

UnitedHealthcare Specialty Benefits

**Vision**

Uniting health and financial well-being



UnitedHealthcare Vision<sup>SM</sup>

UnitedHealthcare Vision has been trusted for more than 40 years to deliver affordable, innovative vision care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible, diversified vision care network.



### Copays for in-network services

|                    |      |
|--------------------|------|
| Comprehensive Exam | \$10 |
| Materials          | \$0  |

### Rates

|                   |          |
|-------------------|----------|
| Employee Only     | \$ 6.80  |
| Employee + Spouse | \$ 11.45 |
| Employee + Family | \$ 18.10 |

### Benefit Frequency

|                                            |           |
|--------------------------------------------|-----------|
| Comprehensive Exam                         | 12 months |
| Spectacle Lenses                           | 12 months |
| Frames                                     | 12 months |
| Contact Lenses<br>(in lieu of eye glasses) | 12 months |

### Out of Network Reimbursement

Network Copays do not apply

|                                      |           |
|--------------------------------------|-----------|
| Comprehensive Exam                   | \$ 40.00  |
| Lenses                               |           |
| Single Vision                        | \$ 40.00  |
| Bifocal                              | \$ 60.00  |
| Trifocal                             | \$ 80.00  |
| Lenticular                           | \$ 80.00  |
| Frames                               | \$ 45.00  |
| Contact Lenses in lieu of eyeglasses |           |
| Elective                             | \$ 175.00 |
| Necessary*                           | \$ 210.00 |

You do not need to submit a claim for In-Network benefits. However, you must submit a claim to UnitedHealthcare Vision for benefit reimbursement for Out-of-Network services.

### Covered in Full (after applicable copays) In-Network Benefits:

- Comprehensive Exam
- Lenses
  - Standard Single Vision
  - Standard Lined Bifocal
  - Standard Lined Trifocal
- Contact Lenses (in lieu of eyeglasses)
  - Elective
  - Necessary\*
- Frame
- Lens Options
  - Standard Scratch Resistant Coating
  - Standard Polycarbonate Lenses

### Frame Benefit

Private Practice Provider - \$50 wholesale allowance  
(approximate retail value of \$150)  
Retail Provider - \$150 retail frame allowance

### Network Contact Lens Benefit

Covered-in-full contact lenses in lieu of eyeglasses. The covered-in-full contact lens benefit at network providers includes fitting/evaluation, contacts, and two follow-up visits (after \$0 copay). For those who choose disposable lenses, up to 6 boxes are included when obtained from a network provider.

### Laser Vision Benefit

UnitedHealthcare Vision has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser correction providers. 1-888-563-4497

### Additional Materials Discount Program

UnitedHealthcare Vision offers an Additional Materials Discount Program. At a participating network provider you will receive a 20% discount on an additional pair of eyeglasses or contact lenses.<sup>1</sup>

## SAMPLE ILLUSTRATION OF SAVINGS

| Cost                             | Employee Only  | Employee + Spouse | Employee + Family** |
|----------------------------------|----------------|-------------------|---------------------|
| Monthly Premium                  | \$6.80         | \$11.45           | \$18.10             |
| Annual Premium                   | \$81.60        | \$137.40          | \$217.20            |
| Approx. Pre-tax Savings (20%)*** | \$16.32        | \$27.48           | \$43.44             |
| Annual Tax-Adjusted Premium      | \$65.28        | \$109.92          | \$173.76            |
| Plus Copays                      | \$10.00        | \$20.00           | \$40.00             |
| <b>Total Cost to Employee</b>    | <b>\$75.28</b> | <b>\$129.92</b>   | <b>\$213.76</b>     |

| Exam and Materials Covered by UnitedHealthcare Vision Plan | Estimated Cost Without a Vision Plan**** | Less Employee Cost | Total Savings with UnitedHealthcare Vision |
|------------------------------------------------------------|------------------------------------------|--------------------|--------------------------------------------|
| <b>Employee Only</b>                                       |                                          |                    |                                            |
| Exam, Single Vision, & Covered-in-full frames              | \$275.00                                 | \$75.28            | <b>\$199.72</b>                            |
| <b>Employee + Spouse</b>                                   |                                          |                    |                                            |
| Exam, Single Vision, & Covered-in-full frames              | \$550.00                                 | \$129.92           | <b>\$420.08</b>                            |
| <b>Employee + Family**</b>                                 |                                          |                    |                                            |
| Exam, Single Vision, & Covered-in-full frames              | \$1,100.00                               | \$213.76           | <b>\$886.24</b>                            |

\*\* For purposes of this sample calculation, Employee + Family is calculated with four (4) members.

