



2020
EMPLOYEE
BENEFITS



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Welcome

At Hoya Vision, it's our employees who make the difference in our success. That's why, each year, you have the opportunity to choose from a variety of benefits that can make a real difference in your life.

We offer a broad range of benefits, including health care, life insurance, disability insurance, and much more. You can customize a benefits program that's exactly right for your personal situation.

This guide provides a summary of your benefit options. Please review it carefully and make your elections before the deadline. No changes will be allowed at any other time unless you have a Qualified Life Event (such as a birth, death, divorce, marriage, etc.).

If you have any questions about your benefits choices or about how to enroll, please reach out to your HR department to get the answers you need. Then you'll be sure to have the benefits you need for the year ahead.





Eligibility

Employees of Hoya Optical Labs of America, Seiko Optical Products of America are eligible as defined below:

- Medical
- Dental
- Flexible Spending Account (FSA)
- Health Savings Account (HSA)



All full-time and regular part-time employees, excluding temporary and part-time employees, effective the first day of the month following 60 days of service for hourly employees; and effective the first day of the month after 30 days of service for salaried employees, are eligible for these benefits

- Basic Life and AD&D
- Supplemental Life Insurance



All full-time employees excluding temporary, regular part-time, and part-time employees, effective the first day of the month following 90 days of service on the company's payroll, are eligible for these benefits

- Short Term Disability
- Long Term Disability



All full-time employees excluding temporary, regular part-time and part-time employees, effective the first day of the month following 90 days of service on the company's payroll for salaried employees; and effective the first day of the month after 180 days of service on the company's payroll for hourly employees, are eligible for these benefits

- Vision



All employees excluding temporary employees, effective the first day of the month following 90 days of service on the company's payroll, are eligible for these benefits

- Hoya Shared Savings 401(k) Plan



All current Hoya Optical Labs of America employees excluding temporary employees effective the first day of the month following 3 months of service on the company's payroll

- Seiko Optical Products of America 401(k) Plan



All current Seiko Optical Products of America employees excluding temporary employees effective the first day of the month following 6 months of service on the company's payroll



WHEN TWO HOYA EMPLOYEES ARE MARRIED

You and your spouse may both be covered as employees or one of you may cover yourself as the employee and your spouse as a dependent. However, neither of you can be covered as both an employee and a dependent. In addition, your dependent children may only be covered as dependents under one employee's plan.

ENROLLING DEPENDENTS

You may also enroll your eligible dependents for coverage. This includes the following:

- » Your legal spouse
- » Domestic partners are covered only under the DMO plan. For all other plans, domestic partners are not eligible for coverage.
- » Children under the age of 26, regardless of student, dependency or marital status
- » Children who are past the age of 26 and are fully dependent on you for support due to a mental or physical disability, and who are indicated as such on your federal tax return

If you wish to enroll dependents in medical or dental coverage, documentation is required to show proof of dependency. It is against the law to elect coverage for an ineligible dependent.

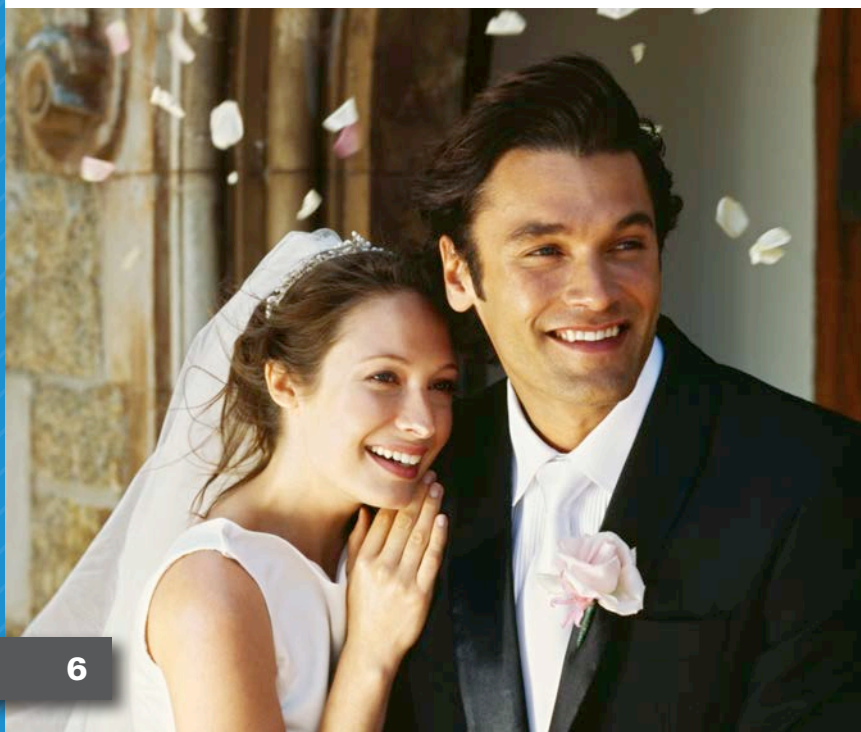
ACCEPTABLE DEPENDENT DOCUMENTS FOR MEDICAL AND DENTAL INSURANCE

ELIGIBILITY REQUIREMENTS	ACCEPTABLE SUPPORTING DOCUMENTATION
Spouse	
	<p>Documentation must support the current spousal relationship. Submit the following set of documents – ONE document from SECTION A and ONE document from SECTION B:</p> <p>SECTION A</p> <ul style="list-style-type: none"> • Copy of a utility bill such as electricity, water or cable listing the names of both you and your spouse dated within the last 12 months. • Copy of a statement from a joint bank account such as checking, savings, or loan listing the names of both you and your spouse and dated within the last 12 months. • Copy of a vehicle registration listing the names of both you and your spouse and dated within the last 12 months. • Copy of your spouse’s presently valid driver’s license or state ID showing the current address of your spouse to be the same as your address on file. • Copy of a lease or mortgage listing the names of both you and your spouse and showing the current address to be the same as your address on file. • Copy of an insurance statement or policy such as homeowner’s, renter’s or automobile listing the names of both you and your spouse and showing the current address to be the same as your address on file. <p>SECTION B</p> <ul style="list-style-type: none"> • Copy of presently valid legal or religious marriage certificate, which must include the date of marriage. • Copy of presently valid state-issued certificate, declaration or registration of common law* For Dental HMO, Supplemental Life and Vision plans only.
Children up to age 26	
<p>Your children until the end of the month that they reach age 26, which includes:</p> <ul style="list-style-type: none"> • Biological children • Legally adopted children • Stepchildren to your current spouse • Any other child for whom you have legal guardianship or court-ordered custody 	<p>Documentation must support the parental relationship. Submit any one of the following:</p> <ul style="list-style-type: none"> • Copy of the child’s legal or hospital birth certificate naming you or your spouse as the child’s parent. • Copy of a final court order (divorce decree/custody agreement) naming you or your spouse as the child’s parent. All documents must include the following information: names of the child and parent, official signature and/or court seal/stamp. • Copy of legal adoption papers issued by the courts naming you or your spouse as the adoptive parent. All documents must include the following information: names of the child and parent, official signature and/or court seal/stamp. • Copy of legal guardianship/custodian papers issued by the courts naming you or your spouse as the child’s guardian/custodian. All documents must include the following information: names of the child and guardian, official signature and/or court seal/stamp. • Copy of a Qualified Medical Child Support Order (QMCSO) showing you are required to provide medical coverage for the child. Documentation must state your current employer’s name and include the names of the child and parent. <p>If you are an employee providing documentation for a child of your spouse, documentation must also include the required documentation listed for Spouse.</p>
Children age 26 and over	
<p>Your dependent children of any age who cannot provide for themselves due to physical or mental incapacity and who live with you at least 50% of the time.</p>	<p>Documentation must support the dependent relationship and disabled status. Submit the following set of documents – ONE from SECTION A and ONE document from SECTION B:</p> <p>SECTION A</p> <ul style="list-style-type: none"> • Any one of the documents listed above for children up to age 26. <p>SECTION B</p> <ul style="list-style-type: none"> • Request for Continuation of Medical Coverage for Handicapped Child Form. The form may be obtained from Human Resources.

