

Globomantics Vision Insurance Summary Plan Description (SPD)

Provided by GloboVision EyeCare Services

Effective Date: January 1, 2025

This Summary Plan Description (SPD) explains the vision coverage available to Globomantics employees through GloboVision. The plan offers affordable eye care coverage including routine exams, eyewear, and contact lenses, with options for both single and family coverage tiers.

1. Plan Overview

The GloboVision plan helps employees maintain healthy vision and detect early signs of eye-related conditions. Coverage is available for routine eye exams, glasses, and contact lenses, as well as discounts on laser vision correction. Employees can choose between Single and Family coverage tiers to meet their needs.

- 1 **Single Plan** – Coverage for one employee, ideal for individuals who want preventive eye care and eyewear benefits.
- 2 **Family Plan** – Comprehensive coverage for the employee, spouse or partner, and dependents. Includes additional benefits for children's lenses and frames.

2. Coverage Details

Single Plan Highlights:

- Eye exam: \$10 copay once every 12 months
- Frames: \$150 allowance every 24 months, 20% discount on remaining balance
- Contact lenses: \$120 allowance every 12 months (in lieu of frames and lenses)
- Lens options: Standard lenses fully covered; upgrades available at reduced cost
- LASIK: 15% discount at participating providers

Family Plan Highlights:

- Eye exam: \$10 copay per covered member every 12 months
- Frames: \$200 allowance per person every 24 months
- Contact lenses: \$150 allowance per person every 12 months
- Lens options: Standard single vision, bifocal, or trifocal lenses covered in full
- Children's lenses: Polycarbonate lenses covered in full for dependents under 18
- LASIK: 20% discount at participating providers

3. Using In-Network vs. Out-of-Network Providers

Employees can visit any licensed eye care professional, but maximum savings are achieved through GloboVision's Preferred Provider Network (PPN). In-network providers offer discounted rates and direct billing, eliminating the need for employees to file claims. Out-of-network services are reimbursed up to the plan's maximum allowance.

To find an in-network provider, visit www.globovision.com/ppn or call the member services hotline. Members are encouraged to schedule exams in advance to ensure appointment availability.

4. Special Programs and Additional Benefits

The GloboVision plan includes access to wellness programs and special offers designed to promote long-term eye health:

- 1 **Blue Light Filter Program** – Discounts on digital protection lenses designed for screen use.
- 2 **Diabetic Eye Care Program** – Additional screenings and follow-ups for members diagnosed with diabetes.
- 3 **Second Pair Savings** – 30% discount on additional eyewear purchases within the same plan year.
- 4 **Contact Lens Replacement Program** – Subscription option for affordable replacement contact lenses.

5. Claims and Reimbursements

In-network providers handle claim submissions directly with GloboVision. For out-of-network services, employees should submit a completed claim form along with itemized receipts within 12 months of the date of service. Reimbursements are typically processed within 10 business days.

6. Contact and Support

For questions about your vision benefits, provider network, or claim status, contact GloboVision Member Services at 1-800-555-0290 or email support@globovision.com. The Globomantics Benefits Department can also assist with enrollment, dependent coverage, and payroll deductions.

GloboVision EyeCare Services
200 Innovation Way
San Francisco, CA 94105