


Vision Benefit Summary
www.myuhcvision.com
Customer Service: (800) 638-3120
Provider Locator: (800) 839-3242
Plan V1077

	NETWORK	NON-NETWORK
Comprehensive Vision Exam	\$10 Copay	Up to \$40
Materials - Eyeglass Lenses/Eyeglass Frames or Contact Lenses	\$25 Copay ¹	See below
Frequencies - Based on last date of service	Exam Once every 12 months Lenses Once every 12 months Frames Once every 24 months	
COVERED SERVICES	NETWORK	NON-NETWORK
Pair of Lenses (for Eyewear)		
<ul style="list-style-type: none"> • Standard single vision lenses • Standard lined bifocal lenses • Standard lined trifocal lenses • Standard lenticular lenses <p>Lens options such as progressive lenses, tints, UV, and anti-reflective coating may be available at a discount at participating providers.</p>	<p>Covered in full after applicable copay¹</p> <p>Includes standard scratch-resistant coating</p>	<p>Up to \$40</p> <p>Up to \$60</p> <p>Up to \$80</p> <p>Up to \$80</p>
Frames		
You will receive a retail frame allowance toward the purchase of any frame at a network provider. For frames that exceed your allowance, you may receive an additional 30% discount on the overage (available only at participating providers and may exclude certain frame manufacturers).	\$130 Retail Frame Allowance (after applicable copay ¹)	Up to \$45
Contact Lenses²		
<ul style="list-style-type: none"> • Covered contact lens selection <p>It is important to note the covered contact lens selection may vary by provider but does include the most popular brands on the market today.³ A complete list can be found by visiting our website www.myuhcvision.com.</p>	Up to 4 boxes of contact lenses plus the fitting/evaluation fees and up to two follow-up visits are covered-in-full (after applicable copay ¹)	Up to \$125
<ul style="list-style-type: none"> • Non-selection contacts <p>You receive an allowance which is applied toward the fitting/evaluation fees and purchase of contact lenses outside the covered contact lens selection.</p>	Up to \$125 (material copay is waived)	Up to \$125
<ul style="list-style-type: none"> • Necessary contact lenses⁴ 	Covered in full after applicable copay ¹	Up to \$210

¹ The material copayment will apply once if frames and lenses, or contact lenses in lieu of eyewear, are purchased at the same time at a network provider.

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

³ Coverage for Covered Contact Lens Selection does not apply at Walmart or Sam's Club locations. The allowance for non-selection contact lenses will be applied toward the fitting/evaluation fee and purchase of all contacts.

⁴ Necessary 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 eyeglass frames; with certain conditions of anisometropia, keratoconus, irregular corneals/astigmatism, aphakia, facial deformity, or corneal deformity. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare concerning the reimbursement that UnitedHealthcare will make before you purchase such contacts.

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Important to Remember:

Network

- Always identify yourself as a UnitedHealthcare customer when making your appointment. This will assist your provider in obtaining a claim authorization before your visit.
- Your participating provider will help you determine which contact lenses are available in the UnitedHealthcare selection.
- Your contact lens allowance is applied to the fitting/evaluation fees, as well as the purchase of non-covered selection contact lenses. For example, if your allowance is \$125 and the fitting fee and evaluation is \$35, you will have \$90 toward the purchase of non-selection contact lenses. Evaluation and fitting fees may vary among providers and type of fitting required. Your material copay is waived when purchasing non-selection contacts.
- Patient options, such as UV coating, progressive lenses, etc., which are not covered-in-full, may be available at a discount at participating providers.

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, visit our Web site at www.myuhcvision.com or call 1-800-839-3242, 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 www.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.

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

Non-Network Provider - Participant pays full fee to the provider, and UnitedHealthcare reimburses the participant for services rendered up to the maximum allowance. Copays do not apply to non-network benefits. All receipts must be submitted at the same time. Written proof of loss should be given to the Company within 90 days after the date of the loss. 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.

Additional Materials Benefit

UnitedHealthcare 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. 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. Not all providers may offer this discount. Please contact your provider to see if they participate. Discounts on contact lenses 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.