QUALIFIED LIFE EVENTS

Generally, you may only change your benefit elections during the designated enrollment period. However, since life happens, you also may change your benefit elections during the year if you experience a Qualified Life Event. You must notify Human Resources within 30 days of the qualifying event.

QUALIFIED LIFE EVENT		DOCUMENTATION NEEDED
Change in marital status	<ul style="list-style-type: none"> • Marriage • Divorce/Legal Separation • Death 	<ul style="list-style-type: none"> • Copy of marriage certificate • Copy of divorce decree • Copy of death certificate
Change in number of dependents	<ul style="list-style-type: none"> • Birth or adoption • Step-child • Death 	<ul style="list-style-type: none"> • Copy of birth certificate or copy of legal adoption papers • Copy of birth certificate plus a copy of the marriage certificate between employee and spouse • Copy of death certificate
Change in employment	<ul style="list-style-type: none"> • Change in your eligibility status (i.e., full-time to part-time) • Change in spouse's benefits or employment status 	<ul style="list-style-type: none"> • Notification of increase or reduction of hours that changes coverage status • Notification of spouse's employment status that results in a loss or gain of coverage



CHANGING BENEFITS AFTER ENROLLMENT

During the year, you cannot make changes to your medical, dental, vision, Health Care or Dependent Care Flexible Spending Accounts unless you have a Qualified Life Event. If you do not contact Human Resources within 30 days of the Qualified Life Event, you will have to wait until the next enrollment period to make changes (unless you experience another Qualified Life Event).



How to Enroll

Decide which of these two convenient enrollment options best fits your needs:

SELF-SERVICE

- » Visit www.explainmybenefits.com/hoyavision, click on the blue “Log into Your Benefit System” button and move through the enrollment system at your own pace.
- » Click “submit” at the end of the process and record your confirmation number. If you do not receive a confirmation number, you have not completed your enrollment and you will not be enrolled for the plan year.
- » You may visit the website anytime and click your confirmation number to view your confirmation statement. It is your responsibility to ensure that your benefit elections are accurate. If you are uncertain or have questions, contact Human Resources immediately.

MOBILE APP

- » Log into the Hoya Vision mobile app and select “enroll” from the menu on the right. Go through the enrollment and finalize by clicking “SUBMIT.”
- » On the app, you can also view your current benefits, watch benefit education videos, review benefit guides and plan summaries, plus get important messages about your benefits.
- » To download the app:
 - Visit the Apple or Android App Store
 - Search for: **Explain My Benefits**
 - Download the free app!
 - Enter company code: **vision**



REMINDERS

- » Be sure to review the 2020 Benefits Guide and plan summaries prior to going through the enrollment process
- » Be prepared by gathering dependent and beneficiary information (i.e., Social Security numbers and dates of birth)





Benefit Costs

Hoya Vision pays the full cost of many of your benefits. For others, Hoya Vision and you share the cost, or you pay the full cost. Pretax means the cost comes out of your pay before taxes are deducted. After-tax means the cost comes out of your pay after taxes are deducted. The chart below shows who pays for each benefit and the related tax treatment.

BENEFIT	WHO PAYS	TAX TREATMENT
Medical, Prescription	Hoya Vision/You	Pretax or After-tax
Dental	Hoya Vision/You	Pretax or After-tax
Vision	Hoya Vision/You	Pretax or After-tax
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	Hoya Vision	N/A
Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance	You	After-tax
Disability Coverage	Hoya Vision	N/A
Flexible Spending Accounts	You	Pretax
401(k) Retirement Savings Plan	Hoya Vision/You	Pretax and/or After-tax
Additional Voluntary Benefits	You	Pretax or After-tax



Medical Plans

Our medical coverage provides you and your family the protection you need for everyday health issues or when the unexpected happens.

You can choose either medical plan. Both medical plans offer:

- » Comprehensive health care benefits
- » In-network preventive care covered at 100%
- » Coverage for eligible children up to age 26
- » Prescription drug coverage

CHOOSE THE PLAN THAT'S RIGHT FOR YOU

The key difference between the plans is the amount of money you'll pay each pay period and when you need care. The plans have different:

- » **Annual deductible amount** — the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay
- » **Out-of-pocket maximums** — the most you will pay each year for eligible network services including prescriptions
- » **Copay and coinsurance** — money you pay toward the cost of covered services

SAVE WHEN YOU USE IN-NETWORK PROVIDERS

In-network providers offer the highest level of benefits and lower out-of-pocket costs. Network providers charge you reduced fees but providers outside the plan's network set their own rates, which means you may have to pay the difference if a provider's fees are above the Reasonable and Customary (R&C) limits.



