The following is a summary of the vision care services for MIT. This document is not the Summary Plan Description document. The Policy and Certificate ("Policy") is the contract between MIT and Combined Insurance Company of America, which provides the coverage for the vision care benefits. Any discrepancy between this Summary and the Policy will be resolved in favor of the Policy.

**Plan Information**

MIT has selected EyeMed Vision Care, LLC as your vision care services provider (the “Plan”). The Plan, underwritten by Combined Insurance Company of America, provides coverage for eyeglasses and contact lenses.

This Summary reflects the Plan that will be in effect beginning January 1, 2012.

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, please understand that the insurance documents will always govern.

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

**The EyeMed Network**

EyeMed Vision Care’s network of providers includes private practitioners, as well as the nation’s premier retailers, LensCrafters®, Sears Optical, Target Optical, JC Penney Optical and most Pearle Vision locations. To locate EyeMed Vision Care providers near you, visit [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) and choose the Select Network. You may also call EyeMed’s Customer Care Center at **1-866-723-0514**. 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 Select Network. While your ID card is not necessary to receive services, it is helpful to present your EyeMed Vision Care ID card to verify your eligibility.

When you receive services at a participating EyeMed Provider, the provider will file your claim. 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, LLC:

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

For your convenience, an EyeMed/FAA out-of-network claim form is available at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) or by calling EyeMed’s Customer Care Center at 1-866-723-0514

### Summary of Vision Care Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Your In-Network Cost</th>
<th>Out-of-Network Reimbursement*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frames</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Standard Plastic Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>$10 copay</td>
<td>Up to $42</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$10 copay</td>
<td>Up to $78</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$10 copay</td>
<td>Up to $130</td>
</tr>
<tr>
<td>Standard Progressive</td>
<td>$75</td>
<td>Up to $78</td>
</tr>
<tr>
<td>Premium Progressive</td>
<td>$75, 80% of Charge less $120 Allowance</td>
<td>Up to $78</td>
</tr>
<tr>
<td><strong>Standard Lens Options</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UV coating</td>
<td>$15</td>
<td>N/A</td>
</tr>
<tr>
<td>Tint (solid and gradient)</td>
<td>$15</td>
<td>N/A</td>
</tr>
<tr>
<td>Standard scratch resistance</td>
<td>$15</td>
<td>N/A</td>
</tr>
<tr>
<td>Standard polycarbonate - Adults</td>
<td>$0</td>
<td>$32</td>
</tr>
<tr>
<td>Standard polycarbonate – Kids Under 19</td>
<td>$0</td>
<td>$32</td>
</tr>
<tr>
<td>Standard anti-reflective coating</td>
<td>$45</td>
<td>N/A</td>
</tr>
<tr>
<td>Polarized</td>
<td>80% of retail price</td>
<td>N/A</td>
</tr>
<tr>
<td>Other add-ons and services</td>
<td>80% of retail price</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Contact Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conventional</td>
<td>$0 copay, 85% of balance over $150</td>
<td>Up to $120</td>
</tr>
<tr>
<td>Disposable</td>
<td>$0 copay, 100% of balance over $150</td>
<td>Up to $120</td>
</tr>
<tr>
<td>Medically necessary</td>
<td>$0 copay (paid in full by plan)</td>
<td>Up to $200</td>
</tr>
</tbody>
</table>
Lasik or PRK from US Laser Network | 85% of retail price or 95% of promotional price allowance
--- | ---
Frequency - based on *Calendar*
Lenses or Contact Lenses | Once every 12 months | Once every 12 months
Frames | Once every 12 months | Once every 12 months

* You are responsible to pay the out-of-network provider in full at time of service and then submit an out-of-network claim form for reimbursement. You will be reimbursed up to the amount shown on the chart.

*** For prescription contact lenses for only one eye, the Plan will pay one-half of the amount payable for contact lenses for both eyes.

**Additional Discounts**
Under the Plan, you may receive benefits for either eyeglasses (frames and 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 maximum 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 or certain brand name vision materials in which the manufacturer imposes a no-discount policy.

**Medically Necessary Contact Lenses**
The Plan provides coverage for medically necessary contact lenses when one of the following conditions exists:

- Anisometropia of 3D in spherical equivalent or more
- High Ametropia exceeding –10D or +10D in spherical equivalent in either eye
- 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 correct standard spectacle lenses.

**Savings on Laser Vision Correction**
EyeMed Vision Care, in connection with U.S Laser Network, offers discounts to you for Lasik and PRK. You receive a discount (15% off retail or 5% off promotional price) when using a
network provider in the US Laser Network, owned and operated by LCA Vision. The US 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 U.S. Laser Network. Upon receipt of the deposit, and prior to treatment, U.S. Laser Network will issue an authorization number to you. Once you receive treatment, the deposit will be applied to the total cost of the treatment. On the day of treatment, you must pay or arrange to pay the 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.