Customer Service is available toll-free at 1-800-638-3120 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, 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 and associated COC form number VCOC.INT.06.TX.



VISION

Welcome to your comprehensive vision plan.



Let's get started.

We're excited that you have chosen a vision plan from UnitedHealthcare. We'll do everything we can to provide great care and service.

This guide will help you understand:

- What's covered
- Ways to save money
- How to use your vision plan

Take a few minutes to review this information and remember that we're here to help if you have any questions. Visit myuhcvision.com or call 1-800-638-3120.



Ways to Save¹

- Covered eye exams
- Covered glasses or contacts
- Extra discounts and more

Not all plans include lens option or materials coverage or discounts. For more COVERAGE DETAILS see your Benefit Summary or official vision plan documents.

What's covered by my plan?

Eye Exams Your eye doctor will complete a case history and an exam for eye and vision problems.

Frame Benefit When you visit a network provider, your plan gives you money you can use for your frames.

Contact Lens Benefit You get contact lenses, a fitting and up to two follow-up visits. Selection varies, but some brands are fully covered (after co-pay).

Lens¹ Upgrades Popular lens options are available for up to 40% off.

Additional Pairs of Glasses¹ You get a 20% discount on additional pairs of eyeglasses, including prescription sunglasses.

As a member, you'll also have access to discounts on:

Laser Vision Correction Get discounts through the Laser Vision Network of America's nationwide network at uhclasik.com.

Contact Lenses If you have a contact lens prescription, you can order online for 10% off at uhcontacts.com.

Preferred Pricing on Hearing Aids You can buy high-quality, digital hearing aids at preferred pricing, starting at \$699 each through [hi HealthInnovations™](http://hihealthinnovations.com) at hihealthinnovations.com.



Vision coverage that's easy to see



You can count on us to help make your experience easier.

We'll give you tools and support to help you save time, save money and find care when and where you need it. With our large network, there's always a provider in sight.

Your ID card

You do not need a member ID card to use your benefits. However, if you'd like one, you can easily print one from myuhcvision.com. Once you've logged in, click on *Print ID Card* from the main dashboard page.



With our large network, there's always a provider in sight.

We've created a large vision network (called Spectera Eyecare Networks) so you can easily find a provider who meets your lifestyle, eye care and eyewear needs. You can choose to get care from a doctor at a private practice or you can take advantage of the convenient evening and weekend hours of a retail chain.

Choose from local and national providers.²

Here are just some of the well-known retail locations in our network:



Five Things To Know:

1. You have access to a **national network of providers**, including optometrists and ophthalmologists as well as the choice of either a private practice or retail setting.
2. Your plan includes a fully covered **eye exam with eyeglasses or contacts**, after applicable co-payment.
3. You are not limited to a small selection of **eyeglass frames**. Your plan includes an allowance that can be applied to any frame available at your participating provider's office.
4. Your **contact lens** benefit applies to the evaluation, fitting fees and purchase of contact lenses as well as two follow-up visits.
5. There's a website just for you at myuhcvision.com.

Not all plans include lens option or materials coverage or discounts. For more COVERAGE DETAILS see your Benefit Summary or official vision plan documents.

We've made it easy for you to find a provider.

Simply go to myuhcvision.com and search for a complete list. You'll also find door-to-door directions. You can also find a network provider by calling 1-800-638-3120 and following the voice prompts.

Access to discounts at participating providers only. Check with your provider. May not apply at some locations.

Not all providers participate in all plans. Check with your provider before using your benefits.

This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of coverage, contact UnitedHealthcare Insurance Company.

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.



VISION INSURANCE

With our large network, there's always a provider within sight.

We've created a large vision network so you can easily find a provider who meets your lifestyle, eye care and eyewear needs. You can choose to get more personalized care from a private practice. Or, you can take advantage of the convenience retail chains offer with evening and weekend hours.

