



Citi Vision Benefit Plan

Amended and Restated as of January 1, 2009

Vision Care Plan

This plan document sets forth the terms and conditions of your benefits under the Citi Vision Benefit Plan (the "Plan"), as amended and restated as of January 1, 2009. Citi has entered into an arrangement with Davis Vision to administer the Plan.

This document should be read in combination with the *About Your Health Care Benefits* document, amended and restated as of January 1, 2009, which is also a component of the Citi Vision Benefit Plan. As explained in more detail in that document, Citi reserves the right to amend or terminate the Plan at any time.

As you read the document, you will see some terms that are bold and underlined. This means that the term is a reference to another section of the document (including the *About Your Health Care Benefits* component).

This section of the document is intended to comply with the requirements of ERISA and other applicable laws and regulations. It does not create a contract or guarantee of employment between Citi and any individual.

Citi Vision Benefits Plan

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Overview

The Plan offers you and your eligible dependents a variety of vision care services and supplies.

Please be advised that when you make your election to enroll in the Plan, it is on an annual basis. You can change your election only if you have a qualified status change, as described "Qualified status changes" in the *About Your Health Care Benefits* document. You do not have to be enrolled in the Plan to cover a dependent.

The following chart summarizes the vision benefits available to you and your eligible dependents:

Network benefit	Coverage
Eye examination	<ul style="list-style-type: none"> Covered at 100% including dilation– one exam per calendar year.
Frames and lenses	<ul style="list-style-type: none"> Covered at 100% – one pair of frames and lenses per calendar year. Must be selected from the network-provided frames from Davis Vision's Exclusive "Collection"; or \$61 wholesale allowance toward retail frame purchases outside of the "Collection" or an equivalent retail allowance at a retail chain (e.g. Wal-Mart, Eye-Masters, etc.) 20% discount on additional pairs of glasses at most in-network providers.
Contact lenses (in lieu of glasses)	<ul style="list-style-type: none"> Covered at 100%, limit 1 pair/supply per calendar year in lieu of eyeglasses; Plan formulary covered; one pair of soft, standard daily wear contact lenses; Plan formulary covered; 4 boxes of disposable lenses; Plan formulary covered; 2 boxes of planned replacement lenses; A \$130 credit toward non-plan formulary contacts, fitting and follow-up, plus 15% off overages; and Medically necessary contact lenses covered in full with prior approval. The Plan covers a supply that's prescribed at the time of office visit.
Laser vision correction (Lasik)	<ul style="list-style-type: none"> Up to 25% discount off reasonable and customary fees, or 5% discount off any advertised (discounted) fee when using one of Davis Vision's participating laser surgeons. Some centers have flat fees equivalent to these discounts.
Broken eyewear (frames, materials)	<ul style="list-style-type: none"> Davis Vision "Collection" frames are covered by an unconditional one-year warranty.
Maximum benefit	<ul style="list-style-type: none"> Benefit that has been paid in full except for defined copayments.

Network benefit	Coverage
Out-of-network benefit	Coverage
Frames/lenses including eye examination	<ul style="list-style-type: none"> ▪ Examination; up to \$30 ▪ Frame; up to \$50
<i>OR</i>	
Contact lenses including eye examination	<ul style="list-style-type: none"> ▪ Single vision lenses up to \$25, bifocal up to \$35, trifocal up to \$45 and lenticular up to \$60 ▪ Contact lenses; up to \$75 ▪ Medically necessary contact lenses; up to \$225

Network services

To receive the greatest value for your dollar, you should receive vision care services from a Davis Vision network provider. However, you also can use out-of-network providers and still receive a benefit.

Network providers are licensed doctors in your area who provide quality vision care services and who meet Davis Vision's quality assurance standards. You and your covered family members can select a different Davis Vision network provider each time you receive vision care services.

Your doctor may apply to join the Davis Vision provider network by calling Davis Vision's Professional Relations Department at 1-800-933-9371. Membership in the network is not guaranteed.

Using network services

Davis Vision network services are easy to access. Below is the information you will need to find a network provider in your area and schedule an appointment.

