participant may request a copy by calling the Employee Service Center at 800-234-1283, option 6.

You may also contact the Plan's Privacy Official at the number above for more information on the Plan's privacy policies or your rights under HIPAA.

## WHO TO CALL ABOUT YOUR BENEFITS

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For questions about the enrollment process or eligibility for benefits under the Vision Care Program for Pre-Medicare Retirees, call the BNSF Benefits Center at 833-277-8051. Benefits Center representatives are available Monday through Friday, 7 a.m. to 7 p.m. Central time.

For questions about expenses or claims covered under the Vision Care Program, call EyeMed Vision Care at 866-723-0513.

## DEFINED TERMS

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### About These Terms

The following definitions of certain words and phrases will help you understand the benefits to which the definitions apply.

Some definitions apply in a special way to specific benefits. So, if a term that is defined in another chapter of this SPD also appears as a defined term listed here, the definition in the other chapter will apply to that specific chapter rather than the definition below.



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**Claims or Account Administrators** – See the *Administrative Information* chapter of this SPD for identification of Claims and Account Administrators.

**COBRA** – Consolidated Omnibus Budget Reconciliation Act of 1985, as amended. For more information on your COBRA rights, see the chapter of this SPD titled *Continuing Health Care Coverage Under COBRA – Medical and Vision Care Programs for Pre-Medicare Retirees*.

**Conventional** – Contact lenses designed to be worn for a considerable period of time before being replaced.

**Copayment** – The fixed dollar amount you pay each time you receive a service or supply.

**Medically necessary** – See [related section](#) of this SPD.

**Pre-authorization** – See [related section](#) of this SPD.