✓ **Our national eye care network includes private practices and leading retail locations.**

Some well known retail providers

Providers in our vision network¹

AMERICA'S BEST CONTACTS & EYEGLASSES

EYEGLOSS WORLD

Visionworks

FOR EYES

COSTCO OPTICAL

Walmart

- ✓ Accurate Optical
- ✓ Allegany Optical
- ✓ Alvernon Optical, Inc
- ✓ America's Best
- ✓ Bard Optical
- ✓ C&B Optical One
- ✓ Cambridge Eye Doctors
- ✓ Cohen's Fashion Optical
- ✓ Co/op Optical Vision Designs
- ✓ Costco Optical
- ✓ Crown Optical
- ✓ Cunningham Optical One
- ✓ Doctors on Sight
- ✓ Downtown Opticians
- ✓ Dr. Tavel Family Eye Care
- ✓ Exact Eye Care
- ✓ Eye Boutique
- ✓ Eye Care Associates
- ✓ Eye Care One
- ✓ Eyecare Plus
- ✓ EyeDeal Vision Center
- ✓ Eye Doctors Optical Outlet
- ✓ Eye Express
- ✓ Eyefit Centers
- ✓ Eye\$avers
- ✓ Eye Surgeons Associates
- ✓ eyecarecenter, OD PA
- ✓ EyesFirst Vision Centers
- ✓ Eyeglass World
- ✓ EYE-MART
- ✓ EyeMart Express
- ✓ Eyemart Optical
- ✓ First Sight Vision Services
- ✓ For Eyes

SEE MORE providers on back

More providers in our vision network¹



"Highest in Customer
Satisfaction with Vision Plans,
Two Years in a Row."²

- ✓ Fred Meyer Optical
- ✓ General Vision Services
- ✓ Grand Rapids Ophthalmology
- ✓ H. Rubin Vision Centers
- ✓ Halpern Eye Associates
- ✓ Harvey & Lewis
- ✓ Henry Ford OptimEyes
- ✓ Herslof Opticians
- ✓ Horizon Eye Care
- ✓ Hour Eyes
- ✓ InnoVision
- ✓ Longe Optical
- ✓ Lord Eye Care Centers
- ✓ Midwest Eye Consultants
- ✓ Midwest Vision Centers
- ✓ MyEyeDr.
- ✓ National Optometry
- ✓ National Vision
- ✓ Nationwide Vision
- ✓ OH Gerry Optical
- ✓ One Hour Optical
- ✓ Optical Fashions Center
- ✓ Optiks
- ✓ Optyx
- ✓ Ossip Optometry
- ✓ Rosin Eyecare
- ✓ Rx Optical
- ✓ SEE Eyewear
- ✓ Shawnee Optical
- ✓ ShopKo
- ✓ Site for Sore Eyes
- ✓ Southeast Eye Specialist
- ✓ Spencer Community Eyecare
- ✓ Spex
- ✓ Standard Optical
- ✓ Sterling Optical
- ✓ SVS Vision
- ✓ Texas State Optical
- ✓ The Hour Glass
- ✓ The Hour Glass of Albany
- ✓ Thoma & Sutton Optical
- ✓ Vision Mart
- ✓ Vision Point
- ✓ Vision Values by Dr. Tavel
- ✓ Vision4Less
- ✓ VisionFirst
- ✓ Visionmakers
- ✓ Visionmart Express
- ✓ Visionworks
- ✓ Vogue Vision Center
- ✓ Walkersville Eye Care
- ✓ Whylie Eye Care Center
- ✓ Wisconsin Vision
- ✓ Wise Eyes
- ✓ Younkens Vision Center

VISIT welcometouhc.com/vision to see the most current list

We've made it easy for
you to find a provider.



Visit welcometouhc.com/vision to use the Provider Locator Tool.



Call **1-800-638-3120** to talk to Customer Care.

Note: Our doctors may also refer to us as Spectera Eyecare Networks.

¹Please visit our website at [myuhcvision.com] or call UnitedHealthcare vision's Customer Care at 1-800-638-3120 for the most up-to-date list of participating providers. Although UnitedHealthcare vision contracts with each of these retail chain providers, not all locations within each retail chain participate in UnitedHealthcare vision's network.

