



BENEFITS AT A NETWORK PROVIDER

VISION EXAM (\$10 Copay; Once Every 12 Months)

Comprehensive Eye Examination From a State-Licensed Optometrist or Ophthalmologist

FRAMES AND LENSES (\$10 Copay)

Pair of Lenses for Eyeglasses (Once Every 12 Months)

- One pair of standard single vision, lined bifocal, lined trifocal, or standard lenticular lenses is covered-in-full.
- Standard Scratch-Resistant coating and Polycarbonate Lenses are covered-in-full.
- Lens Options - Options such as progressive lenses, tints, UV, and anti-reflective coating may be available at a discount.

Frames (Once Every 24 Months)

- Receive a \$50 wholesale frame allowance (approximate retail value of \$120 to \$150) at private practice providers, or a \$130 frame allowance at retail chain providers.

CONTACT LENSES IN LIEU OF EYEGLASSES (\$10 Copay; Once Every 12 Months)

Covered-in-Full Elective Contact Lenses

The fitting/evaluation fees, contacts (including disposables), and up to two follow-up visits are covered-in-full (after \$10 copay) for many of the most popular brands on the market. If covered disposable contact lenses are chosen, up to 6 boxes (depending on prescription) are included when obtained from a network provider. It is important to note that UnitedHealthcare Vision's covered-in-full contact lenses may vary by provider.

All Other Elective Contacts

A \$150 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside of UnitedHealthcare Vision's covered-in-full contacts (\$10 copay does not apply). Toric, gas permeable, and bifocal contacts are all examples of contacts that are outside of our covered-in-full selection.

Necessary Contact Lenses¹

Covered-in-full (after applicable copay)

BENEFITS AT AN OUT-OF-NETWORK PROVIDER

SERVICE	AMOUNT	SERVICE	AMOUNT
Comprehensive Eye Exam	up to \$40	Lenses	
Contact Lenses (in lieu of eyeglasses)		Single Vision	up to \$40
Elective	up to \$150	Bifocal	up to \$60
Necessary*	up to \$210	Trifocal & Lenticular	up to \$80
		Frames	up to \$45

Please note: 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 the date of service. Network copays do not apply.

Easy Benefit Access

Locate providers 24 hours a day, seven days a week at 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.



Benefit Frequency

Comprehensive Exam	12 months
Spectacle Lenses	12 months
Frames	24 months
Contact Lenses	12 months

Copays For In-Network Services

Comprehensive Exam	\$10
Materials	\$10



ADDITIONAL BENEFITS

ADDITIONAL MATERIALS DISCOUNT PROGRAM

At a participating network provider you will receive a 20% discount on an additional pair of eyeglasses or contact lenses once all of your vision benefits have been exhausted.²

LASER VISION BENEFIT

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, or call 1-877-28-SIGHT.

IMPORTANT TO REMEMBER

- Benefits available every 12 or 24 months (depending on the benefit frequency), based on last date of service.
- Eye exam must be performed by state licensed Optometrist or Ophthalmologist.
- Your \$150 contact lens allowance is applied to the fitting/evaluation fees as well as the purchase of contact lenses.
- You do not need to submit a claim for In-Network benefits. You must submit a claim to UnitedHealthcare Vision for benefit reimbursement for Out-of-Network services. 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
- 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.

Questions?

Contact UnitedHealthcare Vision at 1-800-638-3120
(TDD 1-800-524-3157 for hearing impaired)

Customer Service Representatives are Available:
Monday - Friday from 7:00 am to 10:00 pm CT
Saturdays from 8:00 am to 4:30 pm CT

www.myuhcvision.com



¹ 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 concerning the reimbursement that UnitedHealthcare Vision will make before you purchase such contacts.

² This discount shall not be considered insurance and UnitedHealthcare Vision shall neither pay nor reimburse the provider or the 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.

Please note: If there are differences in this document and the Group Policy, the Group Policy is the governing document.

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