



Vision Benefit Summary

Customer Service and Provider Locator: (800) 638-3120

myuhcvision.com

Plan S1006

UnitedHealthcare vision has been trusted for more than 50 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.

In-network, covered-in-full benefits (up to the plan allowance and after applicable copay) include a comprehensive exam, eyeglasses with standard single vision, lined bifocal, lined trifocal, or lenticular lenses, standard scratch-resistant coating and the frame, or contact lenses in lieu of eyeglasses. Members age 0-12 are eligible for a 2nd exam. Members age 0-12 are also eligible for a replacement frame and lenses if they have a prescription change of 0.5 diopter or more. The 2nd exam and replacement benefits are the same as the initial exam, frame and lens benefits.

Exam with Materials

Benefit Frequency

Comprehensive Exam(s)	Once every 12 months
Comprehensive Exam(s) for diabetics only	Twice every 12 months
Spectacle Lenses	Once every 12 months
Frames	Once every 12 months
Contact Lenses in Lieu of Eyeglasses	Once every 12 months

In-Network Services

Copays

Exam(s)	\$ 10.00
Materials	\$ 25.00
Retinal Screening for Diabetics	\$ 0.00

Frame Benefit (for frames that exceed the allowance, an additional 30% discount may be applied to the average)¹

Private Practice Provider	\$130.00 retail frame allowance
Retail Chain Provider	\$130.00 retail frame allowance

Lens Options

Standard Scratch-resistant Coating, Polycarbonate Lenses for Dependent Children (up to age 19) - covered in full. Other optional lens upgrades may be offered at a discount. Based on state guidelines, lens materials and options may not be available at these discounted prices at all provider locations. Please ask your provider for details. The Lens Options list can be found at myuhcvision.com.

Contact Lens Benefit²

Elective contact lenses Allowance is applied toward the purchase of contact lenses. Materials copay is waived.	\$105.00
Elective contact lens fitting and evaluation Allowance is applied toward the contact lens fitting/evaluation fees.	\$30.00
Necessary contact lenses³	Covered in full after copay (if applicable).

Out-of-Network Reimbursements (Copays do not apply)

Exam(s)	Up to \$40.00
Frames	Up to \$45.00
Single Vision Lenses	Up to \$40.00
Lined Bifocal Lenses	Up to \$60.00
Lined Trifocal Lenses	Up to \$80.00
Lenticular Lenses	Up to \$80.00
Elective Contacts in Lieu of Eyeglasses ²	Up to \$80.00
Contact Lens Fitting and Evaluation	Up to \$0.00
Necessary Contacts in Lieu of Eyeglasses ³	Up to \$210.00

Discounts

Laser vision UnitedHealthcare has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser vision correction providers. Members receive 15% off standard or 5% off promotional pricing at more than 550 network provider locations and even greater discounts through set pricing at Lasik <i>Plus</i> ® locations. For more information, call 1-888-563-4497 or visit us at www.uhclasik.com .
Additional Material At a participating in-network provider you will receive up to a 20% discount on an additional pair of eyeglasses or contact lenses. This program is available after your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare shall neither pay nor reimburse the provider or member for any funds owed or spent. Additional materials do not have to be purchased at the time of initial material purchase.
Hearing Aids As a UnitedHealthcare vision plan member, you can save on high-quality hearing aids when you buy them from hi HealthInnovations™. To find out more go to hiHealthInnovations.com . When placing your order use promo code <i>myVision</i> to get the special price discount.

¹30% discount available at most participating in-network provider locations. May exclude certain frame manufacturers. Please verify all discounts with your provider.

²Contact lenses are in lieu of eyeglass lenses and/or eyeglass frames.

³Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with eyeglass lenses and/or frames; with certain conditions such as anisometropia, keratoconus, irregular corneal/astigmatism, aphakia, pathological myopia, aniseikonia, aniridia, facial deformity, or corneal deformity. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare vision confirming the reimbursement that UnitedHealthcare will make before you purchase such contacts.

Important to Remember:

In-Network

- Always identify yourself as a UnitedHealthcare vision member when making your appointment. This will assist the provider in obtaining your benefit information.
- Patient options such as UV coating, progressive lenses, etc., which are not covered-in-full, may be available at a discount at participating providers. Based on state guidelines, lens materials and options may not be available at these discounted prices at all provider locations. Please ask your provider for details. The Lens Options list can be found at myuhcvision.com.