\*\*\*Actual tax savings will depend upon your individual tax bracket.

\*\*\*\*Approximate retail value illustrated: Exam & Refraction (\$65), Single Vision Lenses (\$80), and Frames (\$130). Average retail costs may vary by provider.

### Important to Remember:

- Benefits available every 12 or 24 months (depending on the benefit frequency), based on last date of service.
- Your \$175 contact lens allowance is applied to the fitting/evaluation fees as well as the purchase of contact lenses. For example, if the fitting/evaluation fee is \$30, you will have \$145 towards the purchase of contact lenses. The allowance may be separated at some retail chain locations between the examining physician and the optical store. If you choose disposable contacts, you may receive up to 6 boxes of disposable contacts (depending on prescription). Toric, gas permeable, and bifocal contacts are all examples of contacts that are outside of our covered-in-full selection.

- Lens Options such as progressive lenses, tints and anti-reflective coating may be available at a discount.

- Out-of-Network Reimbursement: Receipts for services and materials purchased on different dates must be submitted together at the same time to receive reimbursement. Receipts must be submitted within 12 months of date of service to the following address:

**UnitedHealthcare Vision Attn. Claim Dept. P.O. Box 30978 Salt Lake City, UT 84130**

\*Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following post cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with spectacle lenses; with certain conditions of anisometropia; with certain conditions of keratoconus. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare Vision confirming reimbursement that UnitedHealthcare Vision will make before you purchase such contacts.

<sup>1</sup>Once all of your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare Vision shall neither pay nor reimburse the provider or member for any funds owed or spent. Not all providers may offer this discount. Please contact your provider to see if they participate. Discounts may vary by provider. Additional materials do not have to be purchased at the time of initial material purchase. Additional materials can be purchased at a discount any time after the insured benefit has been used.

**Please note: Please consult the applicable policy/certificate of coverage for a full description of benefits, including exclusions and limitations. If there are differences in this document and the Group Policy, the Group Policy is the governing document.**

The following services and materials are excluded from coverage under the Policy: Post cataract lenses; Non-prescription items; Medical or surgical treatment for eye disease that requires the services of a physician; Worker's Compensation services or materials; Services or materials that the patient, without cost, obtains from any governmental organization or program; Services or materials that are not specifically covered by the Policy; Replacement or repair of lenses and/or frames that have been lost or broken; Cosmetic extras, except as stated in the Policy's Table of Benefits.

UnitedHealthcare Specialty Benefits offers a broad array of specialty insurance products, UnitedHealthcare Vision is underwritten by United HealthCare Insurance Company or United HealthCare Insurance Company of New York.. UnitedHealthcare Specialty Benefits is a brand of UnitedHealth Group, a Fortune 21 company.

UnitedHealthcare Vision has been trusted for more than 40 years to deliver affordable, innovative vision care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible, diversified vision care network.



### Copays for in-network services

|                    |     |
|--------------------|-----|
| Comprehensive Exam | \$0 |
| Materials          | \$0 |

### Rates

|                   |    |       |
|-------------------|----|-------|
| Employee Only     | \$ | 11.02 |
| Employee + Spouse | \$ | 23.47 |
| Employee + Family | \$ | 37.10 |

### Benefit Frequency

|                                            |           |
|--------------------------------------------|-----------|
| Comprehensive Exam                         | 12 months |
| Spectacle Lenses                           | 12 months |
| Frames                                     | 12 months |
| Contact Lenses<br>(in lieu of eye glasses) | 12 months |

### Out of Network Reimbursement

Network Copays do not apply

|                                      |    |        |
|--------------------------------------|----|--------|
| Comprehensive Exam                   | \$ | 40.00  |
| Lenses                               |    |        |
| Single Vision                        | \$ | 40.00  |
| Bifocal                              | \$ | 60.00  |
| Trifocal                             | \$ | 80.00  |
| Lenticular                           | \$ | 80.00  |
| Frames                               | \$ | 45.00  |
| Contact Lenses in lieu of eyeglasses |    |        |
| Elective                             | \$ | 200.00 |
| Necessary*                           | \$ | 210.00 |

You do not need to submit a claim for In-Network benefits. However, you must submit a claim to UnitedHealthcare Vision for benefit reimbursement for Out-of-Network services.

