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# Vision Care Plan

## Vision Care Plan Highlights

<b>How to join</b>	You may enroll yourself and your <i>eligible dependents</i> when you are hired, within 31 days of a <i>life change event</i> or during annual open enrollment. You will need to complete an enrollment form listing yourself and any eligible dependents you want to enroll. Enrollment forms are available at <a href="http://my.harris.com/benefits-connection">my.harris.com/benefits-connection</a> or from the Harris Benefits Service Center by phone at 1 (321) 674-4275 (in Melbourne, FL, area) or 1 (800) 225-4343 (outside Melbourne) from 7:45 a.m. to 6 p.m. (Eastern Time) business days or through email at <a href="mailto:benefits@harris.com">benefits@harris.com</a> .
<b>Cost</b>	You pay the full cost through pretax payroll contributions.
<b>When coverage begins</b>	Coverage begins on your hire date as long as you've completed and submitted your enrollment form to the Harris Benefits Service Center within 31 days of your hire date. If you enroll within 31 days following a <i>life change event</i> , your coverage goes into effect on the date of the life change event.
<b>Changing your election</b>	You are not permitted to decrease your level of coverage for 2 years from the date of enrollment or the date of your last change unless you have a <i>life change event</i> that would permit such a change. You can modify your election during annual open enrollment once the 2-year lock-in has expired or within 31 days of a life change event.
<b>Claim administrator</b>	<i>Davis Vision, Inc.</i>
<b>For assistance</b>	Contact <i>Davis Vision</i> by calling 1 (800) 999-5431, TTY 1 (800) 52-DAVIS, weekdays—8 a.m. to 8 p.m., Saturday—9 a.m. to 4 p.m. (all times Eastern) or at <a href="http://www.davisvision.com">http://www.davisvision.com</a> . If you are not a participant, click on "Find a Doctor" and use "2914" as the control code to access the provider directory.

# ABOUT THE HARRIS VISION CARE PLAN

The Vision Care Plan is designed to provide vision care, including eye examinations and corrective lenses, to participants.

This description of the Vision Care Plan, along with the separate “LifeLines” and “Benefit Administration” sections, comprises a complete summary of your vision benefits as is required by the Employee Retirement Income Security Act of 1974 (ERISA).

## Terms You Should Know

Please refer to these “Terms You Should Know” to make sure you understand the italicized terms and concepts found throughout this summary of the Harris Vision Care Plan.

- **Basic benefits**—Coverage for an eye examination and one pair of lenses (as defined by the Plan) every year and frames every 2 years.
- **Claim administrator**—Organization primarily responsible for managing Harris Vision Care Plan benefits. *Davis Vision* serves as the Plan’s claim administrator.
- **Contact lens formulary**—List of specific contact lens brands that are available for purchase from *network providers* for a set copay. Contacts not on the formulary will cost you more.
- **Davis Vision**—The *claim administrator* for the Harris Vision Care Plan. You can reach Davis Vision at 1 (800) 999-5431, TTY 1 (800) 52-DAVIS, weekdays—8 a.m. to 8 p.m., Saturday—9 a.m. to 4 p.m. (all times Eastern) or at <http://www.davisvision.com>.
- **Davis Vision Central Laboratory**—Facility that prepares prescription eyeglasses and dispenses contacts for *Davis Vision* affiliated providers.
- **Davis Vision network**—National network of vision care providers that is available to participants in the Harris Vision Care Plan. You receive higher benefits if you use the network instead of using *non-network providers*.
- **Davis Vision network provider**—Vision care professional or service that is affiliated with *Davis Vision*.
- **Eligible dependent**—Generally, your spouse, domestic partner and you and/or your domestic partner’s dependent children to age 26 who meet the full definition of “eligible dependent.” (See the separate “LifeLines” section of this summary plan description for a more complete definition.) Special eligibility provisions apply to mentally and physically disabled children.
- **Enhanced indemnity benefit**—Special coverage level for care by *non-network providers* in areas where there is no *network provider* within 20 miles of your home.
- **LENS 123**—Mail-order contact lens program.
- **Life change event**—Specific events defined by tax law that permit a change in your Vision Care Plan elections during a calendar year (e.g., legal change in your marital status, change in the number or eligibility of your dependents, etc.). (See the separate “LifeLines” section of the summary plan description for a more complete definition.)
- **Medically necessary contacts**—Contacts needed for a condition that can’t be sufficiently corrected with eyeglasses.
- **Network provider**—See Davis Vision network provider.
- **Network rate**—Prenegotiated cost that is generally lower than the “going rate” for similar services or supplies. Network rates are available under Plan provisions if using *Davis Vision network providers*.
- **Non-network provider**—Vision care professional or service that is not affiliated with *Davis Vision*.
- **Plan eyeglasses**—Frames and lenses provided as part of *basic benefits*. Other frames and lenses can be purchased from *network providers* at additional cost.
- **Two-year lock-in provision**—Plan provision that limits your ability to suspend or decrease your Vision Care Plan election for 2 calendar years.