Choice and Access of Vision Care Providers

UnitedHealthcare offers its vision program through a national network including both private practice and retail chain providers. To access the Provider Locator service or for a printed directory, visit our website myuhcvision.com or call (800) 638-3120, 24 hours a day, seven days a week. You may also view your benefits, search for a provider or print an ID card online at myuhcvision.com.

Retain this UnitedHealthcare vision benefit summary which includes detailed benefit information and instructions on how to use the program. Please refer to your Certificate of Coverage for a full explanation of benefits.

In-Network Provider - Copays and non-covered patient options are paid to provider by program participant at the time of service.

Out-of-Network Provider - Participant pays all billed charges to the provider, and UnitedHealthcare reimburses the participant for services rendered up to the maximum allowance. Copays do not apply to out-of-network benefits. Receipts for payments should be submitted within 90 days after the date of service to the following address: UnitedHealthcare Vision, Attn. Claims Department, P.O. Box 30978, Salt Lake City, UT 84130. If it was not reasonably possible to give written proof in the time required, the Company will not reduce or deny the claim for this reason. However, proof must be filed as soon as reasonably possible, but no later than 1 year after the date of service unless the Covered Person was legally incapacitated.

Customer Service is available toll-free at (800) 638-3120 from 8:00 a.m. to 11:00 p.m. Eastern Time Monday through Friday, and 9:00 a.m. to 6:30 p.m. Eastern Time on Saturday.

This Benefit Summary is intended only to highlight your benefits and should not be relied upon to fully determine coverage. This benefit plan may not cover all of your healthcare expenses. More complete descriptions of benefits and the terms under which they are provided are contained in the certificate of coverage that you will receive upon enrolling in the plan. If this Benefit Summary conflicts in any way with the Policy issued to your employer, the Policy shall prevail.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA.



Helping you keep an eye on your benefits and overall well-being.

With access to vision experts and a network of retailers across the country, get the care you need with the lenses you want.



Eye Exam

The plan includes a fully covered exam — a copay may apply — and the plan uses Spectera Eyecare Networks, our national network of eye doctors, which includes optometrists and ophthalmologists in private and retail settings. Keep in mind that using network eye doctors can help you save money.



Frame Allowance¹

When you use a network provider, you have an allowance that helps you buy any frame your eye doctor offers.

- **Lens Options¹** Popular lenses are available to you at price-protected amounts. Plus, standard scratch coating and polycarbonate lenses for dependent children are available at no additional cost.
- **Additional Pairs¹** Get a 20 percent discount on additional pairs of eyeglasses, including prescription sunglasses.
- **New! Now you can use your benefits at Warby Parker.** Warby Parker offers a range of colors, styles and materials with a 1-year, no-scratch guarantee; and for every pair purchased, a pair is distributed to someone in need. Visit warbyparker.com for more information.



Contact Lens Benefit¹

Your coverage will help you buy any contact lenses your doctor prescribes. You also get a contact lens fitting and up to 2 follow-up visits.

CONTINUED

Some of the well-known retail locations in our Spectera Eyecare Networks, which have 80,000 access points for care:²

AMERICA'S BEST CONTACTS & EYEGLASSES.

Visionworks

Walmart Vision Center

For Eyes by GrandVision

WARBY PARKER

EYEGLASS WORLD

COSTCO OPTICAL



Coverage

Please review your vision plan documents for specific coverage and cost details.

- **Copayments** You may pay a fixed amount each time you have an eye exam; or purchase eyeglasses or contact lenses if applicable.
- **Allowances** You'll have a specific amount of money that can be used to help pay for frames and contact lenses.



Your eyes show your health.

During a dilated eye exam, the early signs of chronic conditions can be seen in the eyes before other parts of the body are affected. This helps you catch issues early, when conditions may be more treatable.



Access your information online.

Use the Vision Provider tool on myuhcvision.com and the Health4Me® app to access your vision ID card, provider search and health plan benefits.



See all the ways to save at myuhcvision.com.

Now save

\$800

on LASIK.³

Order online to save

10%

on contact lenses



Toll-free 1-888-679-8925, TTY 711
Habla Español? Podemos ayudar.



Visit myuhcvision.com.



¹ Plans may vary. Please review your vision plan documents to view the plan's specific coverage and cost details.

² Not all providers participate in all plans. Check with your provider before using your benefits. Warby Parker added to the network effective January 2018.

³ To qualify for these savings, book your FREE LASIK exam with Lasik Plus by calling 1-800-483-1288, or by visiting uhclaski.com. Savings is \$400 per eye on a Custom Wavelight Treatment with Lifetime Advantage Plan. Limited time offer. Discount may not be combined with any other discount. Only available at LasikPlus locations.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company.