



Welcome to your vision plan.

Table of contents.

	Page
Welcome to your vision plan	2
Plexus Benefit Summary	6
Well-known practices and brands in our large national network	8
Use your vision benefits at Warby Parker	10
Children's eye care program	11
Maternity benefits	12
Contact lens selection	13
Discounted lens options	14
Enjoy the freedom of LASIK	16
Hearing aid discounts	17

OPEN ENROLLMENT

Vision plan details are here.

Plexus Corp.

Use this guide to review vision benefits from UnitedHealthcare. Inside, you can check out your plan details, learn about other benefits and more. Ready?

Let's get started.

- 1 Review plan features and benefits.
- 2 Search the network to find a provider.
- 3 Enroll.



Prefer to talk to a person? We're here to help.
Toll-free 1-844-210-5456

**Ready to
take a look?**

**Let's
go.**

 **UnitedHealthcare®**









1

Review plan features and benefits.

Keeping an eye on your vision health is an important part of preventive health care. Check out what's included in your vision plan.

Let's frame up your new vision plan.

Eye can't wait.

VISION PLAN FEATURES	Plan 1
 Access to a large network of vision providers.	✓
 Comprehensive eye exams and integrated services that check for serious medical conditions.	✓
 Retinal Screening (copay may apply)	✓
 Expanded pediatric vision benefit.	✓
 Flexible frame coverage: * A frame allowance fully covers many popular frames. For frames that cost more than the allowance, a discount may be applied to the overage—which further reduces your out-of-pocket costs.	✓
 Contact lens benefits: * You get contact lenses, a fitting and up to two follow-up visits. Choose from popular brands, including some that are fully covered.	✓
 Contact lens allowance.	✓
 Popular lens options: Standard scratch coating and polycarbonate lenses for dependent children are available at no cost. Other popular lens options may be available at a discount.	✓

*Benefit applies to frame or contact lenses. Frame discounts do not apply when prohibited by frame manufacturer.

More benefits that are part of the plan.

Take a look at what's included.



Tap into your benefits.

After you enroll, go to myuhc.com®. It's your personalized health hub, where you can find a network provider, manage your claims and more.



Children's Eye Care Program.

Get coverage for a second eye exam each plan year for members up to age 13, at no additional premium cost. Standard copays apply.



Laser vision correction.

You have access to exclusive pricing within our national Lasik network. Learn more at myuhc.com®.

Review your vision plan's benefits.

Here are more details to help you understand your plan.

		Plan 1	
		Network	Out-of-Network Reimbursements
Copays			
	Exam(s)	\$0	Up to \$75
	Materials	\$0	NA
	Retinal Screenings	\$39	NA
Allowances			
	Frame Benefit	\$150	Up to \$150
	Contact Lens	\$150	Up to \$100
Benefits Frequency			
	Comprehensive Exam(s)	Once every Calendar Year(s)	
	Eye Glass Lenses	Once every Calendar Year(s)	
	Frames	Once every Calendar Year(s)	
	Contact Lenses in Lieu of Eyeglasses	6 boxes every Calendar Year(s)	

2 Search the network to find a vision provider.

Our network includes private practices and retail providers¹ across the country. Use a network provider to help lower your costs. To get started:

- Go to myuhc.com[®] > **Provider Quick Search**.
- Search by provider name, specialty or location.

Here's a sampling of some of the well-known locations in our Spectera Eyecare Provider Networks:

AMERICA'S BEST CONTACTS & EYEGLASSES

 Visionworks

 For Eyes
by GrandVision

 Walmart
Vision Center

WARBY PARKER

 EYE GLASS WORLD

 COSTCO
OPTICAL

3 Enroll.

Now that you've had a chance to review your options, you're ready to get started. Talk to your employer or benefits administrator about next steps.



Prefer to talk to a person? We're here to help.

1-844-210-5456



¹ UnitedHealthcare point of service data report, June 2018

Lasik: LASIK is not a covered benefit, but a discount available to UnitedHealthcare vision members.

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.