Terms You Should Know

VISION CARE Plan



## How the Vision Care Plan Works

The Vision Care Plan is an optional benefit. You can cover yourself and your *eligible dependents*.

The Plan gives you the choice of using *Davis Vision network providers* or *non-network providers*. Your costs are less when you use network providers. You will also have the opportunity to use a cost-effective mail-order contact lens program as a Plan participant.

You and your enrolled dependents are eligible to receive *basic benefits*, covering examinations and lenses annually and frames once every 2 years.

There is also a special low vision benefit for participants who are visually impaired. (See “Low Vision Benefits” later in this section of the summary plan description.)

### Enrolling in the Vision Care Plan

You can enroll yourself and your *eligible dependents* when you are hired, within 31 days of a *life change event* or during annual open enrollment. You will need to complete an enrollment form listing yourself and any eligible dependents you want to enroll. You cannot enroll your dependents in this Plan unless you are enrolled in it. Before enrolling in the Plan, please note that there is a *2-year lock-in provision*. Enrollment forms are available at [my.harris.com/benefits-connection](http://my.harris.com/benefits-connection) or from the Harris Benefits Service Center.

### Two-Year Lock-In Provision

When you make a Vision Care Plan election, you are locked into that election for 2 calendar years. In other words, you must remain in the Vision Care Plan, once elected, at the same coverage level (or higher) for at least 2 calendar years. You will not be able to cancel or decrease your level of coverage during the next annual open enrollment period, but must wait until the following annual open enrollment period to do so, unless you have a *life change event* and that event is consistent with the change you are requesting. If you do not cancel coverage at the end of the 2nd calendar year, your enrollment remains in effect for another 2-year period.

### Cost of the Vision Care Plan

You pay the full cost of your coverage under the Vision Care Plan on a pretax basis. The amount you actually pay is based on the level of coverage you select. To check the cost of Vision Care Plan coverage, go to the “Harris Benefits Calculator” at [my.harris.com/benefits-connection](http://my.harris.com/benefits-connection).

## Vision Care Plan Benefits

You maximize your Vision Care Plan cost savings and convenience by using *Davis Vision network providers*. It costs more to get your vision care from a *non-network provider* and you have claim forms to file. However, if you live more than 20 miles from a Davis Vision network provider, you are eligible for an *enhanced indemnity benefit* under the Plan that provides a higher level of benefits for non-network services. Provider listings can be requested from *Davis Vision* over the telephone or at <http://www.davisvision.com>.

### Using a Network Provider

*Network providers* are qualified eye care professionals who provide vision care services and supplies at special *network rates* to Plan participants. Network providers offer a wide variety of:

- Metal and plastic frames from well-known manufacturers and designers and
- Plastic or glass lenses, including single vision, bifocal, trifocal, lenticular, oversized and glass grey #3 prescription lenses.

More about covered network services and reimbursement levels follows.

### Basic Benefits

Once every year, you and each enrolled eligible dependent can receive the following basic benefits from a *Davis Vision network provider* and the *Davis Vision Central Laboratory*:

- After a \$10 copay, 100% coverage for a comprehensive eye examination and

- One of the following:
  - After a \$10 copay, 100% coverage for a pair of *Plan* lenses or
  - 100% coverage for a pair of standard soft daily wear contact lenses, or an initial dispense of planned replacement or disposable corrective contact lenses or
  - 100% coverage for *medically necessary contacts* (prior approval from *Davis Vision* required). Once every 2 years, you and each enrolled eligible dependent can receive plan frames at 100% after a \$10 copay.

Your network provider can recommend more frequent eye care if you or a covered family member has a medical condition that warrants it (e.g., progressive myopia, diabetes). This treatment must be preapproved by the *claim administrator* and provides one additional basic benefit during the 2-year period.

## Contact Lens Program

Instead of *Plan eyeglasses*, you can choose standard soft daily wear, disposable or planned replacement contact lenses at a *Davis Vision network provider's* office. When lenses are provided by the *Davis Vision Central Laboratory*, fitting and follow-up care are included. If you are a first-time user of contact lenses, you will receive one box of disposable lenses per eye, which equals about a 3-month supply depending on the type of lens. If you are an existing contact lens wearer, you are entitled to two boxes per eye of disposable contact lenses.