- To locate a network provider, visit Davis Vision at www.davisvision.com or call 1-800-999-5431. If you are enrolled in the program, enter the employee's Member Identification number. **If you are not currently enrolled in the program or are going through open enrollment, please access the open enrollment feature through the Davis Vision Web site (www.davisvision.com) and enter Client Control Code number 2227. Or you may call Davis Vision during your enrollment period at 1-877-92-DAVIS.** (TDD services are available by calling 1-800-523-2847.) An automated Voice Response Unit (available 24 hours a day, seven days a week) or one of Davis Vision's Member Service Representatives (available Monday through Friday, 8:00 a.m. to 11:00 p.m., Saturday, 9:00 a.m. to 4:00 p.m., and Sunday, 12 p.m. to 4 p.m. Eastern Time) will assist you. Once you are enrolled, you can call Davis Vision at 1-800-999-5431 to verify your eligibility.
- Call a network provider to schedule an appointment. Claim forms are not required.
- Provide the doctor with the Citi employee's Member Identification number. If you're calling for services for your covered dependent, you'll need to provide your dependent's date of birth.
- A full listing of network providers is available free of charge by calling Davis Vision at 1-800-999-5431 or visiting them at www.davisvision.com.

The network provider will obtain the necessary authorization. After the provider obtains authorization, you and/or your dependent(s) will have 45 days to receive your eye examination from that provider.

If you decide to use a different provider after the previous provider has received an authorization and you have made an appointment, you must call Davis Vision at 1-800-999-5431. You are still responsible for canceling your appointment and any related cancellation fees.

Please note that if you join the Plan, you will receive an identification card in the mail.

Types of coverage

The Davis Vision network offers three different types of coverage: eye examinations, eyeglasses (frame and lenses), or contact lenses in lieu of eyeglasses.

Eye exams

Covered employees and dependents are eligible to receive a comprehensive eye examination from a network provider once in each 12-month period, based on the calendar year.

Eyeglasses (frame and lenses)

Covered employees and dependents are eligible to receive a complete pair of eyeglasses (frame and lenses) once in each 12-month period based on the calendar year. You may select contact lenses instead of eyeglasses for most prescriptions.

A full selection of frames and lenses from The "Collection" should be available from most network providers. In the event that The "Collection" is not displayed, ask the provider for the full selection of Davis Vision frames. When receiving services from a provider who does not have The "Collection" (such as a participating retail chain), you will receive a retail credit comparable to the \$61 wholesale allowance which will be applied to your purchase.

You may select many types of lenses at no additional cost to you, including:

- Plastic or glass single vision, bifocal or trifocal lenses;
- Glass grey #3 prescription sunglasses;
- Oversized lenses;
- Fashion, sun or gradient tinted plastic lenses;
- Postcataract (lenticular) lenses;
- Intermediate vision lenses;
- Polycarbonate lenses;
- Progressive addition multifocals* (including Varilux™);
- Photogrey Extra® (sun-sensitive) glass lenses;
- Ultraviolet coating;

* Progressive addition multifocals can be worn by most people, but not all. Conventional bifocals will be supplied to anyone who is unable to adapt to progressive addition multifocals.

- Blended invisible bifocals;
- Scratch resistant coating;
- Anti-reflective coating – Standard/Premium;
- Hi-index lenses;
- Polarized lenses; and
- Plastic photosensitive lenses.

Contact lenses

You may select contact lenses (either standard, soft, daily-wear or disposable/planned replacement contacts) instead of eyeglasses for most prescriptions. The Plan provides an initial supply of either standard, soft, daily-wear or disposable/planned replacement contact lenses. There is no copayment for plan covered lenses. Your provider will give you the specific copayment information for the type of lenses you require.

- New or current contact lens wearers will receive four multi-pack supply of disposable type lenses or two multi-packs of planned replacement contact lenses for the year. You will also receive a care kit for proper cleaning and sterilization of your lenses, as well as all necessary visits for proper fitting.

If you are not able to be fit by Plan-covered lenses you will receive a retail credit of \$130 toward other types of contact lenses (i.e., toric lenses, gas permeable lenses, etc.) that aren't available through Davis Vision.

Employees who seek services through a participating retail location will receive an allowance of \$130 to be applied toward the cost of contact lenses from the retail location's supply. Retail locations do not carry the Davis Vision formulary.

Medically necessary contact lenses will be covered in full at all provider locations with prior approval.

Mail order contact lenses: Lens 1-2-3® option

You can purchase replacement or additional pairs of contact lenses by mail through the Lens 1-2-3® program, a Davis Vision program. Call 1-800-LENS-123 (1-800-536-7123) for answers to your questions or to place an order. To receive lenses through Lens 1-2-3®, mail your current prescription to:

Lens 1-2-3®
2921 Erie Boulevard East
Syracuse, NY 13224.