[Facebook.com/UnitedHealthcare](https://www.facebook.com/UnitedHealthcare) [Twitter.com/UHC](https://twitter.com/UHC) [Instagram.com/UnitedHealthcare](https://www.instagram.com/UnitedHealthcare) [YouTube.com/UnitedHealthcare](https://www.youtube.com/UnitedHealthcare)

9183528.0 6/19 ©2019 United HealthCare Services, Inc. 19-12190-B
Plexus Corp. 06/30/2020 16631

Vision Benefit Summary

Powered by Spectera Eyecare Networks

Customer Service and Provider Locator: (844) 210-5456

myuhcvision.com

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.

Exam with Materials

Benefit Frequency

Comprehensive Exam(s)	Once every Calendar Year(s)
Comprehensive Exam(s) for diabetics only	Twice every Calendar Year(s)
Eyeglass Lenses	Once every Calendar Year(s)
Frames	Once every Calendar Year(s)
Contact Lenses instead of Eyeglasses	Once every Calendar Year(s)

In-Network Services

Copays

Exam(s)	\$ 0.00
Eyeglasses (lenses and frame)	\$ 0.00
Contact lenses instead of Eyeglasses	\$ 0.00
Retinal Screening	\$ 39.00

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

Private Practice Provider	\$150.00 retail frame allowance
Retail Chain Provider	\$150.00 retail frame allowance

Lens Options

Standard Scratch-resistant Coating, Polycarbonate Lenses for Dependent Children (up to age 19) - covered in full.

Contact Lens Benefit² (Formulary contact lenses refer to contact lenses available on our formulary contact list. Contact lenses not on this list are referred to as Non-Formulary. A copy of the list can be found at myuhcvision.com).

<p>Formulary contact lenses The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full after copay.</p>	If you choose disposable contacts, up to 6 boxes are included when obtained from an in-network provider.
<p>Non-Formulary contact lenses An allowance is applied toward the purchase of contact lenses outside the Formulary. Contact lens copay is waived.</p>	\$150.00
<p>Necessary contact lenses³</p>	Covered in full after copay (if applicable).

Children's and Maternity Eye Care Benefit

Members age 0-12 and members pregnant or breastfeeding are eligible for a 2nd exam. Members age 0-12 and members pregnant or breastfeeding 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.

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

Exam(s)	Up to \$75.00
Frames	Up to \$100.00
Single Vision Lenses	Up to \$50.00
Lined Bifocal and Progressive Lenses	Up to \$60.00
Lined Trifocal Lenses	Up to \$80.00
Lenticular Lenses	Up to \$80.00
Elective Contacts instead of Eyeglasses ²	Up to \$100.00
Necessary Contacts instead of Eyeglasses ³	Up to \$210.00

Discounts

Laser vision UnitedHealthcare has partnered with QualSight LASIK, the largest LASIK manager in the United States, to provide our members with access to discounted laser vision correction providers. Member savings represent up to 35% off the national average price of Traditional LASIK. Contracted prices start at \$945 per eye for Traditional LASIK and \$1,395 per eye for Custom LASIK. Discounts are also provided on newer technologies such as Custom Bladeless (all laser) LASIK. For more information, visit myuhcvision.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 custom-programmed hearing aids when you buy them from UnitedHealthcare Hearing. To find out more go to UHChearing.com. When placing your order use promo code MYVISION 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 instead of eyeglass lenses and/or eyeglass frames. Coverage for Formulary contact lenses does not apply at all in-network providers. The allowance for Non-Formulary contact lenses applies to materials. No portion will be exclusively applied to the fitting and evaluation.

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.
- Your participating provider will help you determine which contact lenses are available in the UnitedHealthcare Formulary.
- Patient lens options 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 (844) 210-5456, 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 (844) 210-5456 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.18.TX and associated COC form number VCOC.INT.18.TX or VCOC.CER.18.TX. Plans sold in Virginia use policy form number VPOL.18.VA and associated COC form number VCOC.INT.18.VA or VCOC.CER.18.VA. If you opt to receive vision care services or vision care materials that are not covered benefits under this plan, a participating vision care provider may charge you their normal fee for such services or materials. Prior to providing you with vision care services or vision care materials that are not covered benefits, the vision care provider will provide you with an estimated cost for each service or material upon your request. This cost may be higher than if you had received only covered vision services and you may incur additional out-of-pocket expenses. Eyewear materials may be ordered through the Spectera Eyecare Networks lab network with which UnitedHealthcare has a business relationship.

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

Finding a trustworthy provider who meets your lifestyle, eye care and eyewear needs is easier with UnitedHealthcare.