If you require contact lenses that are not supplied by *Davis Vision* as part of its *contact lens formulary*, you are entitled to an allowance toward the retail cost of the contact lenses. (See the chart “Retail Allowance for Items Not Purchased Through the Davis Vision Laboratory” later in this section of the summary plan description.) Any cost above that, including the fitting and any remaining balances, will be your out-of-pocket expense. To see the contact lens formulary, visit <http://www.lens123.com>.

## Additional Options

In addition to *basic benefits*, other features add to the Vision Care Plan’s flexibility. You can:

- **Select options for your eyeglasses (e.g., photosensitive lenses or blended invisible bifocals)**—You can order special frames, coatings or lenses at the same time as your eyeglasses at an extra charge. (See the chart “Network Price List for Additional Options” later in this section of the summary plan description.)
- **Purchase additional eyeglasses or contact lenses through *Davis Vision***—You can buy extra pairs of eyeglasses or contact lenses for yourself and your covered family members at discounted prices from a *network provider*.
  - **Purchase additional eyewear at the time you receive your *Basic Benefit***—no additional administrative costs applied.
  - **Purchase additional eyewear anytime with a prepaid voucher available through *Davis Vision***—additional administrative costs will be applied.

Following is the price list for additional options available through the *Davis Vision Central Laboratory*. This schedule can change from time to time.

Network Price List for Additional Options (Effective January 1, 2011)			
Item	Cost	Item	Cost
Premier frame	\$25.00	High index lenses	\$55.00
Ultraviolet coating	\$12.00	Intermediate vision lenses	\$30.00
Photosensitive lenses	\$20.00	Polarized lenses	\$75.00
Blended invisible bifocals	\$20.00	Transition lenses (plastic photosensitive lenses)	\$65.00
Polycarbonate lenses	\$30.00	Progressive addition multifocals (standard)	\$50.00
Anti-reflective coating (standard)	\$35.00	Progressive addition multifocals (premium)	\$90.00
Anti-reflective coating (ultra)	\$60.00	Scratch Protection Plan (multifocal lenses)	\$40.00
Anti-reflective coating (premier)	\$48.00	Scratch Protection Plan (single vision lenses)	\$20.00



If you select frames, lenses or contact lenses that are not available from the Davis Vision Central Laboratory, a retail allowance will be applied toward the purchase price. This allowance is provided as an alternative to your *basic benefit*, rather than in addition to the basic benefit. Here is the retail allowance schedule. This schedule can change from time to time.

Retail Allowance for Items Not Purchased Through the Davis Vision Laboratory (Effective January 1, 2011)	
Item	Allowance
Frame	\$45.00
Lenses	
Single vision	\$20.00
Bifocal	\$40.00
Trifocal	\$60.00
Lenticular	\$100.00
Contact lenses	
Cosmetic	\$105.00 + 15% off overage
<i>Medically necessary</i>	Paid in full (Davis Vision preapproval required)

### Contact Lenses Through the LENS 123 Program

You can order brand-name disposable contact lenses through the mail-order program. Call 1 (800) LENS 123 or go to <http://www.lens123.com> to order. All LENS 123 needs is a copy of your prescription through the mail or by fax and your credit card number. Some states do not require eye doctors to release contact lens prescriptions. Make sure your doctor is willing to do this since LENS 123 requires a prescription to serve you.

### Going to a Non-Network Provider

As an alternative to using a *network provider*, you can receive an eye examination and purchase your frame and lenses or contacts from a *non-network provider*. Your reimbursements will be based on a reduced benefit schedule. For example, if you purchase a frame for \$120 and single vision lenses for \$80, you'd get a maximum of \$50 back from the Plan (\$30 for the frame plus \$20 for the single vision lenses). Since *Davis Vision* doesn't reimburse non-network providers directly, you must pay for the services and supplies yourself and file a claim form with Davis Vision for reimbursement based on the following schedule. This schedule can change from time to time.

Non-Network Provider Schedule of Benefits (Effective January 1, 2011)	
Item	Allowance
Examination	\$35.00
Lenses	
Single vision	\$20.00
Bifocal	\$40.00
Trifocal	\$60.00
Lenticular	\$100.00
Frame	\$30.00
Contact lenses	
Cosmetic	\$100.00
<i>Medically necessary</i>	\$200.00



## Enhanced Indemnity Benefit

If you live more than 20 miles from a *Davis Vision network provider*, you will be eligible for the *enhanced indemnity benefit* described below. You will need to pay for the services and supplies yourself and file a claim form with *Davis Vision*. This schedule of benefits can change from time to time.