You can also fax your prescription to 1-315-449-0563.

If you do not have a copy of your prescription, a Lens 1-2-3® representative can contact your provider directly.

Lasik

Davis Vision offers up to 25% off usual and customary fees for laser vision correction, known as Lasik, or 5% off any advertised/discounted fee, whichever is lower, when using one of the surgeons from the Davis Vision network. Some providers charge flat fees equivalent to those discounts. Lasik surgeons are available across the country with accommodations for local pre-and post-operative care.

Participants who intend to have Lasik must go to the Davis Vision site at www.davisvision.com to obtain a confirmation number and then provide the confirmation number to the surgeon performing the laser correction.

The list of doctors and facilities performing laser vision correction surgery is different from the routine vision provider listing.

For more information about the network or to find a laser surgeon near you, please visit www.davisvision.com or call 1-877-923-2847. Enter Citi control code 2227 for a list of participating providers.

Low Vision

Low vision is defined as a significant loss of vision but not total blindness. Ophthalmologists and optometrists specializing in low-vision care can evaluate and prescribe optical devices and provide training and instruction to maximize the usable vision that remains.

With prior approval by Davis Vision, covered low-vision services will include:

Low-vision evaluation: One comprehensive exam every five years with a maximum charge of \$300; sometimes called a functional vision assessment, this exam can determine distance and clarity of vision, the size of readable print, the existence of blind spots or tunnel vision, depth perception, eye-hand coordination, problems perceiving contrast, and lighting requirements for optimum vision.

Maximum low-vision aid: Aids such as high-power spectacles, magnifiers, and telescopes are covered at a maximum of \$600 per aid with a lifetime maximum of \$1,200. These devices are used to improve the levels of sight, reduce problems of glare, or increase contrast perception based on the individual's visual goals.

Follow-up care: The Plan covers four visits in any five year period with a maximum charge of \$100 per visit.

Out-of-network services

You may use out-of-network providers for eye care services and submit a claim for reimbursement. When you visit an out-of-network provider, you must bring a Davis Vision claim form with you. Claims forms are available by visiting www.davisvision.com and going to "Information and Forms," or by calling 1-800-999-5431.

When you go to an out-of-network provider, the Plan will provide reimbursement up to:

Examination: \$30; Frame: \$50; Single vision lenses: \$25; bifocal lenses: \$35; trifocal lenses: \$45; lenticular lenses: \$60; or

In lieu of eyeglasses (frame and lenses) you may receive reimbursement for contact lenses at \$75 or medically necessary contact lenses (prior approval required) at \$225.

Definition of Medical Necessity

Davis Vision may determine your contact lenses to be medically necessary and appropriate in the treatment of certain conditions. In general, contact lenses may be medically necessary and appropriate when their use, in lieu of eyeglasses, will result in significantly better visual acuity and/or improved binocular function, including avoidance of diplopia or suppression.

Contact lenses may be determined to be medically necessary in the treatment of keratoconus, anisometropia corneal disorders, pathological myopia, aniseikonia post-traumatic disorders, aphakia, aniridia, and irregular astigmatism. Davis Vision must review and approve any coverage for medically necessary contact lenses.

What is not covered

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

- Medical treatment of eye disease or injury;
- Vision therapy;
- Special lens designs or coatings (other than those previously described);
- Replacement of lost eyewear;
- Two pairs of eyeglasses in lieu of bifocals;
- Services or materials covered under Workers' Compensation;
- Eye exams required as a condition of employment;
- Nonprescription eyewear or lenses;
- Contact lenses and eyeglasses in the same benefit cycle; and
- Services not performed by licensed personnel.

Note: You may purchase glasses from a network provider and also order contact lenses through Lens 1-2-3® in the same 12-month benefit cycle. You will have to pay the out-of-pocket costs for the contact lenses; but the prices generally are discounted approximately 50%.

Other information

Other important information about the Plan is summarized below:

Splitting of benefits

To maintain continuity of care, whenever possible you should obtain all available services at one time from either a network or an out-of-network provider. However, you may “split” the benefit by receiving services from both network and out-of-network providers.

Travel and student coverage

If you or your covered dependent(s) require vision care services while traveling or away at school, visit Davis Vision at www.davisvision.com or call Davis Vision at 1-800-999-5431 and enter the employee's Member Identification number.

Filing claims

See “Claims and appeals for the Vision Benefit Plan” in the *About Your Health Care Benefits* document.