MEDICAL PLAN COMPARISON

	ANTHEM PPO		ANTHEM CDHP	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE/COINSURANCE				
Individual/Family	\$1,000/\$2,700	\$1,700/\$5,100	\$1,400/\$3,000	\$2,500/\$6,000
Coinsurance	20%	50%	20%	50%
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)				
Individual	\$4,000	\$7,000	\$3,500	\$7,000
Family	\$10,150	\$21,000	\$6,850	\$14,000
COVERAGE HIGHLIGHTS				
Preventive Care	\$0	50%*	\$0	50%*
Primary Care Physician	\$30	50%*	20%*	50%*
Specialist	\$40	50%*	20%*	50%*
Urgent Care	\$150	50%*	20%*	50%*
Emergency Room	\$300	\$300	20%*	50%*
Hospital Services	\$200 Copay + 20%*	50%*	20%*	50%*
Lab, X-rays	20%*	50%*	20%*	50%*
MRI, CAT, etc.	20%*	50%*	20%*	50%*
PHARMACY				
CALENDAR YEAR PRESCRIPTION DEDUCTIBLE (EXCLUDES GENERIC)				
Per Individual	\$50	\$50	\$50	\$50
RETAIL RX (UP TO 30-DAY SUPPLY)				
Generic	\$10	\$10 + 50%	10%* (\$150 max)	50%*
Preferred Brand Name	\$25	\$25 + 50%	20%* (\$175 max)	50%*
Non-Preferred Brand Name	\$45	\$45 + 50%	30%* (\$200 max)	50%*
Specialty	\$95	N/A	\$95*	N/A
MAIL ORDER RX (UP TO 90-DAY SUPPLY)				
Generic	\$20	Not Covered	10%* (\$150 max)	Not Covered
Preferred Brand Name	\$50		20%* (\$175 max)	
Non-Preferred Brand Name	\$90		30%* (\$200 max)	
Specialty	N/A		N/A	

* After medical deductible



BlueDistinction.
Specialty Care



Centers of
Medical
Excellence
Transplants

BlueDistinction.
Total Care

Anthem Blue Distinction Centers

The Blue Distinction Centers and Anthem Centers of Medical Excellence are designated facilities that have a proven track record of delivering quality outcomes for specific Specialty Care.

THE BLUE DISTINCTION SPECIALTY CARE DIFFERENCE

TWO DESIGNATION LEVELS

- » **Blue Distinction Center:** Health care facilities recognized for expertise in delivering specialty care
- » **Blue Distinction Center +:** Health care facilities recognized for expertise and efficiency in delivering specialty care

SEVEN FOCUS AREAS

- » Bariatric surgery
- » Cardiac care
- » Transplant
- » Maternity care
- » Spine surgery
- » Knee and hip replacement
- » Cancer care

FLEXIBLE

You can enjoy optimal flexibility through customized tiering for BDC+/BDC providers for the following:

- » Orthopedics (knee/hip replacements and spine surgery)
- » Cardiac care (coronary artery bypass surgeries, Percutaneous coronary interventions, isolated Aortic Valve Replacement (AVR), Mitral Valve Replacement)
- » Bariatric surgery (gastric bypass and gastric stapling)
- » Transplants (solid organ and bone marrow transplants)

ACTIONABLE

Anthem members may locate designated Blue Distinction facilities using our online provider directory. Just search for “General Acute Care” hospitals and look for the BDC+/BDC logos in the Quality Snapshot.

WHERE TO FIND ANTHEM CME FACILITIES

Log in via anthem.com and follow the navigation below.

» **Resources**

» **Health care resources**

» **Centers of Medical Excellence**

From the CME page, select **View List**

Health Savings Account (HSA)

A HSA is a personal savings account you can use to pay for qualified out-of-pocket medical expenses with pretax dollars — now or in the future. Once you're enrolled in the HSA, you'll receive a debit card to help manage your HSA reimbursements. Your HSA can also be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP medical plan.

HOW A HEALTH SAVINGS ACCOUNT (HSA) WORKS



Eligibility

You must be enrolled in the High Deductible Health Plan.



Your Contributions

You contribute on a pretax basis and can change how much you contribute from each paycheck up to the IRS maximum of \$3,550 if you enroll only yourself, or \$7,100 if you enroll in family coverage. You can make an additional catch-up contribution if you are age 55.



The Company's Contribution

\$600
for employee only coverage

\$1,000
for employee + 1

\$1,500
for employee + 2 or more



Eligible Expenses

Medical, dental, vision and prescription drug expenses incurred by you and your eligible family members. If you want to enroll in a Health Care FSA, you are eligible to enroll in a Limited Purpose FSA that covers dental and vision expenses only.



Using Your Account

Use the debit card linked to your HSA to cover eligible expenses, or pay for expenses out of your own pocket and save your HSA money for future health care expenses.



Remaining Funds

Money left in your HSA at the end of the year will roll over to the next year — you'll never lose your HSA dollars. If you leave the Company or retire, you can take your HSA with you, and continue to pay and save for future eligible health care expenses.

YOUR HSA IS ALWAYS YOURS — NO MATTER WHAT!

One of the best features of an HSA is that any money left in your HSA account at the end of the year rolls over so you can use it next year or sometime in the future. And if you leave the company or retire, your HSA goes with you!

THE TRIPLE TAX ADVANTAGE



You can use your HSA funds to cover qualified medical expenses, plus dental and vision expenses too — or retire — tax-free.



Unused funds grow and can earn interest over time — tax-free.



You can save your HSA funds to use for your health care when you leave the Company or retire — tax-free.

THE HDHP AND HSA: HOW THEY WORK TOGETHER

Together, your and the Company's contributions can cover a portion of your deductible and coinsurance.



Free In-Network Preventive Care

To emphasize the importance of wellness, preventive care is covered at 100% if you receive this care from in-network providers.



Deductible

You pay for your initial medical costs until you meet your annual deductible. This deductible is higher compared to the other medical plan, but offset by HSA contributions you and the Company may make.



Coinsurance

Once the deductible is met, you and the Company share any further health care costs until you meet the out-of-pocket maximum.

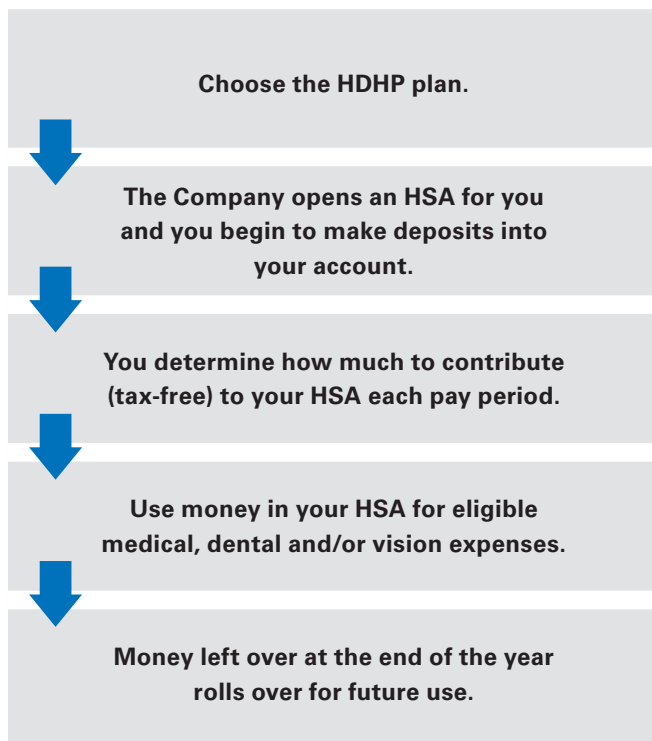


Out-of-Pocket Maximum

The plan limits the total amount you'll pay each year. Once you meet your out-of-pocket maximum, the plan pays 100% of your eligible, in-network expenses for the remainder of the year.