²UnitedHealthcare received the highest numerical score in the proprietary J.D. Power 2013 - 2014 Vision Plan Satisfaction Report.SM 2014 report measures opinions of consumers with vision plans, includes four plans, and is based on responses from 3,063 consumers. Proprietary study results are based on experiences and perceptions of consumers surveyed October-November 2014. Your experiences may vary. Visit www.jdpower.com.

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UnitedHealthcare Lens Options



This list highlights the discounted cost on our most popular lens options. Most other lens options are offered with at least a 20% discount off of retail.*

Type

COATINGS		LENSES	
Standard Scratch Coating	No charge	Oversize from 57/mm 62/mm Eye Size	\$10
Scratch Warranty	\$10	Cataract Lenses	\$75
Solid Tint	\$13	Occupational Double Segs	\$40
Gradient Tint	\$15	Aspheric Design (Single Vision)	\$28
Glass Coating (Solid)	\$14	Aspheric Design (Multi-Focal)	\$75
Glass Coating (Gradient)	\$15	Faceted	\$50
UV Coating (Plastic)	\$16	Roll and Polish	\$13
UV Coating (Glass)	\$23	Blended Bifocals	\$40
Edge Coating	\$16	Standard Progressive	\$70
Glass Photochromic (Single Vision)	\$20	Deluxe Progressive	\$110
Glass Photochromic (Multi-Focal)	\$30	Premium Progressive	\$150
Non-Glass Photochromic (Single Vision)	\$50	Platinum Progressive	\$250
Non-Glass Photochromic (Multi-Focal)	\$65		
Standard Anti-Reflective Coating	\$40	MATERIALS	
Premium Anti-Reflective Coating	\$80	High Index (Single Vision)	\$30
Platinum Anti-Reflective Coating	\$90	High Index (Single Vision Spectralite or 1.60)	\$40
		High Index (Single Vision 1.66)	\$54
		High Index (Multi-Focal)	\$50
		High Index (Multi-Focal Spectralite or 1.60)	\$60
		High Index (Multi-Focal 1.66)	\$69
		Polycarbonate (Single Vision)	\$25
		Polycarbonate (Multi-Focal)	\$30

*Prices reflected are subject to change. Check with your provider. May not apply at some locations

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Vision Insurance

Popular contact lens brands to maximize your benefit

With your UnitedHealthcare vision benefit, contact lenses from the selection¹ below will maximize your contact lens benefit. Your eye doctor will find out which contact lenses are best for you.



Additional discounts or manufacturers' rebate savings may be available on contact lenses. Check with your network vision provider.

Daily Wear

Alcon DAILIES AquaComfort Plus (30 lenses per box)

Alcon DAILIES AquaComfort Plus Toric (30 lenses per box)

CooperVision Proclear 1 day (30 lenses per box)

Vistakon 1•Day ACUVUE Moist (30 lenses per box)

Bi-Weekly Wear

Valeant Soflens38 (6 lenses per box)

Alcon FRESHLOOK Handling Tint (6 lenses per box)

CooperVision Avaira (6 lenses per box)

CooperVision Biomedics XC (6 lenses per box)

CooperVision Biomedics 55 premier (6 lenses per box)

Vistakon ACUVUE ADVANCE PLUS (6 lenses per box)

Vistakon ACUVUE 2 (6 lenses per box)

Monthly Wear

Valeant PureVision2 (6 lenses per box)

Alcon AIR OPTIX AQUA (6 lenses per box)

CooperVision Biofinity (6 lenses per box)

CooperVision Frequency 55 Aspheric (6 lenses per box)

CooperVision Frequency 55 (6 lenses per box)

CooperVision Proclear Sphere (6 lenses per box)

¹ Contact lens selection list subject to change.

Contact lenses not appearing on the selection are considered non-selection, unless otherwise specified on the individual plan outline. An allowance is provided toward the fitting/evaluation fee and purchase of non-selection contacts.

Contact lens Selection list does not apply at Costco, Walmart or Sam's Club locations. The non-selection allowance will be applied toward the fitting/evaluation fee and purchase of all contacts at Costco, Walmart and Sam's Club.

The eye doctor's prescribed wearing schedule may effect replacement frequency.

All trademarks are the property of their respective owners.

Effective date:
April 1, 2015



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