



Vision Plan Benefits Summary Booklet

Benefits Highlights & Plan Design Chart
To help you make your enrollment choices

For eligible associates

DIRECTORY

BENEFITS HIGHLIGHTS

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BENEFIT COMPARISON CHART

For Associates Eligible for Vision Coverage

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Questions? Before you enroll, you may want to contact EyeMed directly to ask specific questions about the benefits offered. You can find phone numbers and websites on the benefit comparison chart. Be sure to tell the member services representative that you are calling about vision coverage available to Macy's, Inc. associates.

You may also call HR Services at 1-800-234-MACY (6229) if you have questions related to your eligibility and the options available to you.

HR Services • 1-800-234-MACY (6229)

July 2017 – June 2018

This is a summary of certain benefit options under the EyeMed Vision Plan. This summary is an overview only. Eligibility and the specific terms and conditions of the benefits described herein for each benefit option are determined solely by the applicable Plan documents, including the summary plan descriptions, summaries of material modifications and any applicable certificates of coverage issued by the health care organization or the carriers. As in the past, the Company reserves to itself, pursuant to its sole and exclusive discretion, the right to change, amend or terminate these programs without regard to satisfaction of prior eligibility requirements. Benefits described herein may not automatically apply to associates at all locations or associates covered under a labor agreement or employed by a leased or licensed department. Please refer any questions concerning the benefits, limitations, referral requirements and restrictions for each option directly to the applicable health care organization and/or carrier.

Downloading and use of any mobile apps is subject to the terms and conditions of the apps and the online stores from which they are downloaded. Standard mobile phone carrier and data usage charges apply.



Vision Benefits

The EyeMed Vision Plan provides valuable vision coverage and access to exclusive discounts for you and your family.

ABOUT THE EYEMED VISION PLAN

The EyeMed Vision Plan is designed to help you budget and save on vision care expenses such as routine eye exams, prescription glasses and contact lenses. With this plan, you will receive comprehensive vision coverage, including:

- A 87,000+ provider network;
- Annual in-network vision refraction and routine eye examination covered at 100%;
- Lenses with copays OR \$160 contact lens allowance
- \$160 frame allowance
- Generous discounts on additional eyeglasses and non-prescription sunglasses;
- Discounts on laser eye surgery or laser vision correction (lasik); and
- 40% discount on hearing examinations.

With EyeMed, you have access to thousands of independent providers, top optical retailers and online retail options. Plus, you get access to the brands you want. You can find a nearby eye doctor and schedule an appointment in seconds using the vision industry’s first mobile app. You can access your full listing of benefits, manage your claims and get special member-only discounts on the app, too.

Hearing Benefit

One in 9 Americans have hearing loss, which is why EyeMed members have access to affordable hearing care discounts through Amplifon, the world’s largest distributor of hearing aids. You will receive these additional benefits:

- 40% off hearing exams at one of the convenient locations nationwide
- 60-day trial period a hearing aid purchase
- 3-year warranty on your device
- free batteries for two years with your initial purchase

Call 1-844-526-5432 to find a hearing care provider near you and schedule a hearing exam today.

Discounts

With the EyeMed Vision Plan, you'll never pay sticker price for eyewear and you won't get unexpected bills for eye doctor visits. You will receive great savings, such as 40% off a complete second pair of prescription glasses from participating in-network providers. You also receive extra savings on lasik procedures and discounts on hearing exams and aids.

You will receive these exclusive savings just for being a Macy's or Bloomingdale's associate:

- **Associate Discount:**
Receive your 20% Associate Discount (or 30% on special discount weekends) on top of the vision plan benefit when shopping at LensCrafters inside a Macy's location with your Macy's or Bloomingdale's credit card.
- **Frame Booster Benefit:**
Receive an additional \$25 toward the purchase of an eyeglass frame at any LensCrafters location.
- **Sun Perks:**
Receive \$50 off of a \$200 purchase or \$20 off any purchase of non-prescription sunglasses at any Sunglass Hut location or at www.sunglasshut.com.



Frames Cost Savings Example:

Frames Original Cost: \$300
Vision Frame Benefit: -\$160
Frame Booster: -\$25
20% Associate Discount: -\$23*
**if purchased at a LensCrafters at Macy's*
Total Price to You: \$92
Total Savings: \$208

Helpful Tips: How to Maximize Your Benefit (and savings)!