Enhanced Indemnity Benefit Reimbursement Schedule (Effective January 1, 2011)	
Item	Allowance
Examination	Paid in full
Frame	\$95.00
Lenses (single vision, bifocal, trifocal and lenticular)	Paid in full minus the cost of any enhancements that would have been applied as shown on the chart "Network Price List for Additional Options" earlier in this section of the summary plan description
Contact lenses	
Cosmetic	Paid in full
<i>Medically necessary</i>	Paid in full (with prior approval)

## Low Vision Benefit

The Vision Care Plan defines low vision as a significant loss of vision but not total blindness. To assist participants with low vision, *Davis Vision* offers three types of low vision services. Eligibility for low vision services must be pre-certified by *Davis Vision*.

- **Functional vision assessment**—The Plan will pay up to \$300 for a comprehensive low vision examination once every 5 years. The examination can help determine distance and clarity of vision, the size of readable print required by the participant, the existence of blind spots or tunnel vision, depth perception, eye-hand coordination, any problems perceiving contrast and lighting requirements for optimum vision.
- **Low vision aid allowance**—The Plan provides up to \$600 per purchase of items that improve the level of sight, reduce problems with glare or increase contrast perception (high-power spectacles, magnifiers and telescopes). The maximum lifetime benefit is \$1,200.
- **Follow-up care**—The Plan pays for four follow-up visits in any 5-year period up to a maximum of \$100 per visit.



## What's Not Covered

Benefits for medical treatment of eye disease or injury, as well as any benefits not described in this Plan description, are not provided under the Vision Care Plan.

## Filing a Claim

Claims only need to be filed when you go to a *non-network provider*. Claim forms are available at [my.harris.com/benefits-connection](http://my.harris.com/benefits-connection) or by contacting *Davis Vision*. The claim submission address is:

Davis Vision Claims Processing Unit  
Post Office Box 1525  
Latham, NY 12110

## Time Frame for Making a Claim Determination

After your Vision Care claim is submitted, the *claim administrator* will ordinarily notify you of its benefit determination—adverse or not—within a specific time frame. The time frame differs depending on whether you've submitted an urgent care claim, a preservice claim or a post-service claim:

- **Urgent care claim**—You will receive a benefit determination within 72 hours after receipt of the claim. (A decision may be provided to you orally, as long as written or electronic notification is provided to you within 3 days after the oral notification.) To be considered an urgent care claim, an individual acting on behalf of the claim administrator, applying the judgment of a prudent layperson, will determine if your claim can be considered as such. However, if an eligible vision care provider with knowledge of your condition determines that the claim involves urgent care, it must be considered an urgent care claim.
- **Preservice claim**—You will receive a benefit determination within 15 days after receipt of your request for precertification of vision benefits.
- **Post-service claim**—The claim administrator will notify you of any denial of your claim within 30 days after receipt of your claim for vision care that you've already received.

## Statute of Limitations for Claim Submission

The *claim administrator* reserves the right to deny claims that are submitted more than 1 year from the date of treatment or purchase.

## When a Claim Is Denied

Regardless of the type of claim, you will receive a notice of any claim denial that includes:

- The specific reason(s) for the denial and, if a claim is denied as a covered vision service or for being experimental in nature, either the scientific or clinical reasons why the determination was made or the option to obtain this information free of charge.
- References to the pertinent Vision Care Plan provisions on which the decision is based.
- A description of any additional material or information needed to support your claim.
- A description of the Vision Care Plan's claim review procedure and the time limits applicable to such procedure (including your legal rights if a claim is denied).
- References to any internal rule, guideline or protocol relied upon in making the decision.
- A description of the expedited review process applicable to the claim for denied urgent care claims.

## What Happens if You Don't Follow Required Procedures

For urgent care and preservice claims, if you fail to provide the *claim administrator* with sufficient information to determine whether, or to what extent, benefits are covered or payable under the Plan, or if you fail to follow the Vision Care Plan's procedures for filing your claims, the claim administrator must notify you within 24 hours of receiving your

urgent care claim or within 5 days of receiving your preservice claim of the specific information needed to complete the claim. Notification may be oral, unless you request written notification. In the case of an urgent care claim, you then have 48 hours to provide the information needed to process the claim. You will be notified of a determination on your urgent care claim no later than 48 hours after the earlier of:

- The claim administrator's receipt of the requested information or
- The end of the 48-hour period within which you were to provide the additional information.