HOW THE HSA WORKS

Please note: Funds available for reimbursement are limited to the balance in your HSA.



Yolanda enrolls herself only in the HDHP with HSA. She chooses to use her HSA to pay for covered services – this reduces her out-of-pocket amount needed to meet her deductible before her health plan begins to pay.

YEAR 1 EXAMPLE	YEAR 2 EXAMPLE
The Company deposits \$600 in Yolanda's HSA	The Company deposits \$600 in Yolanda's HSA
She contributes \$2,900 for a total of \$3,500	She contributes \$2,900 for a total of \$3,500
She uses her HSA to pay \$700 of eligible expenses	\$2,800 rolls over from last year for a total of \$6,300
She has \$2,800 in her HSA to roll over to next year	She uses her HSA to pay \$1,250 of eligible expenses
	She has \$5,050 in her HSA to roll over to next year

Flexible Spending Accounts (FSA)

Flexible Spending Accounts allow you to pay for eligible health care and dependent care expenses using tax-free dollars. **There are three types of FSAs — the Health Care FSA, the Limited Purpose FSA, and the Dependent Care FSA:**



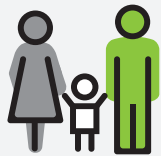
Health Care FSA

Used to pay for services not covered by your medical, dental or vision plan such as copays, coinsurance, deductibles, prescription expenses, lab exams and tests, contact lenses and eyeglasses.



Limited Purpose FSA

Used if you are enrolled in the HDHP with medical plan; it works the same way as the standard Health Care FSA; however, you may only use it to pay for eligible vision and dental expenses.



Dependent Care FSA

Used to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time. You cannot use your Health Care FSA to pay for Dependent Care expenses.

IT'S EASY TO USE THESE ACCOUNTS:

- 1 First, you contribute to the account(s) with pretax dollars deducted from your paycheck. That means no taxes (federal, state or Social Security) will be withheld from any of those dollars.
- 2 Then, you pay for certain eligible expenses out of your pocket as usual. You may use your debit card or submit a claim (along with the appropriate documentation) to be reimbursed for those expenses from the dollars in your account.

IMPORTANT NOTES!

There is a "use it or lose it" rule imposed by the IRS. In other words, if you do not spend the money in your FSA by the deadline, any unused dollars in your account(s) after the deadline will be forfeited. You may roll over \$500 from one year to the next.

If you are a participant in a Health Savings Account (HSA), you are not eligible for the Health Care FSA reimbursement account.

COMPARING (FSA) FLEXIBLE SPENDING ACCOUNTS

HEALTH CARE	LIMITED PURPOSE	DEPENDENT CARE
Contribute up to \$2,700 per year, pretax.	Contribute up to \$2,700 per year, pretax.	Contribute up to \$5,000 per year, pretax, or \$2,500 if married and filing separate tax returns.
Receive a debit card to pay for eligible medical expenses (funds must be available in your account).	Receive a debit card to pay for eligible dental and vision (funds must be available in your account).	You must submit claims and be reimbursed if you enroll in this FSA; no debit cards are provided.
Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses, over-the-counter medications prescribed by your doctor.	Eligible expenses include dental and vision copays, coinsurance, deductibles, eyeglasses and over-the-counter medications prescribed by your doctor.	Can only be used to pay for eligible dependent care expenses including day care, after-school programs and elder care programs.
Submit claims up to March 31 of the following year for expenses from January 1 to December 31.	Submit claims up to March 31 of the following year for expenses from January 1 to December 31.	Submit claims up to March 31 of the following year for expenses from January 1 to December 31.
If you do not spend the money in this FSA by March 31 , per IRS regulations, unused dollars will be forfeited for pretax contributions. Note that a \$500 rollover is allowed.	If you do not spend the money in this FSA by March 31 , per IRS regulations, unused dollars will be forfeited for pretax contributions. Note that a \$500 rollover is allowed.	If you do not spend the money in this FSA by March 31 , per IRS regulations, unused dollars will be forfeited for pretax contributions. Note that a \$500 rollover is allowed.

HOW YOU CAN SAVE ON TAXES WITH FSAs

Here's an example of how much you can save when you use the FSAs to pay for your predictable health care and dependent care expenses.



	HEALTH CARE FSA		DEPENDENT CARE FSA	
	WITHOUT ACCOUNT	WITH ACCOUNT	WITHOUT ACCOUNT	WITH ACCOUNT
Your Taxable Annual Income	\$50,000	\$50,000	\$50,000	\$50,000
Account Deposit (Before Taxes)	N/A	\$2,500	N/A	\$5,000
Taxable Wages	\$50,000	\$47,500	\$50,000	\$45,000
Federal & Social Security Taxes	\$14,325	\$13,609	\$14,325	\$12,894
Expense (After Taxes)	\$2,500	N/A	\$5,000	N/A
Take Home (Net)	\$33,175	\$33,891	\$30,675	\$32,106
Annual Tax Savings	\$0	\$716	\$0	\$1,431

Telemedicine

MeMD and Teladoc are a great alternative to urgent care and emergency room visits because they provide you 24/7/365 access to U.S. board-certified doctors — receive the treatment you need in an easy and timely manner. In addition, you have the ability to send your visit results to your primary care physician.

 <p>24/7/365</p>	 <p>Quality Doctors</p>	 <p>No ER Wait</p>	 <p>\$35 Copay per Consult (MeMD) \$0 Copay per Consult (Teladoc)</p>
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REMOTE HEALTH CARE CAN TREAT MANY COMMON HEALTH ISSUES


MeMD and Teladoc doctors can diagnose many health issues like cold and flu symptoms, allergies, rash, skin problems and so much more! If medically necessary, a prescription will be sent to the pharmacy of your choice.

HERE IS A SMALL SAMPLE OF THINGS TELEMEDICINE DOCTORS HAVE TREATED:		
Abdominal Pain/Cramps	Bronchitis	Poison Ivy/Oak Rash
Allergies	Cold and Flu Symptoms	Respiratory Infection
Animal/Insect Bites	Dizziness	Sinusitis
Asthma	Eye Infection/Irritation	Sore Throat
Backache	Headaches/Migraines	Sprains and Strains
Blood Pressure Issues	Laryngitis	Strep Throat

TALK TO THE DOCTOR. TAKE AS MUCH TIME AS YOU NEED — THERE’S NO LIMIT!