There are several ways to maximize your vision benefit, when you need glasses (both frames and lenses) and contacts. Consider these options and talk to your in-network provider about the best option for you:

- If you purchase your contact lenses first using your \$160 contact lens allowance, you can then use your \$160 frame allowance and take advantage of a 20% discount on your glasses lenses.
- If you purchase your contact lenses first using your \$160 contact lens allowance, you can then take advantage of a 40% discount when you purchase a full pair of glasses (frames and lenses).
- If you purchase a full set of eye glasses (frames and lenses) using your \$160 frame allowance and paying for your lenses at your copay, you can purchase your contact lenses out of pocket.
- You will receive an additional \$25 towards the purchase of frames at any LensCrafters!
- You will receive your 20% Associate Discount on top of the vision plan benefits when you purchase your glasses and/or contacts at a LensCrafters @ Macy's and you use your Macy's or Bloomingdale's credit card.

HOW IT WORKS WITH YOUR MEDICAL COVERAGE

If you enroll in the EyeMed Vision Plan, you'll use this plan to help budget and save on vision care expenses such as routine eye exams, prescription glasses and contact lenses.

While visiting your provider for your annual eye exam, there is the potential that your provider may find a medical condition that is affecting your eye. The provider will talk to you about your options.

Services and treatment related to a medical condition, such as cataracts, pinkeye (conjunctivitis), dry eyes, complications from diabetes, or in relation to diagnosed high blood pressure, would be covered by your medical plan.

EYEMED MEMBER TOOLS

Through an app that's the first of its kind, you may receive live help from a knowledgeable benefits representative – EyeMed offers tools and resources focused on providing easier access and more savings – anytime, anywhere.

Visit www.eyemedvisioncare.com/macys to:

- Register your account
- Find an eye doctor near you
- See current benefits eligibility and in-network benefit details
- Schedule appointments
- Get turn-by-turn directions to the provider of your choice

Plus, download the member app now to get access to the same helpful features on their website – but with upgrades like the ability to save on vision prescriptions or schedule an exam reminder.

Need to talk to someone? Not a problem. EyeMed's knowledgeable live benefits representatives are available to help: 1-866-800-5457.

YOUR ELIGIBILITY

To determine your eligibility for vision benefits, please refer to the eligibility supplements available in the "Plan Documents and Information" section of My Benefits on My IN-SITE. When you are eligible to enroll in coverage, HR Services will notify you prior to your coverage effective date, and provide you with instructions explaining how to enroll and your enrollment due date. If you do not take action, coverage is automatically waived.

Remember, the vision coverage you elect begins with your initial eligibility date or on July 1 after Annual Enrollment. The Macy's, Inc. Benefits Plan year is July 1 through June 30. If you decide not to enroll in vision coverage when you are initially eligible, you may have another opportunity to enroll during the next Annual Enrollment, if you remain eligible, or within 31 days of a qualifying event.

When you enroll or make changes, coverage will begin and pre-tax contributions will be required as of the effective date of your coverage. Some cases may result in retroactive, after-tax contributions being owed.

WHO YOU CAN COVER

The EyeMed Vision Plan will cover you and your eligible dependents, including your:

- Spouse (and/or Domestic Partner where required by state law)
- Children - Eligible dependents include:
 - Your child under age 26.
 - Your dependent child who is incapable of self-sustaining employment due to a disability that started prior to reaching age 26, and is dependent upon the covered associate for support and maintenance. You may be required to provide proof of the dependent's disability from time to time.

YOUR CONTRIBUTIONS

When you enroll in vision coverage, contributions for coverage are made each pay period on a pre-tax basis. Your vision plan contributions will be made before federal, state and FICA (Federal Insurance Contributions Act) taxes are calculated. Since these contributions do not count as wages for purposes of determining your Social Security benefits, pre-tax contributions may reduce the ultimate Social Security benefits you may receive. Pre-tax contributions can lower your taxable income.

With pre-tax contributions, your election must remain in effect until your next opportunity to enroll, or you experience a qualified family status change during the year (due to marriage, birth of a child, etc.) and you notify HR Services no later than 31 days after the date of the qualifying event.

For Domestic Partners, associate contributions will be taken on an after-tax basis. The associate portion of the contribution will be taken on a pre-tax basis as stated above; however the Domestic Partners portion of the contribution will be taken on an after-tax basis.