With our large national eye care network, Spectera Eyecare Networks, you can take advantage of more personalized care from a private practice or convenient retail chains that offer evening and weekend hours. Either way, we're focused on providing you with a better eye care experience.

Well-known practices and brands in our large national network include:

- 20/20 Vision Center
- 3 Guys Optical
- Accurate Optical
- All About Eyes
- Allegany Optical
- America's Best
- Bard Optical
- Boscov's Optical
- Clarkson Eyecare
- Co/Op Optical
- Cohen's Fashion Optical
- Costco Optical
- Crown Vision Center
- CVS Optical Center
- Dr. Tavel Family Eye Care
- Eye Boutique
- EyeCare Associates
- Eye Express
- Eye Care Center
- Eyeglass World
- EyeMart Express
- Eyetique
- For Eyes
- General Vision Services
- GlassesUSA—
including GlassesUSA.com
- H. Rubin Vision Centers
- Henry Ford OptimEyes
- Horizon Eye Care
- Houston Eye Associates
- JCPenney Optical
- Midwest Vision Centers
- MyEyeDr.
- National Optometry
- National Vision
- Nationwide Vision
- Optical Shop at Meijer



Making it easier for you to find a provider.

To find the provider who best meets your needs, sign in to myuhcvision.com or call **1-844-210-5456**.

Some providers or locations may not participate in your plan.

Well-known practices and brands in our large national network include:

- Optyx
- Ossip Optometry
- Pearle Vision
- Rosin Eyecare
- Rx Optical
- Sam's Club
- Schaeffer Eye Center
- Sears Optical
- SEE Inc.
- Shawnee Optical
- Shopko
- Site for Sore Eyes
- Standard Optical
- Stanton Optical
- Sterling Optical
- SVS Vision
- Target Optical
- Texas State Optical
- The Eye Gallery
- The Hour Glass
- Today's Vision
- Virginia Eye Institute
- Vision4Less
- Visionmart Express
- Visionworks
- Vision Source
- Vista Optical
- Walmart
- Warby Parker—
including warbyparker.com
- Wisconsin Vision



Call: 1-844-210-5456 | Visit: myuhcvision.com



The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter.

To ask for help, please call 1-800-638-3120, TTY 711, Monday through Friday, 7 a.m. to 10 p.m. CST.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-800-638-3120, TTY 711.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請致電：1-800-638-3120, TTY 711。

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

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.

Facebook.com/UnitedHealthcare Twitter.com/UHC Instagram.com/UnitedHealthcare YouTube.com/UnitedHealthcare

B2C EI2086716.0 2/20 ©2020 United HealthCare Services, Inc. 20-87536

Use your vision benefits at Warby Parker.

You may be eligible to save on Warby Parker glasses online and at retail locations nationwide using your UnitedHealthcare vision benefits.



Choose from single-vision and progressive eyeglasses and sunglasses.

Warby Parker frames are designed in-house and crafted from top-tier materials. The optical lenses are anti-reflective, scratch-resistant and smudge-resistant, while the prescription sun lenses are scratch-resistant and polarized to reduce glare.

What you get	Without vision insurance	With a UnitedHealthcare vision plan*
Single-vision eyeglasses	\$95	<p>You only pay your copay.</p> <p>Usually \$25 or less. Seriously, that's it!</p>
Single-vision eyeglasses with high-index lenses	\$125	
Single-vision sunglasses	\$175	
Single-vision sunglasses with high-index lenses	\$205	
Progressive eyeglasses	\$295	
Progressive sunglasses	\$375	
Comprehensive eye exam (at participating stores)	\$75	



Learn more at warbyparker.com/united.

WARBY PARKER



*This is the amount owed by most UnitedHealthcare members whose plans are eligible to be used at Warby Parker.

For costs and complete details of the coverage, contact either your broker or the 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 VCOO.INT.06.TX or VCOO.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOO.INT.06.VA or VCOO.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.

Facebook.com/UnitedHealthcare | Twitter.com/UHC | Instagram.com/UnitedHealthcare | YouTube.com/UnitedHealthcare

An industry-leading children's eye care program.



A child's vision may change frequently during their school years, affecting academic and sports performance.

We're making UnitedHealthcare vision even more valuable with expanded benefits for children.