With your consent, MeMD or Teladoc are happy to provide information about your telemedicine consult to your primary care physician.

MEMD CONTACT INFORMATION

 Visit [HealthAdvocate.com/members](https://www.healthadvocate.com/members) and click on “Telemedicine” (under “Health”) to visit with a doctor.

 Call 855-424-6400

TELADOC CONTACT INFORMATION

 Texas residents only. Visit [www.Teladoc.com](https://www.teladoc.com) to visit with a doctor.

 Call 800-835-2362

Health Advocate

The Health Advocate Program can help you get the most from your medical, dental, vision, and health care Flexible Spending Account plans. The program is available to all eligible employees, their spouses, dependent children, parents, and parents-in-law and there's no cost to you or your eligible family members when you use this service.

HEALTH ADVOCATE EXPERTS HELP YOU:

- » Find the right hospitals, doctors, dentists, and other leading health care providers anywhere in the country
- » Understand how your health plan works, such as explaining routine terms like deductible and coinsurance, and help with understanding the financial implications of in-network and out-of-network choices
- » Schedule appointments with providers, including hard-to-reach specialists
- » Arrange treatment and tests and help transferring X-rays and test results
- » Understand test results, treatment, and medications prescribed by your doctor
- » Resolve claims for benefits, including the negotiation of billing and payment arrangements
- » Resolve senior issues, such as Medicare and related health care issues facing your parents and parents-in-law

CONTACT HEALTH ADVOCATE

Health Advocate services are available 24 hours a day, seven days a week. You or a covered family member may call Health Advocate as often as needed. There are no limits on the number of times you may use this service. Call 855-424-6400 to get started.

REGISTER AND LOG ON FOR ONLINE HELP

- » Visit HealthAdvocate.com/members
- » Type the name of your organization, select it from the drop-down box, and click "Submit"
- » Enter your information
- » Select your user name, password and security questions
- » Read and accept Terms and Conditions, then click "Register"
- » Verify your account through your email

Note: All contact with Health Advocate is strictly confidential.

Tobacco Cessation

Quitting tobacco is the best thing you can do for your health. When you're ready, studies show that you are much more likely to successfully quit and stay tobacco-free with a support program.

If you or your covered dependents need help kicking the habit and have Hoya Vision medical coverage, you have access to a support system through Health Advocate. Support is unique to you, as every tobacco user is different and needs individualized solutions to say goodbye to tobacco.

PROGRAM FEATURES

- » Start anytime during the year
- » Unlimited personalized coaching
- » Best practice techniques
- » Educational materials
- » Coordinates with nicotine replacement therapy

Call 866-799-2655 or email info@HealthAdvocate.com to begin.



Dental Plans

Your dental health is an important part of your overall wellness. Dental insurance gives you a reason to smile — it's affordable and covers preventive care (including regular checkups) as well as fillings, bridges, crowns, and other dental services.

When you enroll in the **Dental PPO plan**, you may visit any dentist you choose, but in-network providers offer larger discounts and can file your claims for you. If you prefer to see an out-of-network provider, keep in mind, since they are not under a contract, they may charge you for any amount billed in excess of the negotiated discounted rate.

If you enroll in the **DHMO plan**, you must select a primary care DHMO dentist. This plan pays for services according to a schedule of benefits. If the schedule does not show a fee for the particular service you need, ask your primary care dentist for a pre-treatment estimate. The DHMO plan is currently only available in locations with more than 5 employees, and in certain ZIP codes in the following states: California, Texas, North Carolina, Arizona, Florida, Georgia, Ohio, Illinois, Oregon, Connecticut, Washington, Tennessee, Nevada, Michigan, Colorado, Kansas, Iowa, Minnesota, Virginia, Pennsylvania, New York, Missouri, Massachusetts, Indiana, Delaware, and New Jersey.

Go to www.aetna.com to locate a network PPO Dentist or Primary Care DHMO Dentist.

	AETNA DENTAL PPO		AETNA DHMO
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
CALENDAR YEAR DEDUCTIBLE			
Individual	\$50	\$50	\$0
Family	\$150	\$150	\$0
CALENDAR YEAR MAXIMUM			
Per Individual	\$2,000 per individual (Basic and Major Services combined)		Unlimited
	YOU PAY		YOU PAY
SERVICES			
Office Visit	\$0		\$5
PREVENTIVE CARE			
Cleanings, X-rays, Fluoride Treatments	\$0	\$0	\$0
BASIC SERVICES			
Fillings, Extractions, Oral Surgery, Endodontics, Periodontics, Emergency Exams	20%	20%	Various copays apply. See Schedule of Benefits.
MAJOR PROCEDURES			
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs	50%	50%	Various copays apply. See Schedule of Benefits.
ORTHODONTIA			
24-Month Treatment Fee – Additional fees will apply for pre-ortho visits and treatment, records and retention, and banding			
Adults	Not Covered		\$1,845
Children (up to 19th birthday)	50% up to a lifetime maximum benefit of \$1,500 per individual; deductible waived		\$1,845



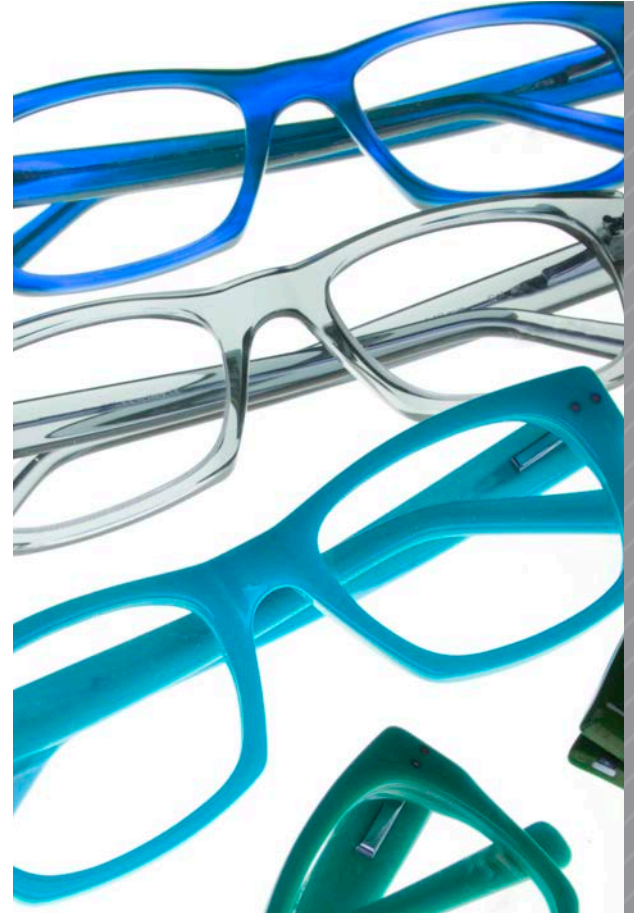
Vision Plan

You are automatically enrolled in the Hoya Vision Benefit at the employee level, which is 100% paid by the company. Eyeglasses are provided directly by Hoya Vision Care and made in our own laboratories.