EYEMED VISION PLAN (IN-NETWORK BENEFITS)

Service Area: All locations in the Continental U.S. and Hawaii
Phone Number: Pre-enrollment: 866-804-0982; post-enrollment: 866-800-5457
Group Number: 1011163
Website Address: eyemedvisioncare.com/macys

Vision Services	
Exam with Dilation (as necessary)	\$0 copayment
Retinal Imaging Benefit	Up to \$39 copayment
Standard Contact Lens Fit & Follow Up	Up to \$40 copayment
Premium Contact Lens Fit & Follow Up	10% off retail price
Frames	
Standard Frames	\$0 copayment; \$160 allowance; 20% off balance over \$160
Standard Plastic Lens	
Single Vision	\$0 copayment
Bifocal	\$0 copayment
Trifocal	\$0 copayment
Lenticular	\$0 copayment
Standard Progressive	\$65 copayment
Premium Progressive	
Tier 1	\$85 copayment
Tier 2	\$95 copayment
Tier 3	\$110 copayment
Tier 4	\$65 copayment plus (20% off retail price less \$120 allowance)
Lens Options	
UV Treatment	\$15 copayment
Tint	\$15 copayment
Standard Plastic Scratch Coating	\$0 copayment
Standard Polycarbonate - 19+ Years of Age	\$40 copayment
Standard Polycarbonate – Up to 19 Years of Age	\$0 copayment
Standard Anti-Reflective Coating	\$45 copayment
Premium Anti-Reflective	
Tier 1	\$57 copayment
Tier 2	\$68 copayment
Tier 3	20% off retail price
Polarized	20% off retail price
Photochromatic / Transitions Plastic	\$75 copayment
Other Add-Ons	20% off retail price
Contact Lenses	
Conventional	\$0 copayment; \$160 allowance; 15% off balance over \$160
Disposable	\$0 copayment; \$160 allowance
Medically Necessary	\$0 copayment
Lasik	15% off retail or 5% off promotional price
Other Benefits	
Additional Pairs of Eyeglasses	40% off retail price
Additional Conventional Contact Lenses	15% off retail price
Amplifon Hearing Health Care Network	40% off hearing exams
LensCrafters Benefits	
Back of House Employee Discount	20% Back-of-house discount using Macy's or Bloomingdale's credit card at a LensCrafters at Macy's; additional 10% on extra Associate Discount dates. Please note that frames and lenses are eligible for the Associate Discount; however, doctor or medical charges are not eligible
Frame Booster	\$25 off frames
Sunglass Hut Benefits	
Back of House Employee Discount	20% Back-of-house discount using Macy's or Bloomingdale's credit card at a Sunglass Hut at Macy's
Non-Prescription Sunglasses	\$50 off \$200 purchase OR \$20 off any purchase
Frequency – Based on Plan Year	
Exam	Once every 12 months
Lenses or Contact Lenses	Once every 12 months
Frames	Once every 12 months

EYEMED VISION PLAN (OUT-OF-NETWORK BENEFITS)

Service Area: All locations in the Continental U.S. and Hawaii
Phone Number: Pre-enrollment: 866-804-0982; post-enrollment: 866-800-5457
Group Number:
Website Address: eyemedvisioncare.com/macys

Vision Services	
Exam with Dilation (as necessary)	\$35 reimbursement
Retinal Imaging Benefit	N/A
Standard Contact Lens Fit & Follow Up	N/A
Premium Contact Lens Fit & Follow Up	N/A
Frames	
Standard Frames	\$80 reimbursement
Standard Plastic Lens	
Single Vision	\$25 reimbursement
Bifocal	\$40 reimbursement
Trifocal	\$55 reimbursement
Lenticular	\$55 reimbursement
Standard Progressive	\$40 reimbursement
Premium Progressive	\$40 reimbursement
Tier 1	\$40 reimbursement
Tier 2	\$40 reimbursement
Tier 3	\$40 reimbursement
Tier 4	\$40 reimbursement
Lens Options	
UV Treatment	N/A
Tint	N/A
Standard Plastic Scratch Coating	\$8 reimbursement
Standard Polycarbonate – 19+ Years of Age	N/A
Standard Polycarbonate – Up to 19 Years of Age	\$20 reimbursement
Standard Anti-Reflective Coating	N/A
Tier 1	N/A
Tier 2	N/A
Tier 3	N/A
Polarized	N/A
Photochromatic / Transitions Plastic	N/A
Premium Anti-Reflective	N/A
Other Add-Ons	N/A
Contact Lenses	
Conventional	\$128 reimbursement
Disposable	\$128 reimbursement
Medically Necessary	\$210 reimbursement
Lasik	N/A
Amplifon Hearing Health Care Network	N/A
Other Benefits	
Additional Pairs of Eyeglasses	N/A
Additional Conventional Contact Lenses	N/A
Amplifon Hearing Health Care Network	N/A
Frequency – Based on Plan Year	
Exam	Once every 12 months
Lenses or Contact Lenses	Once every 12 months
Frames	Once every 12 months