**Mail Order Contact Lens Replacement Program**

In addition to the above, after an initial purchase of contact lenses, you may obtain replacement contact lenses via the Internet at substantial savings. They will be mailed directly to you. For more information, log on to www.eyemedvisioncontacts.com. The contact lens benefit allowance is not applicable to this service.

**Plan limitations and exclusions**

The following services and supplies are not covered under the Plan:

Vision examinations

Orthoptic or vision training; subnormal vision aids and any associated supplemental testing;

Aniseikonic lenses;

Medical and/or surgical treatment of the eye, eyes or supporting structures;

Any eye or vision examination, or corrective eyewear required by an employer as a condition of employment and safety eyewear;

Services provided as a result of any workers’ compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;

Plano (non-prescription) lenses and/or contact lenses;

Non-prescription sunglasses (except for 20% discount);

Two pairs of glasses in lieu of bifocals;
Services or materials provided by any other group benefit plan providing vision care; or

Services rendered after the date an Insured Person ceases to be covered under the Policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order;

Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when vision materials would next become available.

Discount benefits may not be combined with any discount, promotional offering, or other group benefit plans.

Discounts on frames where the manufacturer prohibits discounts, including, but not limited to: Bvlgari, Cartier, Chanel, Gold & Wood, Maui Jim and Pro Design.

Applicable taxes

Visual Display Terminal (VDT) Exam

Sample Savings

The following examples illustrate how your benefits would be applied to the services received at any in-network provider’s office or location:

If a member chooses to receive:

- A frame up to a value of $150: you pay $8.00
- One pair of bifocal lenses: you pay $10.00
- Ultraviolet coating: you pay $15.00

The total cost to the member is: $33.00

If a member chooses to receive:

- A frame up to a value of $200: you pay $40.00
- A pair of single vision lenses: you pay $10.00
- Standard anti-reflective coating: you pay $45.00

The total cost to the member is: $95.00

The EyeMed Select Network is always growing, and provider locations are subject to change. Therefore, we recommend using the Provider Locator service through EyeMed’s website www.eyemedvisioncare.com (choose the Select Network) or calling EyeMed’s Customer Care Center at 1-866-723-0514 or to locate the EyeMed Provider closest to you.

Claims & Claims Appeals

Time Frames for Processing Claims

EyeMed/FAA will generally decide claims within 30 days after receipt. If EyeMed/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, EyeMed/FAA will inform you of the denial in writing.

Time Frames for Appealed Claims

If your claim is denied, in whole or in part, you may appeal. The appeal must be in writing and received by FAA within 180 days after your receipt of the Explanation of Benefits. If you do not receive this notice within 30 days of submission of your claim, you may submit an appeal within 180 days after this 30-day period has expired. Your appeal will be decided within 60 days after receipt. Your written letter of appeal should include the following:

The applicable claim number or a copy of the FAA denial information or Explanation of Benefits, 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.

You may authorize someone else to file and pursue a complaint or appeal on your behalf. If you do so, you must notify FAA/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 pursue the complaint and/or appeal on your behalf. A consent form that you may use for this purpose will be provided to you upon request

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

FAA/EyeMed Vision Care, LLC  
Attn: Quality Assurance Dept.  
4000 Luxottica Place  
Mason, Ohio 45040  
Fax: 1-513-492-4999

FAA/EyeMed will review your appeal for benefits and notify you in writing of its decision.

Complaint Procedure

If you are dissatisfied with an EyeMed Vision Provider’s quality of care, services, materials or facility, or with EyeMed’s Plan administration, you should first call EyeMed Customer Care Center at 1-866-723-0514 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.

**ERISA**

As a participant in the MIT Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (“ERISA”). For a detailed description of your rights, please refer to the Summary Plan Description (“SPD”) document provided by your employer.

**Enforce Your Rights**

If your claim for vision benefits is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

When you have completed all appeals mandated by ERISA, additional voluntary alternative dispute resolution options may be available, including mediation and arbitration. You should contact the U. S. Department of Labor or the state insurance regulatory agency for details. Additionally, under ERISA (Section 502(a)(1)(B)) [29 U.S.C. 1132(a)(1)(B)], you have the right to bring a civil (court) action when all available levels of review of denied claims, including the appeals process, have been completed, the claims were not approved in whole or in part, and you disagree with the outcome.

**Assistance with Your Questions**

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this summary of vision care services or about your rights under ERISA, you should contact the nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Pension and Welfare Benefits Administration.

The Insured benefits are underwritten by Combined Insurance Company of America. Discounts are provided by EyeMed Vision Care. If you have any questions or concerns, please contact EyeMed Vision Care.