You may also elect vision care coverage through VSP, which will cover vision exams only. Your costs are based on the family members you choose to cover. Find a participating provider at www.vsp.com.

	VISION SERVICE PLAN	
	VSP PROVIDER	NON-VSP PROVIDER
	YOU PAY	YOU PAY
COST		
Exam	\$10	All costs over \$45
BENEFIT FREQUENCY		
Exams	One every 12 months	One every 12 months

	HOYA VISION BENEFIT	
COVERED SERVICES — LENSES		
	Free Pair	Additional Lenses and Frame Costs
Hoya Prescription Lenses	Lenses \$0; Frame at Hoya cost	Lenses 50% off; Frame at Hoya cost
Non-Hoya Prescription Lenses	Not Available	Lenses 30% off; Frame at Hoya cost
Non-Prescription Sunglasses	Not Available	Frame at Hoya cost
BENEFIT FREQUENCY		
Eye Glasses	One free pair per calendar year	





Life and Accidental Death & Dismemberment (AD&D) Insurance

It's important to give some serious thought to what expenses and income needs your dependents would have if something happened to you. To make sure you have financial protection, Hoya Vision offers several different types of Life and AD&D insurance.

Basic Life insurance is provided at no cost to you, and you are automatically enrolled even if you don't elect medical coverage. If you purchase additional Life insurance for yourself, you may also purchase coverage for your spouse and dependent children.

AD&D insurance is provided as part of your Basic Life coverage and provides you specified benefits for a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that death occurs from an accident, 100% of the AD&D benefit would be payable to your beneficiary(ies).

COVERAGE LEVEL	COVERAGE AMOUNT
Employee	200% of your basic annual earnings up to \$400,000

Note: Benefits reduce to 35% at age 70 and an additional 15% at age 75.



VOLUNTARY LIFE AND AD&D COVERAGE

Voluntary Life insurance for you, your spouse, and children can help protect your family during difficult times. Eligible employees may purchase Voluntary Life and AD&D for themselves and their family.

COVERAGE FOR	COVERAGE AVAILABLE
Employee	<p>Increments of \$10,000 up to a maximum of \$750,000, not to exceed 500% of your basic annual earnings (Maximum benefit for age 70+ is \$50,000)</p> <p>Employees can purchase either one or two increments of \$10,000 each year annually at Open Enrollment not to exceed 500% of your annual earnings without answering any health questions (as long as you have not been previously declined/withdrawn).</p>
Spouse	Increments of \$5,000 up to \$150,000 — not to exceed 50% of Employee coverage
Child(ren)	Benefit is \$10,000 for children age 6 months to 19 years (age 26 years if unmarried and a full-time student); \$250 for children 14 days to 6 months

AGE	MONTHLY EMPLOYEE RATE PER \$1,000	MONTHLY SPOUSE RATE PER \$1,000
< 30	\$0.060	\$0.030
30 – 39	\$0.070	\$0.040
40 – 44	\$0.100	\$0.070
45 – 49	\$0.140	\$0.110
50 – 54	\$0.220	\$0.190
55 – 59	\$0.330	\$0.300
60 – 64	\$0.500	\$0.470
65 +	\$0.880	\$0.850
CHILD RATE		\$0.520

GUARANTEED ISSUE AND EVIDENCE OF INSURABILITY

You may purchase additional Voluntary Life and AD&D insurance for you and your spouse. Employees who elect coverage when first eligible can elect up to the \$100,000 Guaranteed Issue (GI) amount without Evidence of Insurability (EOI). Spouses can elect up to \$30,000 GI. If the amount requested is more than GI, you will need to provide EOI before the amount over GI becomes effective.



IMPUTED INCOME

Under current tax laws, imputed income is the value of your Basic Life insurance that exceeds \$50,000 and is subject to federal income, Social Security, and state income taxes, if applicable. This imputed income amount will be included in your paycheck and shown on your W-2 statement.

Disability Insurance

If you have a serious injury or illness that keeps you from working, how will you pay your bills? Disability insurance replaces a portion of your income when you are unable to work due to a qualified illness or non-work-related injury.

SHORT-TERM DISABILITY (STD)

Pregnancy, a scheduled surgery, or an unplanned illness or injury could keep you off the job and without income for an extended period of time. STD can protect part of your paycheck should you become disabled.

STD is provided at no cost to you. You are automatically covered as a full-time employee — no enrollment is needed.

COVERAGE	BENEFIT
Short-Term Disability	<ul style="list-style-type: none">• 60% of your weekly earnings to a \$1,500 maximum for 12 weeks.• Benefit begins after 7 days of disability.

LONG-TERM DISABILITY (LTD)

LTD makes sure you have a portion of your income replaced if you can't work for an extended period of time due to a non-work-related illness or injury. This coverage is coordinated with other benefits you may receive while disabled, such as Social Security and Worker's Compensation. LTD payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever comes first. Certain exclusions and pre-existing condition limitations may apply.

LTD is provided at no cost to you — you are automatically covered as a full-time employee and no enrollment is needed.

COVERAGE	BENEFIT
Long-Term Disability	<ul style="list-style-type: none">• 60% of your monthly earnings to a \$10,000 maximum.• Benefit begins after 90 days of disability, and payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.



A qualifying disability is a sickness or injury that causes you to be unable to perform any other work for which you are or could be qualified by education, training, or experience.

AN EXAMPLE: HOW STD AND LTD CAN WORK TOGETHER

Let's say you have an accident on the ski slopes and you must be away from work due to your injuries. Here's how your disability benefits would work:

- » For the first 7 days away from work, you would use your Paid Time Off (PTO) time and receive your regular pay.
- » For the next 12 weeks, you would receive STD benefits equal to 60% of your pay, up to \$1,500 per week.
- » If you are out longer than 90 days and cannot perform your job, LTD benefits would begin and would replace 60% of your pay, up to a maximum of \$10,000 per month. These benefits would continue until you no longer meet the definition of disabled as defined by the insurance company.

