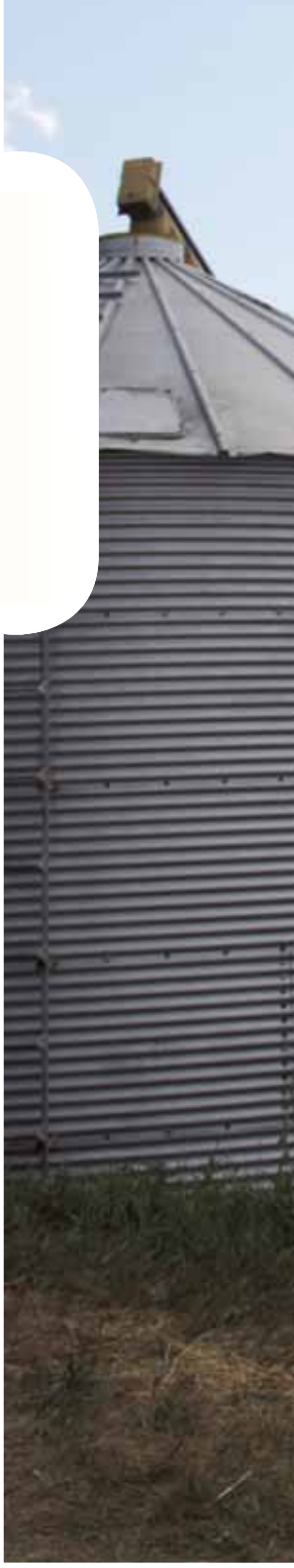
UnitedHealthcare Vision

For eye health and wellness, with freedom of choice and clear value

UnitedHealthcare Vision®

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 overall health and 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. 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 needs:



Focused on you

Eye care and eyewear can cost hundreds of dollars without a vision plan, and if you add options like progressive lenses, anti-reflective coating, or Transitions® lenses your costs can reach well over $500 just for glasses. But with UnitedHealthcare Vision, you can save 40%-60% off the retail cost of vision care (please see your benefit summary for details).

Network flexibility and convenience

Our network of doctors has over 31,000 locations nationwide. With a network comprised of private practice and retail providers UnitedHealthcare Vision gives you total control of your care. Our private practice network provides the personalized care of a family eye doctor, while our retail network provides convenient care for your busy life. Ultimately, your eye care is important and our network lets you find a provider you can be comfortable with.

Contact lens benefits

UnitedHealthcare Vision's innovative contact lens benefit covers the fitting and evaluation fees, many popular contact lenses, and up to two follow-up visits in full, after applicable copay.

If you select contact lenses other than those included as "covered-in-full", you will receive a generous allowance towards the fitting/evaluation fee and purchase of these contact lenses and the materials copay does not apply.

In addition, for even greater savings, members can utilize the online discount ordering program we offer through Vision Direct, an online retailer of contact lenses. Members receive an additional discount off Vision Direct's already low prices when accessed from **www.myuhcspecialtybenefits.com**.

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, after applicable copay. We do not limit your choice of frames to a certain selection, instead you can choose any frame available at your provider's office, or any frame your doctor is willing to order for you.