- The UnitedHealthcare Children's Eye Care Program includes coverage for a second eye exam each plan year for members up to age 13 – at no additional premium cost, standard copays apply.
- Employees have coverage for a new pair of glasses (frames and lenses) for a covered child up to age 13 at no additional premium cost if the vision prescription changes 0.5 diopter or greater in a plan year. (A diopter is the unit used to measure the optical power of the lens an eye requires.) Standard copays apply.
- Polycarbonate lenses for dependent children are also available at no additional cost.
- Education about important children's eye health topics is available online.



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.

All trademarks are the property of their respective owners.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

[Facebook.com/UnitedHealthcare](https://www.facebook.com/UnitedHealthcare) [Twitter.com/UHC](https://twitter.com/UHC) [Instagram.com/UnitedHealthcare](https://www.instagram.com/UnitedHealthcare) [YouTube.com/UnitedHealthcare](https://www.youtube.com/UnitedHealthcare)

©2019 United HealthCare Services, Inc.

Get new vision coverage without extra costs.

Now we're offering bigger vision benefits to help ensure optimal eye health for women who are pregnant or breastfeeding.



The new maternity vision benefits include:

- **Coverage for a second eye exam.**
With each plan year, you can get your eyes checked a second time without paying an additional premium. Standard copays apply.
- **Coverage for 1 new pair of glasses (frames and lenses).**
If your prescription changes .5 diopter* or more in a plan year, you can get new glasses without paying an additional premium. Standard copays apply.

Choose from a large network.

Your plan lets you see doctors at private practices and retail providers at over 100,000 locations² across the country.

Find a provider and more.

Visit myuhcvision.com to do things like find an eye doctor, print a vision ID card, get answers to questions and receive door-to-door directions.

Did you know?

15%

of pregnant women experience a change in their vision.¹

To learn more, download the UnitedHealthcare Healthy Pregnancy[®] app.**



Schedule an eye exam if you're pregnant or breastfeeding and you notice a change in vision.



¹ American Optometric Association online survey fielded between April 29, 2019 and May 5, 2019 with 1,000 recent and mothers-to-be between the ages of 18 and 52. <https://www.aoa.org/patients-and-public/caring-for-yourvision/pregnancy-and-vision>; https://www.babycenter.com/0_vision-changes-during-pregnancy_1456567.bc

² UnitedHealthcare point of service data report, October 2019.

* A diopter is the unit used to measure the optical power of the lens an eye requires.

** Only available to those who have medical coverage through UnitedHealthcare.

The UnitedHealthcare Healthy Pregnancy app is only available to eligible members of certain employer-sponsored plans. App registration is required. Any health information collected as part of the UnitedHealthcare Healthy Pregnancy[®] app will be kept confidential in accordance with applicable laws and regulations.

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 VCOO.INT.06.TX or VCOO.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOO.INT.06.VA or VCOO.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 company.

Maximize your benefit with popular contact lens brands.

Your UnitedHealthcare vision plan offers you a selection of popular contact lenses to help you get the most out of your coverage. Your eye doctor can help determine which contact lenses are best for you.

Contact Lens Selection List¹

Daily replacement²

Alcon DAILIES® AquaComfort Plus® (30 lenses per box)

Alcon DAILIES® AquaComfort Plus® Toric (30 lenses per box)

Bausch + Lomb Biotrue ONEday (30 lenses per box)

CooperVision® clariti™ 1-day (30 lenses per box)

Vistakon 1-Day ACUVUE® Moist (30 lenses per box)

X-Cel Extreme H20 Daily (30 lenses per box)

Bi-weekly replacement²

Alcon FreshLook® Handling Tint (6 lenses per box)

Bausch + Lomb SofLens® 38 (6 lenses per box)

CooperVision® Avaira Vitality™ (6 lenses per box)

CooperVision® Biomedics® 55 premier (6 lenses per box)

Vistakon ACUVUE® 2 (6 lenses per box)

X-Cel Extreme H20 59% (6 lenses per box)

Monthly replacement²

Alcon AIR OPTIX® Night and Day (6 lenses per box)

Alcon AIR OPTIX® plus HydraGlyde® (6 lenses per box)

Bausch + Lomb PureVision2 (6 lenses per box)

Bausch + Lomb Ultra (6 lenses per box)

CooperVision® Biofinity® (6 lenses per box)

CooperVision® Biofinity Energys™ (6 lenses per box)

CooperVision® Proclear® sphere (6 lenses per box)

Vistakon ACUVUE® Vita® (6 lenses per box)

Effective Date
**January
2020**

Contact lens coverage may vary.
Log in to myuhcvision.com to see
your coverage details.