HOW STD AND LTD WORK TOGETHER

FIRST 7 DAYS

You use your Paid Time Off (PTO) time and receive your regular pay

NEXT 12 WEEKS

Approved STD replaces 60% of your pay, up to \$1,500 per week







AFTER 12 WEEKS

LTD begins if approved



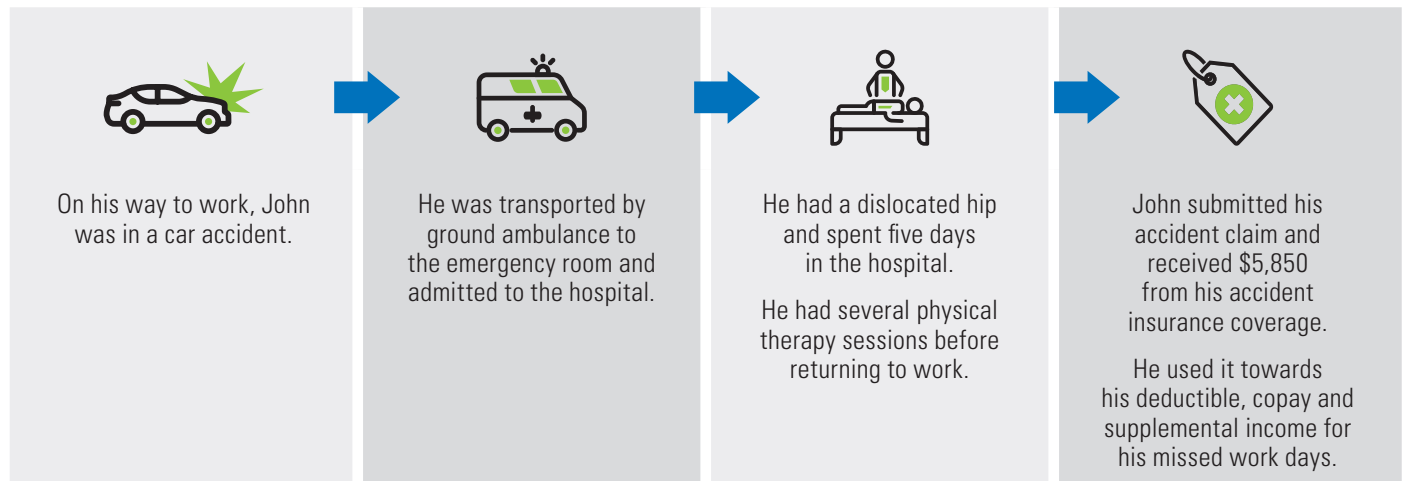
Accident Insurance

Just as it sounds, Accident insurance can help you pay for costs you may incur after an accidental injury. This type of injury includes things such as a car accident, a fall while skiing, or even a fall down the stairs at home. This benefit, through Transamerica, is paid regardless of any other insurance coverage you might have (including your medical coverage).

 <p>Emergency Room Visits</p>	 <p>Medical Exams — including major diagnostic exams</p>
 <p>Hospital Stays</p>	 <p>Physical Therapy</p>
 <p>Fractures and Dislocations</p>	 <p>Transportation and Lodging — if you are away from home when the accident happens</p>

HOW THE PLAN WORKS

Again, these benefits are in addition to any health insurance benefits you may receive. The benefit amount is paid directly to you. You can use this money in any way you like, including deductibles, child care, housecleaning, groceries, utilities, or any purpose that can help you meet your personal, financial or household needs.



JOHN'S ACCIDENT INSURANCE BENEFITS PAID A TOTAL OF \$5,850





Ground Ambulance	\$420	MRI	\$260	Dislocated Hip	\$1,755
Emergency Room	\$163	Hospital Stay — Admission	\$2,100	Appliances	\$220
X-ray	\$50	Hospital Stay — Daily (5 days)	\$1,000	Physical Therapy (4 sessions)	\$70

Please refer to the benefit summary for details of this coverage.

Cancer Insurance

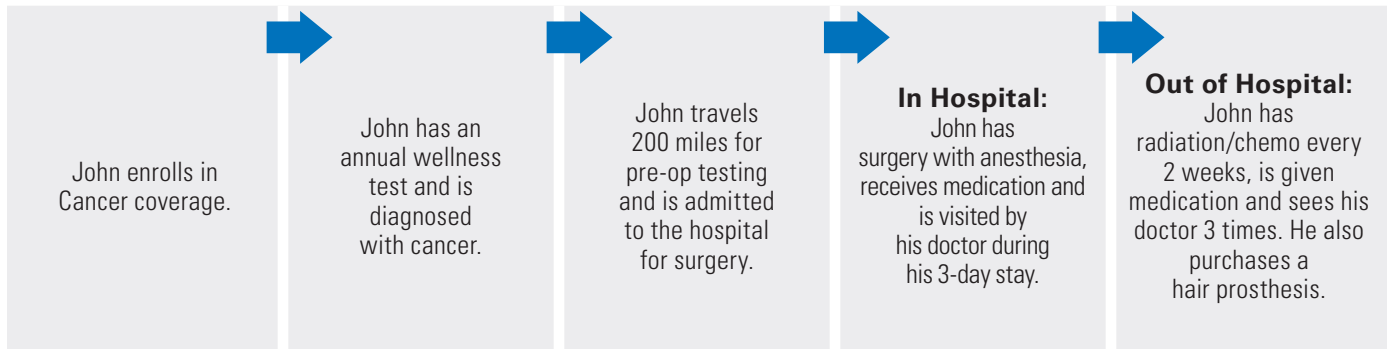
While major medical insurance can help with the cost of cancer treatment, you may still have out-of-pocket expenses that are not covered by your major medical insurance, including travel, food, lodging, child care, and household help. Meanwhile, living expenses such as car payments, mortgage or rent payments, and utility bills continue, whether or not you are able to work. Additionally, if a family member has to stop working to take care of you, the loss of income may be doubled.

Cancer insurance through Transamerica provides a fixed benefit for the early detection, incidence, and treatment of cancer and related expenses. Level 2 coverage provides a greater range of benefits such as reconstructive surgery and immunotherapy. You can use the benefit payments any way you choose — to pay your mortgage, clear debts, or replace lost income; you do not have to use it to pay for treatment.

 <p>No Deductible & No Copayments</p>	 <p>Guaranteed Renewable</p>	 <p>Fully Portable</p>	 <p>No Network Restrictions</p>
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HOW THE PLAN WORKS

The benefits are paid directly to you, unless you choose otherwise. This means you will have additional resources to help with the financial consequences of cancer that may not be covered by major medical insurance.



JOHN'S CANCER PLAN PAID A TOTAL OF \$9,875			
Wellness Exam	\$100	Radiation/Chemo	\$4,500
Hospital Confinement	\$200	Medical Imaging	\$250
Cancer Initial Diagnosis	\$3,000	Inpatient Medicine	\$75
Non-Local Transportation	\$400	Physician Visits	\$150
Surgery	\$1,500	Hair Prosthesis	\$25
Anesthesia	\$375	Anti-Nausea Medicine	\$200

Please refer to the benefit summary for details of this coverage.



Universal Life with Long-Term Care

Universal Life with Long-Term Care includes both a death benefit and a living benefit. Coverage is provided through Transamerica.

