

OptumHealth 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.



Co-Pays	Select	Select Plus
Comprehensive Exam	\$10	\$10
Materials	\$20	\$25

Benefit Frequency	Select	Select Plus
Comprehensive Exam	12 months	12 months
Lenses	12 months	12 months
Frames	24 months	24 months
Contact Lenses- (In lieu of eyeglasses)	12 months	12 months

Out of Network Reimbursement

Network copays do not apply

	Select	Select Plus
Comprehensive Exam	\$40	\$40
Lenses		
Single Vision	\$40	\$40
Bifocal	\$60	\$60
Trifocal	\$80	\$80
Lenticular	\$80	\$80
Frames	\$45	\$45
Contact Lenses- in lieu of eyeglasses		
Elective	\$105	\$125
Necessary ¹	\$210	\$210

You do not need to submit a claim for In-Network benefits. However, you must submit a claim to OptumHealth Vision for benefit reimbursement for Out of Network services.

Laser Vision Benefit

OptumHealth Vision has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser vision correction providers. For more information call 1.866.921.2042.

Covered in full (after applicable copays)

In Network Benefits

- Comprehensive Exam
- Lenses
 - Single Vision
 - Bifocal
 - Trifocal
 - Lenticular
- Frames
- Contact Lenses- in lieu of eyeglasses
 - Elective
 - Necessary¹
- Lens Options
 - Select & Select Plus: Standard Scratch Resistant Coating
 - Select Plus: Basic Progressives, Tints, UV and Polycarbonate lenses

Frame Benefit

- Private Practice Provider- \$50 wholesale allowance (approximate retail value of \$120-\$150)
- Retail Chain Provider- \$130 retail frame allowance

Network Contact Lens Benefit

Covered-in-full contact lenses in lieu of eyeglasses. The covered-in-full contact lens benefit at network providers includes fitting/evaluation, contacts, and two follow-up visits (after \$20 copay for the Select plan \$25 for the Select Plus plan). For those who choose disposable lenses, up to 4 boxes are included when obtained from a network provider

Elective contacts- Select Plan- \$105 and Select Plus Plan Option \$125 contact lens allowance is applied to the fitting/evaluation fees as well as the purchase of contact lenses. The materials copay does not apply.

Additional Materials Discount Program

OptumHealth Vision now 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.²

Monthly Rates

	Select	Select Plus
Employee	\$5.30	\$5.99
Employee + Spouse	\$12.17	\$13.75
Employee + Children	\$12.73	\$14.40
Family	\$17.49	\$19.76

Choosing Vision Benefits Just Makes Sense

- Vision care and eyewear can cost an average of \$275 without a vision plan³
- 25% of children ages 5 to 12 have a vision problem that will affect their academic performance⁴
- Nearly 90 % of computer users will one day develop a vision problem related to computer use⁵
- More than 84% of adults in the United States need prescription lenses.⁶
- After premium costs are paid, a good vision plan can save a person anywhere from 40% to 60% off the normal price of vision care and corrective eyewear.⁷

Network Flexibility and Convenience

OptumHealth Vision's vision provider network has over 30,000 locations nationwide. With more than 18,000 private practice providers and over 12,000 retail chain locations, OptumHealth Vision's national network clearly offers the greatest convenience and access to care, including evening and weekend hours!

Ease-of-Use

As a OptumHealth Vision member, we make it easy for you to start using your benefits.

1. Choose a provider via our Provider Locator or our web site www.myoptumhealthvision.com
2. Call them to schedule your appointment. Identify yourself as a OptumHealth Vision member.
3. Receive your exam
4. Choose your eyewear

Important to Remember

• Benefits of the Select Plus Plan:

- o \$125 per year contact lens allowance or 4 boxes of covered-in-full contact lenses.
- Benefits available every 12 months, based on last date of service.
- Lens Options such as Tints, UV, Polycarbonate lenses and Basic Progressive lenses are covered.
- Your Select Plan \$105 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 towards the purchase of contact lenses. The allowance may be separated at some retail chain locations between the examining physician and the optical store. If you choose disposable contacts, you may receive up to 4 boxes of disposable contacts (depending on prescription and plan selected). Toric, gas permeable and bifocal contacts are all examples of contacts that are outside of our covered-in-full selection.
- Your Select Plus Plan Option \$125 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 \$95 towards the purchase of contact lenses. The allowance may be separated at some retail chain locations between the examining physician and the optical store. If you choose disposable contacts, you may receive up to 6 boxes of disposable contacts (depending on prescription and plan selected). Toric, gas permeable and bifocal contacts are all examples of contacts that are outside of our covered-in-full selection.
- If you elect vision coverage and choose to use an out-of-network provider, you still receive a great benefit. You will be reimbursed up to the out-of-network maximums. 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:

OptumHealth Vision, Inc. Attention: Claims Dept. P.O. Box 30978 Salt Lake City, UT 84130

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.

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

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; workers' 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.

¹Necessary 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 OptumHealth Vision to confirm reimbursement that OptumHealth Vision will make before you purchase such contacts.

²Once all of your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that OptumHealth Vision 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.

³Approximate retail value illustrated: Exam & refraction (\$65), Single Vision (\$80), and Frames (\$130). Average retail costs may vary by provider.

⁴American Academy of Pediatrics, American Association for Pediatric Ophthalmology and Strabismus, and the American Academy of Ophthalmology, February 2006

⁵"Computer Vision Syndrome", American Optometric Association, Accessed January 17, 2007 www.aoa.org.

⁶Jobson Optical research Dec., 2006

⁷"The Economic Burden of Vision Disorders in the United States", Archives of Ophthalmology 2006.

OptumHealth Specialty Benefits offers a broad array of specialty insurance products. OptumHealth Vision is underwritten by United HealthCare Insurance Company or United HealthCare Insurance Company of New York.. OptumHealth Specialty Benefits is a brand of UnitedHealth Group, a Fortune 25 company.