### Covered in Full

#### In-Network Benefits:

Comprehensive Exam

Lenses

Standard Single Vision

Standard Lined Bifocal

Standard Lined Trifocal

Contact Lenses (in lieu of eyeglasses)

Elective

Necessary\*

Frame

Lens Options

Polycarbonate, Basic & High End Progressives, Photochromatic, Transitions lenses and standard Anti-Reflective, Tints, UV, Edge and Scratch Resistant coatings

### Frame Benefit

Private Practice Provider - \$50 wholesale allowance (approximate retail value of \$150)

Retail Provider - \$150 retail frame allowance

### Network Contact Lens Benefit

Covered-in-full contact lenses in lieu of eyeglasses.

The covered-in-full contact lens benefit at network providers includes fitting/evaluation, contacts, and two follow-up visits (after \$0 copay). For those who choose disposable lenses, up to 8 boxes are included when obtained from a network provider.

### Laser Vision Benefit

UnitedHealthcare Vision has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser correction providers. 1-888-563-4497

### Additional Materials Discount Program

UnitedHealthcare Vision offers an Additional Materials Discount Program. At a participating network provider you will receive a 20% discount on an additional pair of eyeglasses or contact lenses.<sup>1</sup>

## SAMPLE ILLUSTRATION OF SAVINGS

| Cost                             | Employee Only   | Employee + Spouse | Employee + Family** |
|----------------------------------|-----------------|-------------------|---------------------|
| Monthly Premium                  | \$11.02         | \$23.47           | \$37.10             |
| Annual Premium                   | \$132.24        | \$281.64          | \$445.20            |
| Approx. Pre-tax Savings (20%)*** | \$26.45         | \$56.33           | \$89.04             |
| Annual Tax-Adjusted Premium      | \$105.79        | \$225.31          | \$356.16            |
| Plus Copays                      | \$0.00          | \$0.00            | \$0.00              |
| <b>Total Cost to Employee</b>    | <b>\$105.79</b> | <b>\$225.31</b>   | <b>\$356.16</b>     |

| Exam and Materials Covered by UnitedHealthcare Vision Plan | Estimated Cost Without a Vision Plan**** | Less Employee Cost | Total Savings with UnitedHealthcare Vision |
|------------------------------------------------------------|------------------------------------------|--------------------|--------------------------------------------|
| <b>Employee Only</b>                                       |                                          |                    |                                            |
| Exam, Single Vision, & Covered-in-full frames              | \$275.00                                 | \$105.79           | <b>\$169.21</b>                            |
| <b>Employee + Spouse</b>                                   |                                          |                    |                                            |
| Exam, Single Vision, & Covered-in-full frames              | \$550.00                                 | \$225.31           | <b>\$324.69</b>                            |
| <b>Employee + Family**</b>                                 |                                          |                    |                                            |
| Exam, Single Vision, & Covered-in-full frames              | \$1,100.00                               | \$356.16           | <b>\$743.84</b>                            |

\*\* For purposes of this sample calculation, Employee + Family is calculated with four (4) members.

\*\*\*Actual tax savings will depend upon your individual tax bracket.

\*\*\*\*Approximate retail value illustrated: Exam & Refraction (\$65), Single Vision Lenses (\$80), and Frames (\$130). Average retail costs may vary by provider.

### Important to Remember:

- Benefits available every 12 or 24 months (depending on the benefit frequency), based on last date of service.
- Your \$200 contact lens allowance is applied to the fitting/evaluation fees as well as the purchase of contact lenses. For example, if the fitting/evaluation fee is \$30, you will have \$170 towards the purchase of contact lenses. The allowance may be separated at some retail chain locations between the examining physician and the optical store. If you choose disposable contacts, you may receive up to 8 boxes of disposable contacts (depending on prescription). Toric, gas permeable, and bifocal contacts are all examples of contacts that are outside of our covered-in-full selection.

