

The OptumHealth Vision Insurance Plan as offered under the State of Georgia Flexible Benefits Program

This summary of material modification (SMM) is an update to the OptumHealth Vision Insurance dated January 1, 2009. It should be placed in with pages 11 and 12 of that Summary Plan Description booklet (SPD).

These changes are effective January 1, 2010.

Plan Options

There are two plan Options: The Select Plan Option and the Select Plus Plan Option.

Under the **Select Plan Option**, the plan covers in-full, a pair of standard single, lined bifocal or multifocal lenses, when received from a participating provider. Standard scratch resistant coating is provided.

Under the **Select Plus Plan Option**, the plan covers in-full, a pair of standard single, Basic Progressive bifocal or multifocal lenses, when received from a participating provider. In addition, Tints, UV and Polycarbonate lenses are covered as well as the standard scratch resistant coating.

| The Copayments are: | <u>Select Option</u> | <u>Select Plus Option</u> |
|---------------------|----------------------|---------------------------|
| Exam copay | \$10 | \$10 |
| Materials copay | \$20 | \$25 |

Covered Benefits

Standard Eye Examination includes:

- Case History of Patient
- Examination for Eye Pathology and Abnormalities
- Visual Analysis (Refraction)
- Diagnosis and Prescription
- Visual Skill Testing

Frequency

Eye examination: Once each 12 months*

Spectacle Lenses: Once each 12 months*

Frame: Once each 24 months*

**from your last date of service*

Spectacle Lenses and Frames

OptumHealth Vision covers a wide selection of frames, but not all frames will be covered-in-full. When a patient selects a frame that exceeds the plan's allowance, these additional charges are administered at controlled costs. OptumHealth Vision also has controlled costs for cosmetic options, and these charges are typically less than usual and customary fees. Please consult your participating provider about lens options which may be cosmetic in nature, and may result in additional charges.

Elective or Necessary contact lenses may be provided instead of glasses.

Contact Lenses

OptumHealth Vision covers a wide variety of contact lenses in-full, when obtained from a participating provider location. If you elect contact lenses outside of OptumHealth's Vision covered selection, you will receive an allowance of **\$105 under the Select Plan Option** or an allowance of **\$125 under the Select Plus Plan Option** toward the usual retail cost of the dispensing, fitting and materials. Any amount over the allowance is the patient's responsibility.

The frequency for contacts is the same as spectacle lenses. Under this plan, if you elect contact lenses, you will be eligible for a frame 12 **months after** the last date of obtaining the contact lenses.