

Vision Services	V1008		
Legal Entity	UnitedHealthcare Insurance Company Primary Plan		
	In Network	Out of Network	
Plan Options			
Contribution	Voluntary		
Product Type	Exam with Materials		
Network Type	Standard Network		
Exam Co-pay	\$10	Not Applicable	
Material Co-pay (Frames/Spectacle Lenses or Contact Lenses)	\$25	Not Applicable	
Service Frequency			
Exams/ Lenses/ Frames/Contacts	12/12/24/12		
Eye Examination			
Exam	100%	Up to \$40	
Lenses			
Single Vision	100%	Up to \$40	
Lined Bifocal	100%	Up to \$60	
Lined Trifocal	100%	Up to \$80	
Lenticular	100%	Up to \$80	
Frames			
Retail Frame Allowance	Up to \$130	Up to \$45	
Discount on Frame Overage at participating providers	30%	Not Applicable	
Elective Contact Lenses			
Covered Selection Contacts	Up to 4 boxes	Up to \$105	
Non-Selection Contacts	Up to \$105	Up to \$105	
Necessary Contact Lenses	100%	Up to \$210	
Lens Options			
Covered-in-full Lens Options	Standard Scratch Coating; Polycarbonate Lenses for Children up to Age: 19	Not Applicable	
Non-covered Lens Options	Price Protection available for non-covered lens options ranging from 20-60% off retail pricing at participating providers (except where not permitted by state law).		
Value Services			
Laser Vision Discount	UnitedHealthcare is proud to add value to your vision care program by offering access to discounted laser vision correction procedures through Laser Vision Network of America (LVNA). Members receive a discount of 15% off standard prices or 5% off promotional prices with any in-network surgeon.		
Assumed Enrollment and Rates	Current	Renewal	
Employee	130 \$6.83	\$6.83	
Employee + One	86 \$11.34	\$11.34	
Employee + Family	50 \$19.56	\$19.56	
	266		
Monthly Premium	\$2,841.14	\$2,841.14	
Annual Premium	\$34,093.68	\$34,093.68	
Renewal Action	0.0%		
Participation Requirements	No Participation Requirement		
Dependent Children Coverage	To Age 26		
Contract Basis	Fully Insured		
Benefit Period Basis	Date of Service		
Exclusions and Limitations	Standard		
Broker Commissions	10%		
Rate Guarantee	36 months		

Lens Option Price Protection

The list below outlines the maximum out of pocket charge a member may pay for particular non-covered lens options in-network, which reflect discounts of 20 to 60% of retail charges. In some cases members may pay less! Based on state guidelines, lens materials and options may not be available at these discounted prices at all provider locations.

Type	Cost
Scratch Warranty	\$10
Tint	\$14
UV Coating	\$16
Photochromic	\$67
Standard Anti-Reflective Coating	\$40
Premium Anti-Reflective Coating	\$80
Platinum Anti-Reflective Coating	\$90
Roll and Polish Edges	\$13
Standard Progressive	\$70
Deluxe Progressive	\$110
Premium Progressive	\$150
Platinum Progressive	\$250
High Index < 1.66	\$53
High Index 1.66 - 1.73	\$63
Polycarbonate (\$0 for dependent children)	\$33

Prices reflected are subject to change.