- Additional lens options may be available at a discount.

- Out-of-Network Reimbursement: Receipts for services and materials purchased on different dates must be submitted together at the same time to receive reimbursement. Receipts must be submitted within 12 months of date of service to the following address:

**UnitedHealthcare Vision Attn. Claim Dept. P.O. Box 30978 Salt Lake City, UT 84130**

\*Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following post cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with spectacle lenses; with certain conditions of anisometropia; with certain conditions of keratoconus. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare Vision confirming reimbursement that UnitedHealthcare Vision will make before you purchase such contacts.

<sup>1</sup>Once all of your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare Vision shall neither pay nor reimburse the provider or member for any funds owed or spent. Not all providers may offer this discount. Please contact your provider to see if they participate. Discounts may vary by provider. Additional materials do not have to be purchased at the time of initial material purchase. Additional materials can be purchased at a discount any time after the insured benefit has been used.

**Please note: Please consult the applicable policy/certificate of coverage for a full description of benefits, including exclusions and limitations. If there are differences in this document and the Group Policy, the Group Policy is the governing document.**

The following services and materials are excluded from coverage under the Policy: Post cataract lenses; Non-prescription items; Medical or surgical treatment for eye disease that requires the services of a physician; Worker's Compensation services or materials; Services or materials that the patient, without cost, obtains from any governmental organization or program; Services or materials that are not specifically covered by the Policy; Replacement or repair of lenses and/or frames that have been lost or broken; Cosmetic extras, except as stated in the Policy's Table of Benefits.

UnitedHealthcare Specialty Benefits offers a broad array of specialty insurance products, UnitedHealthcare Vision is underwritten by United HealthCare Insurance Company or United HealthCare Insurance Company of New York.. UnitedHealthcare Specialty Benefits is a brand of UnitedHealth Group, a Fortune 21 company.

## The benefits of vision care are clear

Your vision is important to your health. Whether your vision is 20/20 or less than perfect, everyone should receive regular vision care. The UnitedHealthcare Vision benefit is being offered as a part of our commitment to your well-being. UnitedHealthcare Vision provides access to a nationwide network of both private practice and retail chain providers.

Through our national provider network, you will receive a comprehensive eye examination, as well as eyeglasses (lenses and frame), or contact lenses. You will receive most services at no additional cost, above any applicable copays. Carefully review the benefit summary of your new UnitedHealthcare Vision program. Please, don't take chances with your most precious possession – the gift of sight. Take advantage of this very important benefit.

Here are some reasons why millions of people have selected UnitedHealthcare Vision for their vision care needs:

### **Focused on you**

Vision care and eyewear can cost an average of \$275 without a vision plan, including a comprehensive eye exam, single vision prescription lenses, and eyeglass frames. But with the UnitedHealthcare Vision, you'll save 40%-60% off the retail cost of vision care (please see your benefit summary for details). In fact, the majority of all UnitedHealthcare Vision members have no out-of-pocket costs for frames or contact lenses other than applicable copays.

### **Network flexibility and convenience**

Our National network has over 30,000 locations nationwide. With more than 17,000 private practice providers and nearly 13,000 retail chain locations, clearly offering the greatest convenience and access to care, including evening and weekend hours!

### **Contact lens benefits**

UnitedHealthcare Vision's innovative contact lens benefit covers in-full (after applicable copay) the fitting/evaluation fees, contact lenses, and up to two follow-up visits. Covered-in-full contacts include many of the most popular lenses on

the market, though covered contacts may vary by provider. In addition, members can utilize our mail order discount program, through Vision Direct, for greater savings. Vision Direct can be accessed from [www.myuhcvision.com](http://www.myuhcvision.com).

If you select contact lenses outside of UnitedHealthcare Vision's covered-in-full contacts, you will receive a generous allowance towards the fitting/evaluation fee and purchase of these contact lenses (materials copay does not apply).

### **Frame benefits**

UnitedHealthcare Vision's generous frame benefit applies to virtually all of the frames on the market today, and many of those are covered-in-full, with no additional cost to you, other than applicable copay.