¹The contact lens list is subject to change. The list does not apply to Costco®, Sam's Club®, Target®, Walmart® or Warby Parker® locations.

²Your wearing schedule may vary. Your doctor will tell you how often to change your contact lenses.
All trademarks are the property of their respective owners.

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us, such as letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call **1-800-638-3120, TTY 711**.

ATENCIÓN: Si habla español (Spanish), hay de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果說中文 (Chinese)，我們免費提供語言協助服務。請致電：**1-800-638-3120, TTY 711**

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.

The contracting entity for Spectera Eyecare Networks is Spectera, Inc. 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.

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.

Pay less for your lenses.

This list highlights the discounted cost on our most popular lens options. Most other lens options are offered with at least a 20 percent discount off of retail.¹ The prices shown below are a separate and additional cost to your materials and exam copays (if applicable).

Type

Coatings	
Standard Scratch Coating	No charge
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
Lenses	
Roll and Polish Edges	\$13
Standard Progressive	\$70
Deluxe Progressive	\$110
Premium Progressive	\$150
Platinum Progressive	\$250
Materials	
High Index (< 1.66)	\$53
High Index (1.66 – 1.73)	\$63
Polycarbonate ²	\$33

Not all plans include lens option or materials coverage. For more coverage details, see your official vision plan documents.

¹ Prices reflected are subject to change. Check with your provider. May not apply at some locations

² \$0 for dependent children

This glossary is to help you understand the types of coatings, lenses and materials that are listed as your lens options.

Coatings

Standard Scratch Coating: Protects against scratches on your eyeglass lenses. This is offered to you at no additional charge. Recommended for everyone.

Tint: Helps to reduce glare, and improve contrast. Recommended for people who play sports, and those who want to see with better contrast.

UV Coating: Offers protection for your eyes against UV light (sunlight that's harmful to you). Recommended for people who spend a lot of time outdoors.

Photochromic: Lenses that darken when they are exposed to certain kinds of light, and lighten when indoors. Recommended for people who spend a lot of time outside, or around snow or water and don't like switching between prescription glasses and prescription sunglasses.

Anti-Reflective Coating: Lenses that are coated on both sides to reduce glare that help sharpen vision in all lighting conditions. They also help to reduce glare when you use a computer. There are three levels of anti-reflective coatings available — standard, premium and platinum. Standard offers a base level of scratch and glare resistance, with platinum giving the highest level of protection. Recommended for people who use a computer for work, or who spend a lot of time driving at night.

Lenses

Roll and Polish Edges: Helps to reduce the appearance of the thickness of lenses and provides an improved appearance of the edges. Recommended for people who have thick lenses, but want to make them appear thinner.

Progressive: Sometimes called “no-line bifocals” because they don't have bifocal or trifocal segment lines. Let you switch between near and far distance vision easily. There are four levels of progressive lenses on our lens options list — standard, deluxe, premium and platinum. Each tier offers different levels of quality — standard has the base level, where platinum has the highest level of quality. Recommended for people who need bifocals but don't want visible lines in their glasses.

Materials

High Index Lenses: These lenses are thinner than other lens materials, reducing the weight and reducing thickness of the lenses. Recommended for people with higher prescriptions who want thinner, lighter lenses.

Polycarbonate: Made from a thinner, lighter material that offers better impact resistance than regular plastic lenses. Polycarbonate lenses also offer increased ultraviolet protection for your eyes. Polycarbonate lenses for dependent children are offered to you at no additional charge. Recommended for children, or people who play sports.



The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call 1-800-638-3120, TTY 711.

ATENCIÓN: Si habla español (Spanish), hay de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請致電：1-800-638-3120, TTY 711。

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.

MT-1170995 04/18 ©2017 United HealthCare Services, Inc. 18-7629



Enjoy the freedom of LASIK.

Ready to break up with your glasses? See how you can save with your UnitedHealthcare vision plan.

See the savings.

You have access to discounts on laser vision correction procedures through our alliance with QualSight® LASIK. All QualSight LASIK surgeons offer members a discount of up to 35% off national pricing.