- » Universal Life with Long-Term Care is a permanent life insurance designed to match your needs throughout your lifetime.
- » The Universal Life with Long-Term Care is priced to remain the same cost to you until age 100.
- » The Living Benefit, Long-Term Care, is 4% of the death benefit per month for up to 25 months if confined to a nursing or assisted living facility, or 2% of the death benefit per month for up to 50 months if receiving home health care or day care.
- » Monthly premiums are waived while using the Long-Term Care benefits.
- » If you use the Long-Term Care benefit, your death benefit amount does reduce.
- » Coverage is available for spouse and children as well.

GUARANTEED ISSUE FOR NEW HIRES ONLY

Up to \$150,000 employee/up to \$15,000 spouse/\$20,000 children

If you previously waived this benefit, you must answer a few health questions and be approved for coverage.

RATES

This benefit is customized by each employee so rates vary, but can start for as little as a few dollars a week. Your specific rate will be calculated for you in the electronic enrollment system.

Coverage for Accident, Cancer, and Universal Life with Long-Term Care insurance is provided by Transamerica





Planning for Retirement

What does retirement look like for you? Maybe you plan to travel the world. Or maybe you'd like to take up some hobbies closer to home. Whatever your goal, it's important to take responsibility for your own finances so you have the income you'll need in the future.

One of the best ways to ensure a secure retirement is to start saving as early as possible. Our 401(k) savings plan allows you to save for retirement on a pretax basis. You can begin contributing to the plan at any time once you become eligible and start making contributions to your account through convenient payroll deductions.

INCREASE YOUR RETIREMENT SAVINGS WITH A 401(K)

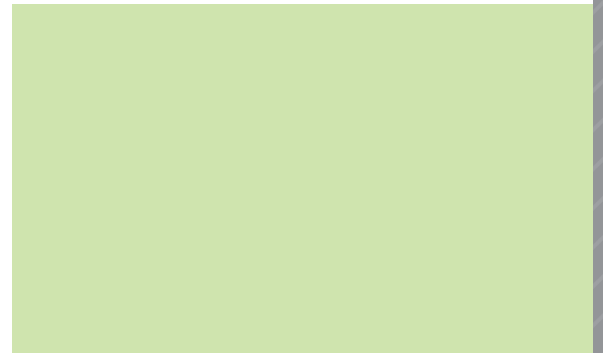
- » Contribute using convenient payroll deductions up to the IRS limit of \$19,500 per year.
- » Change the amount of your contributions or stop your payroll contributions at any time.
- » Decide how to invest your 401(k) or allow the plan to choose for you.
- » Age 50 or older? Make an additional "catch-up" contribution of up to \$6,500 to save even more.

HOYA SHARED SAVINGS PLAN 401(K)

- » Hoya Vision will match your contributions for each dollar you contribute to the plan, equal to 100% of the first 3% you contribute and 50% of the next 2% you contribute.
- » For all divisions, you are immediately vested in all company matching contributions made on or after January 1, 2009.
- » Enroll at www.mylifejhrps.com or by calling 800-294-3575.

SEIKO OPTICAL PRODUCTS OF AMERICA 401(K)

- » Once eligible, you are automatically enrolled at a 3% contribution unless you make a Contrary Election.
- » The Automatic Deferral Percentage will increase in Plan Years following the Plan Year containing the Automatic Deferral Effective Date. The deferral amount will increase by 1% each Plan Year up to 10%.
- » Enroll at www.prudential.com/online/retirement or by calling 877-778-2100.





Employee Contributions

MEDICAL PLANS	PPO PLAN		CDHP PLAN	
	TOBACCO USER	TOBACCO-FREE	TOBACCO USER	TOBACCO-FREE
	EMPLOYEE BIWEEKLY COST	EMPLOYEE BIWEEKLY COST	EMPLOYEE BIWEEKLY COST	EMPLOYEE BIWEEKLY COST
Employee Only	\$49.79	\$26.71	\$35.55	\$12.47
Employee + 1 Dep	\$102.16	\$79.08	\$60.00	\$36.92
Employee + 2 Dep	\$145.04	\$121.96	\$80.02	\$56.94
Employee + 3 Dep	\$162.25	\$139.17	\$88.05	\$64.97
Employee + 4 Dep	\$179.45	\$156.37	\$96.08	\$73.01
Employee + 5 Dep	\$196.66	\$173.58	\$104.11	\$81.04
Employee + 6 Dep	\$213.86	\$190.79	\$112.14	\$89.07
Employee + 7 Dep	\$231.07	\$208.00	\$120.18	\$97.10
Employee + 8 Dep	\$248.27	\$225.19	\$127.94	\$105.14

DENTAL PLANS	PPO PLAN	HMO PLAN
TIER	EMPLOYEE BIWEEKLY COST	EMPLOYEE BIWEEKLY COST
Employee Only	\$7.85	\$3.69
Employee + 1 Dep	\$19.85	\$7.85
Employee + Family	\$28.15	\$12.92

VSP VISION PLAN	BASE PLAN
TIER	EMPLOYEE BIWEEKLY COST
Employee Only	100% Company Paid
Employee + Family	\$1.74

ACCIDENT	
Employee	\$13.68
Employee + Spouse	\$21.33
Employee + Child(ren)	\$17.09
Employee + Family	\$25.32

CANCER	
Employee	\$13.94
Employee + Spouse	\$25.20
Employee + Child(ren)	\$15.82
Employee + Family	\$25.20



Important Contacts

COVERAGE	CONTACT	PHONE	WEBSITE/EMAIL
Patient Advocacy	Health Advocate	877-342-8848 You can now call one number to be connected to all your benefit options.	www.healthadvocate.com/members
Medical	Anthem Blue Cross		
Prescription	CVS Caremark		
Dental	Aetna		
Vision	VSP		
Life and AD&D	Lincoln National Life		
Telemedicine (MeMD)	MeMD		
Tobacco Cessation	Health Advocate		
Health Savings Account	Act Wise	844-860-3535	www.anthem.com/ca
Flexible Spending Accounts	HR Simplified	888-318-7472	www.hrsimplified.com
Telemedicine (Teladoc)	Teladoc	800-835-2362	www.teladoc.com
Hoya Shared Savings Plan 401(k)	John Hancock Retirement Plan Services	800-294-3575	mylife.jhrps.com
Seiko Optical 401(k)	Prudential	877-778-2100	www.prudential.com/online/retirement
Universal Life with Long-Term Care	Transamerica	888-763-7474	www.transamericaemployeebenefits.com
Transamerica Claims Assistance	Explain My Benefits	888-734-6937, Option 3	service@explainmybenefits.com

This brochure highlights the main features of the Hoya Vision Employee Benefits Program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Hoya Vision reserves the right to change or discontinue its employee benefits plans at any time.