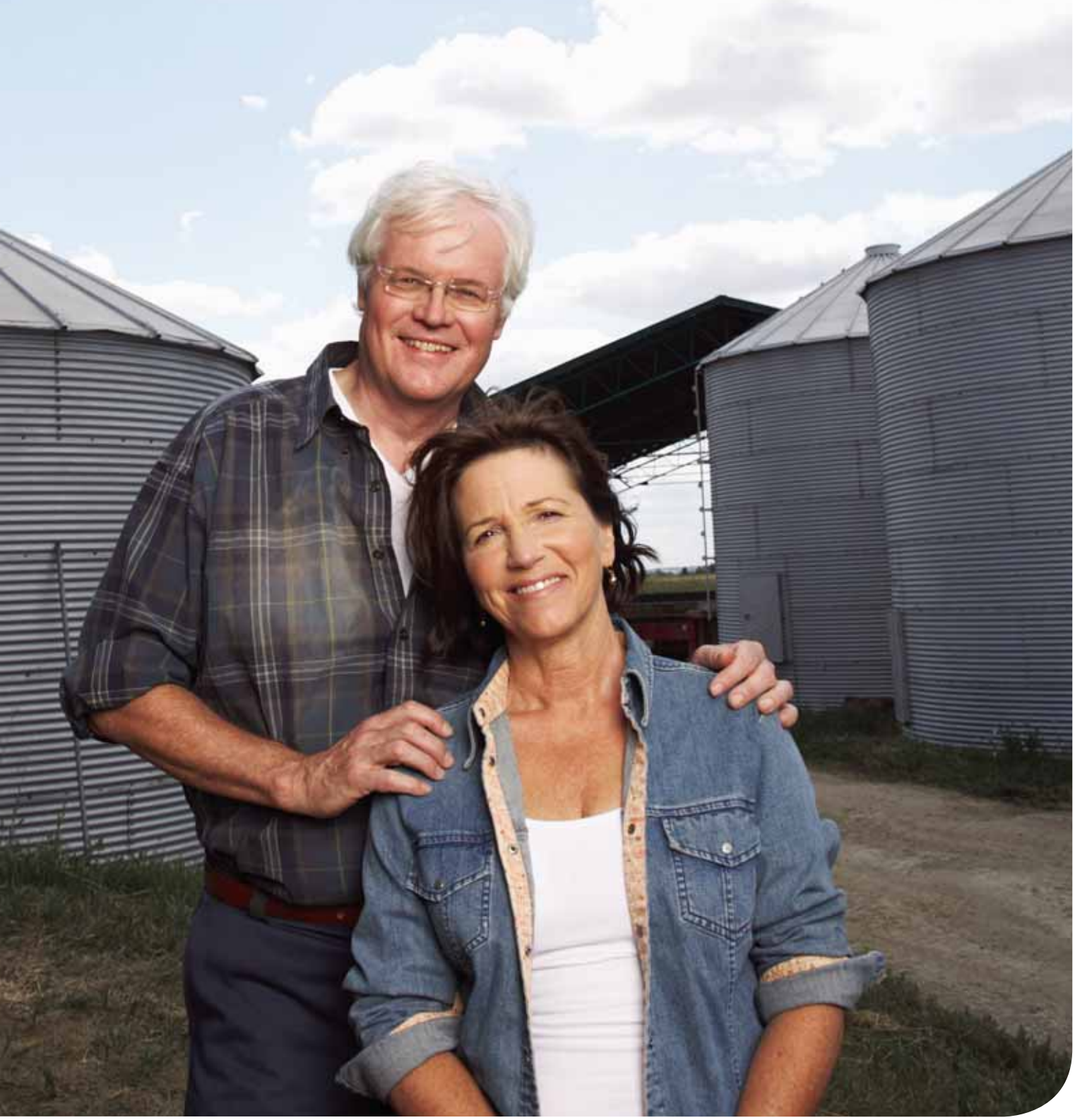
Lens upgrades

Popular lens upgrades, like progressive lenses, tints, anti-reflective coating and more, if not covered by your plan, are available at a discount to you as our member. Ask your doctor for the UnitedHealthcare Vision member price for any upgrades you choose! Standard scratch resistant coating is applied to all lenses at no charge.

Easy benefit access

You may easily locate providers seven days a week at UnitedHealthcare Vision's website, **www.myuhcspecialtybenefits.com**. Our website offers an array of services such as a provider locator with door-to-door directions to your provider's office, claims status, answers to frequently asked questions, and the ability to print customized ID cards for you and your dependents.

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 and Lasik*Plus* Vision Centers to provide you access to discounted laser vision correction procedures. To find out more about our Lasik program or to find a participating laser vision correction surgeon in your area, visit our website at **www.uhclasik.com**, or call **1-888-563-4497**.

ID cards

Thanks to our paperless benefits and claims, an ID card is not required for service, but we realize that many people prefer to have an ID card. So, as a convenience, an ID card that is personalized for you is available on our website. You can print the card at home, or save it to your computer or phone for easy use. And, when your dependents log in they can print cards personalized for them too!

Did you know?

- **An estimated 14 million Americans are visually impaired.[1]**
- **More than 12 million school-age children, or one in four, has a vision impairment.[2]**
- **Video display terminal (VDT) related vision problems are at least as significant a health concern as the musculoskeletal disorders (e.g., Carpal Tunnel Syndrome, bursitis, muscle strains, etc.).[3]**

1 *National Institutes of Health, National Eye Institute, NEI Press Release,* May 2010

2 *Prevent Blindness America's Children's Eye Health Position Statement,* May 2008

3 *American Optometric Association, Information about Computer Vision Syndrome (CVS), http://www.aoa.org/x5374.xml*

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 website, **www.myuhcspecialtybenefits.com**, to obtain specifics of your program.
2. **Find a provider.** You may easily locate providers by logging on to **www.myuhcspecialtybenefits.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), 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 you'll find the greatest value if you visit a network provider, but if you choose to use an out-of-network provider, you still receive a 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 month from the date of service.