Looking for even more savings?

When you choose QualSight LASIK, you get extra value, including:

- Free LASIK consultation.
- Bladeless laser vision correction procedures.
- The choice of more than 900 locations nationwide.
- Financing options.
- Enhancements are included for optimal vision correction results. Extended enhancements plans are also available.
- Personal QualSight Care Manager for one-on-one help throughout the process.

Save up to
35%
on laser vision correction at QualSight LASIK.



More information?

To learn more about laser vision correction, and to find a surgeon in your network, visit myuhcvision.com or call **1-855-321-2020**.



All trademarks are the property of their respective owners.

UnitedHealthcare members are served through QualSight LASIK. All rights reserved.

LASIK is not a covered benefit, but a discount available to UnitedHealthcare vision members.

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.

[Facebook.com/UnitedHealthcare](https://www.facebook.com/UnitedHealthcare) [Twitter.com/UHC](https://twitter.com/UHC) [Instagram.com/UnitedHealthcare](https://www.instagram.com/UnitedHealthcare) [YouTube.com/UnitedHealthcare](https://www.youtube.com/UnitedHealthcare)

B2C 9900747.0 10/19 ©2019 United HealthCare Services, Inc. 19-13874-D

Save on hearing aids and hear life to the fullest.



With your UnitedHealthcare vision plan, you have access to hundreds of name-brand and private-label hearing aids, plus convenient ordering options and personalized care from UnitedHealthcare Hearing.

Hearing health care made easier.

Treating your hearing loss may allow you to reconnect with the world around you and make it easier to engage with family and friends. UnitedHealthcare Hearing gives you options, care and convenience so you can start hearing the sounds you've been missing.



Name-brand and private-label hearing aids at significant savings.

Choose from hundreds of name-brand and private-label hearing aids from major manufacturers, including Beltone™, Oticon, Phonak, ReSound, Signia, Starkey®, Unitron™, Widex® and more at savings of up to 80% off industry prices.¹



More than 5,000 credentialed hearing provider locations.

Access the largest nationwide network² of credentialed hearing professionals that provide hearing tests, hearing aid evaluations and follow-up support.



Convenient ordering.

Order hearing aids in person through a hearing provider or have them delivered right to your home in 5–10 business days.



Personal support, every step of the way.

You'll receive access to professional, nationwide support, online tutorials, hearing health tips and more, so you can stay connected and get the most out of your hearing aids.

Custom-programmed hearing aids for your unique hearing loss.

With a large selection of private-label and name-brand hearing aids and convenient home delivery and in-person care options, you can choose what works best for your needs.

	Basic	Reserve	Entry	Essential	Standard	Advanced	Premium
Hearing Aids	Private label	Private label	Name brand	Name brand	Name brand	Name brand	Name brand
Discounted Price*	\$699	\$899	\$999	\$1,299	\$1,699	\$2,199	\$2,699
Styles**	BTE	RIC, ITE, Ultra Power BTE, CIC	All styles				
Batteries	1-year supply						5-year supply
Follow-up Care	Additional cost per follow-up visit	Hearing aid fitting and 3 follow-up visits included within the first year, after the 45-day trial period					
Trial Period	70 days	45 days					
Warranty	3-year extended warranty (covers repair and a one-time loss/damage replacement)***						

*Pricing valid through 12/31/20 and is subject to change without notice.

**BTE = behind-the-ear; RIC = receiver-in-canal; ITE = in-the-ear; CIC = completely-in-canal

*** One-time replacement cost may apply.



Contact UnitedHealthcare Hearing today and mention promo code UHC MYVISION to receive your discounted pricing.

Call: 1-855-523-9355, TTY 711 | Visit: uhcheating.com



¹ Compared to industry average on a pair of hearing aids. Consumer Reports, 2017.

² 2019 UnitedHealthcare Internal Data.

All trademarks are the property of their respective owners.

UnitedHealthcare Hearing is provided through UnitedHealthcare, offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific hearing aid discounts. This is not an insurance nor managed care product, and fees or charges for services in excess of those defined in program materials are the member's responsibility. UnitedHealthcare does not endorse nor guarantee hearing aid products/services available through the hearing program. This program may not be available in all states or for all group sizes. Components subject to change.

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.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.