### **Patient options**

Other popular patient options, if not covered by your plan, are available at a 20%-40% discount. Standard scratch resistant coating is applied at no charge.

### **Easy benefit access**

You may easily locate providers 24 hours a day, seven days a week at UnitedHealthcare Vision's Web site, [www.myuhcvision.com](http://www.myuhcvision.com). Our Web site offers an array of services to members, such as a provider locator with door-to-door directions to the provider's office, claims status, and answers to frequently asked questions. To locate a provider, you may also call UnitedHealthcare Vision's 24-hour provider locator line at 1.800.839.3242 to choose from a continuously updated directory of providers.

### **Laser vision correction**

UnitedHealthcare Vision has partnered with the Laser Vision Network of America to provide you access to discounted laser vision correction procedures. To find a participating laser vision correction surgeon in your area, visit our Web site at [www.myuhcvision.com](http://www.myuhcvision.com), or call 1.877.28.SIGHT.

## Here's how to use your benefits:

### 1 Review your customized benefits

Carefully review your customized benefits to determine your program design and applicable copays. A copy of your benefits brochure may be obtained from your benefits representative, or you can access our Web site, [www.myuhcvision.com](http://www.myuhcvision.com), to obtain specifics of your program.

### 2 Find a provider

You may easily locate providers by logging on to [www.myuhcvision.com](http://www.myuhcvision.com) and selecting the provider locator option. You may also contact our 24-hour, toll-free Interactive Voice Response (IVR) system at 1.800.839.3242 to locate a provider near you.

### 3 Schedule your appointment

Once you've chosen a provider, simply call the provider directly to schedule your appointment. Identify yourself as having UnitedHealthcare Vision coverage and provide the primary insured's unique identification number and the patient's name and date of birth.

### 4 Receive your eye exam

The network provider, a state-licensed optometrist or ophthalmologist, will perform a complete eye examination, including a case history of the patient, an examination for eye pathology and abnormalities, visual analysis (refraction), confrontation visual fields testing, condition diagnosis, and prescription determination.

### 5 Choose your eyewear

If prescription eyewear is necessary, your provider will assist with your selection and order your prescription. Your network provider will telephone you when your eyewear arrives. Eyewear is dispensed at the provider's office to ensure optical accuracy and proper fit.

#### How to file an out-of-network claim

If you elect vision coverage and choose to use an out-of-network provider, you still receive a great benefit. You will be reimbursed up to the out-of-network maximums listed on your Benefit Summary. In order to receive reimbursement, all you need to do is submit the itemized paid receipt(s), along with the primary insured's unique identification number and patient's name and date of birth, to the following address:

UnitedHealthcare Vision Claims Department  
P.O. Box 30978, Salt Lake City, UT 84130

To contact UnitedHealthcare Vision's Customer Service department, call toll-free 1.800.638.3120.

Please note: Receipts for services and materials purchased on different dates must be submitted at the same time to receive reimbursement. Receipts must be submitted within 12 months from the date of service.

### Did you know?

- ▶ 14 million Americans are visually impaired. Of these, more than 11 million have uncorrected visual impairments.
- ▶ About 80% of learning in a child's first 12 years comes through the eyes.
- ▶ Nearly 90% of computer users suffer vision problems associated with computer eye strain.

<sup>1</sup> Science Daily, May 2006

<sup>2</sup> Journal of Behavioral Optometry.

<sup>3</sup> AOA, January 2007


## The convenience and value are easy to see

- ▶ Well-balanced nationwide network of private practice and retail chain providers
- ▶ Evening and weekend hours available through retail chain providers
- ▶ Generous frame benefit at our network providers applies to virtually all of the frames on the market today, and many of the most popular styles are covered-in-full, with no additional cost to you, other than applicable copay
- ▶ Innovative contact lens benefit covers in-full (after applicable copay) the fitting/evaluation fees, contact lenses, and up to two follow-up visits for many of the most popular contacts available
- ▶ 24-hour toll-free phone number and Internet benefit access
- ▶ Cost-containment practices result in low out-of-pocket costs

UnitedHealthcare Vision<sup>SM</sup>

[www.myuhcvision.com](http://www.myuhcvision.com)

UnitedHealthcare Vision coverage provided by or through United HealthCare Insurance Company or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates.

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