

## OXFORD BENEFIT MANAGEMENT

UnitedHealthcare 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. Members age 0-12 are eligible for a second eye exam. The second exam copay is the same as the initial exam.

<b>Exam benefit</b>		
	Copay	\$10.00
	Frequency	Once every 12 months
<b>Frame benefit</b>		
	Private Practice Provider	20% off retail price
	Retail Chain Provider	30% off retail price
<b>Lens benefit</b>		
	Single Vision Lenses	\$45.00
	Bifocal Lenses	\$65.00
	Trifocal Lenses	\$95.00
<b>Contact lens benefit</b>		
	Up to a 20% discount at private practice provider includes initial fitting, follow-up and materials.	
<b>Laser vision</b>		
	UnitedHealthcare Vision has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser vision correction providers. Members receive 15% off usual and customary pricing, 5% off promotional pricing at over 500 network provider locations and even greater discounts through set pricing at Lasik <i>Plus</i> locations. For more information, call 1-888-563-4497 or visit us at <a href="http://www.uhclasik.com">www.uhclasik.com</a> .	

### Important to Remember:

- Benefit frequency based on last date of service.
- Discounts available at network provider locations only.
- To locate a network provider near you call toll-free 800-839-3242 or visit [www.myuhcvision.com](http://www.myuhcvision.com)
- This discount plan is separate from your benefits available through your medical plan.

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

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.

UnitedHealthcare Vision® coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, 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.06.TX and associated COC form number VCOC.INT.06.TX.