The convenience and value are easy to see

- Well-balanced nationwide network of private practice and retail chain providers
- Evening and weekend hours available for many providers
- Flexible frame benefit applies to virtually all of the frames on the market today, with many frames covered-in-full, after 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

UnitedHealthcare Vision®

UnitedHealthcare Vision coverage provided by or through UnitedHealthcare Insurance Company 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 and associated COC form number VCOC.INT.06.TX.

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City of Escondido

UnitedHealthcare Vision®

Benefit Summary Brochure

Customer Service: **800-638-3120**
Provider Locator: **800-839-3242**
www.myuhcspecialtybenefits.com

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.

In-network, covered-in-full benefits (after applicable copay) include a comprehensive exam, eye glasses with standard single vision, lined bifocal, or lined trifocal lenses, standard scratch-resistant coating[1] and the frame, or contact lenses in lieu of eye glasses.

Rates	
Employee	$9.10 Monthly
Employee + One	$16.30 Monthly
Employee + Child(ren)	$27.02 Monthly
Copays for in-network services	
Exam	$10.00
Materials	$10.00
Benefit frequency	
Comprehensive Exam	Every 12 months
Spectacle Lenses	Every 12 months
Frames	Every 24 months
Contact Lenses in Lieu of Eye Glasses	Every 12 months
Frame benefit	
Private Practice Provider	$50.00 wholesale frame allowance(approximate retail value of $120.00-$150.00)
Retail Chain Provider	$130.00 retail frame allowance
Lens options	
Standard scratch-resistant coating -- covered in full. Other optional lens upgrades may be offered at a discount. (Discount varies by provider.)	
Contact lens benefit	
Covered-in-full elective contact lenses The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full (after copay). If you choose disposable contacts, up to 4 boxes are included when obtained from a network provider. **All other elective contact lenses** A $105.00 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside the covered selection (materials copay does not apply). Toric, gas permeable and bifocal contact lenses are examples of contact lenses that are outside of our covered contacts. **Necessary contact lenses**[3] Covered in full after applicable copay.	
Out-of-network reimbursements (Copays do not apply)	
Exam	$40.00
Frames	$45.00
Single Vision Lenses	$40.00
Bifocal Lenses	$60.00
Trifocal Lenses	$80.00
Lenticular Lenses	$125.00
Elective Contacts in Lieu of Eye Glasses[2]	$105.00
Necessary Contacts in Lieu of Eye Glasses[3]	$210.00
Laser vision benefit	
UnitedHealthcare Vision 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 usual and customary pricing, 5% off promotional pricing at over 500 network provider locations and even greater discounts through set pricing at LasikPlus locations. For more information, call 1-888-563-4497 or visit us at www.uhclasik.com.	

Sample Illustration of Savings			
Cost	**Employee**	**Employee + One**	**Employee + Child(ren)**
Annual Premium	$109.20	$195.60	$324.24
Approx. Pre-Tax Savings (20%)[4]	$21.84	$39.12	$64.85
Annual Tax-Adjusted Premium	$87.36	$156.48	$259.39
Plus Copays	$20.00	$40.00	$60.00
Total Cost to Employee	**$107.36**	**$196.48**	**$319.39**

Exam and Materials Covered by UnitedHealthcare Vision Plan	Estimated Cost Without a Vision Plan[5]	Less Employee Cost	Total Savings with UnitedHealthcare Vision
Employee Exam, Single Vision & Covered-in-Full Frames	**$275.00**	**$107.36**	**$167.64**
Employee + One Exam, Single Vision & Covered-in-Full Frames	**$550.00**	**$196.48**	**$353.52**
Employee + Child(ren)[6] Exam, Single Vision & Covered-in-Full Frames	**$825.00**	**$319.39**	**$505.61**

[1] On all orders processed through a company owned and contracted Lab network.

[2] The out-of-network reimbursement applies to materials only. The fitting/evaluation is not included.

[3] 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.

[4] Actual tax savings will depend upon your individual tax bracket.

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

[6] For purposes of this calculation, Employee + Child(ren) is calculated with three (3) members.

Important to Remember:

- Benefit frequency based on last date of service.
- Your $105.00 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 $75.00 toward the purchase of contact lenses. The allowance may be separated at some retail chain locations between the examining physician and the optical store.
- Medically 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 how much of a reimbursement you can expect to receive before you purchase such contacts.
- Out-of-Network Reimbursement, when applicable: 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. Claims Department P.O. Box 30978 Salt Lake City, UT 84130 FAX: 248.733.6060.

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

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.

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