## Extension Periods for Deciding Vision Care Plan Claims

For preservice and post-service claims, a 15-day extension of the time period for deciding claims may be allowed, provided that the *claim administrator* determines that the extension is necessary due to matters beyond its control. If such an extension is necessary, the claim administrator must notify you before the end of the original 15-day period of the reason(s) requiring the extension and the date it expects to provide a decision on your claim. If such an extension is necessary due to your failure to submit the information necessary to decide the claim, the notice of extension must also specifically describe the required information. You then have 45 days to provide the information needed to process your claim. If you do not provide the required information within the 45-day period, your claim may be denied. If an extension is necessary for preservice and post-service claims due to your failure to submit necessary information, the Plan's time frame for making a benefit determination is stopped from the date the claim administrator sends you an extension notification until the date you respond to the request for additional information.

## Appeals

If you feel that you are eligible for benefits and you've been denied these benefits, you can appeal the *claim administrator's* decision. (See "Authorization of Health Care Services" and "Appeals" in the separate "Benefit Administration" section of the summary plan description.)

## When Coverage Can Change or End

### Changes in Coverage

The Vision Care Plan applies a *2-year lock-in provision* to your election. (See "Enrolling in the Vision Care Plan" earlier in this section of the summary plan description for more information on the lock-in provision.)

### When Coverage Ends

Vision Care Plan coverage ends in any of these circumstances:

- Your employment ends (unless you're eligible for coverage as described below).
- You or a family member loses eligibility.
- You elect to discontinue participation or don't pay the required premiums or contributions.
- You die or retire (unless retiree coverage is available and elected).
- The Plan ends.

### Your Dependents' Coverage

Vision Care Plan coverage for your covered *eligible dependents* ends when your coverage ends or when your dependents no longer meet the Plan's definition of eligibility, whichever occurs first. An exception is made when covered dependents are eligible for retiree coverage. Extended coverage may be available under COBRA. (See "Continuing Coverage and COBRA" below.)

### Continuing Coverage and COBRA

In some cases, your vision coverage may continue even though you are no longer at work. If you had Vision Care Plan coverage on your last day of work and continue to pay the active employee rate, you can continue your current level of coverage under the following circumstances.

- You are on an approved leave of absence. (Benefits can continue for up to 3 months for most leaves. For military leaves, benefits can continue for up to 12 months or longer, based on management discretion.)



- You are receiving Short-Term Disability Plan or Long-Term Disability Plan benefits from Harris. (If you discontinue vision coverage, you cannot re-enroll until you return to active employment.)
- You are receiving periodic payments under the Severance Pay Plan.
- You are eligible for coverage as a retiree. (See “When You Retire” below.)

Under most circumstances, COBRA continuation coverage is available to extend coverage for those individuals covered at the time of the loss of coverage. (See the separate “Benefit Administration” section of the summary plan description for more information on COBRA.)

## **When You Retire**

When you retire from employment with Harris, you may continue vision coverage if you’re at least age 55 with 10 years of service. Harris reserves the right to, at any time, change vision coverage, discontinue offering it to retirees, adjust required payments periodically or offer benefits different from those that are available to active employees.

## **Electing To Continue Coverage**

If you continue vision coverage after retirement, you’ll pay the full cost and all of the following will apply:

- You must continue coverage for yourself in order to cover any *eligible dependents*.
- You may only continue coverage for yourself and any eligible dependents who were covered before you retired.
- Your spouse may continue coverage after your death for life or until remarriage.
- Your dependent children may continue coverage after your death as long as they meet the Plan’s definition of eligible dependent.

## **Declining Coverage**

If you decline to continue coverage when you retire or if you thereafter discontinue coverage, you won’t be able to elect it later.

## **Use and Disclosure of Health Information**

Please refer to the separate “Benefit Administration” section of the summary plan description for information about the use and disclosure of your protected health information as related to the Vision Care Plan and other Harris health plans.

## The Harris Benefits Service Center

### For More Information on Plan Provisions and Administration

#### To reach by phone

- Hours open 7:45 a.m. to 6:00 p.m. (Eastern Time) business days
- Number to call in Melbourne, FL 1 (321) 674-4275
- Call from outside Melbourne, FL 1 (800) 225-4343

#### To reach by mail

Harris Benefits Service Center  
Mail Stop C-411  
1025 W. NASA Blvd.  
Melbourne, FL 32919

#### To reach by fax

1 (321) 674-4285

#### To reach by email

[benefits@harris.com](mailto:benefits@harris.com)



