Vision Benefit Summary
Powered by UnitedHealthcare Vision Network
Customer Service and Provider Locator: (800) 638-3120
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.

<table>
<thead>
<tr>
<th>Benefit Frequency</th>
<th>Exam with Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Exam(s)</td>
<td>Once every 12 months</td>
</tr>
<tr>
<td>Eyeglass Lenses</td>
<td>Once every 12 months</td>
</tr>
<tr>
<td>Frames</td>
<td>Once every 24 months</td>
</tr>
<tr>
<td>Contact Lenses instead of Eyeglasses</td>
<td>Once every 12 months</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In-Network Services</th>
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</thead>
<tbody>
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<td></td>
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<table>
<thead>
<tr>
<th>Copays</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam(s)</td>
<td>$10.00</td>
</tr>
<tr>
<td>Eyeglasses (lenses and frame)</td>
<td>$10.00</td>
</tr>
<tr>
<td>Contact lenses instead of Eyeglasses</td>
<td>$10.00</td>
</tr>
</tbody>
</table>

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

| Private Practice Provider                | $130.00 retail frame allowance |
| Retail Chain Provider                   | $130.00 retail frame allowance |

Lens Options

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

Contact Lens Benefit
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.

| Formulary contact lenses                 | If you choose disposable contacts, up to 4 boxes are included when obtained from an in-network provider. |
| Non-Formulary contact lenses             | $105.00 |
| Necessary contact lenses                 | 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 $40.00 |
| Frames                                   | Up to $45.00 |
| Single Vision Lenses                     | Up to $40.00 |
| 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  | Up to $105.00 |
| Necessary Contacts instead of Eyeglasses | 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 new technologies such as Custom Bladeless (all laser) LASIK. For more information, visit myuhvision.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.

*30% discount available at most participating in-network provider locations. May exclude certain frame manufacturers. Please verify all discounts with your provider.
*Contact 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.
*Necessary 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, anidria, facial deformity, or corneal deformity. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare 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 myuhvision.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 or for a printed directory, visit our website myuhvision.com or call (800) 638-3120, 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 myuhvision.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 allowable. 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

Customer Service is available toll-free at (800) 638-3120 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.

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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.06.TX, VPOL.13.TX or VPOL.18.TX and associated COC form number VCC..INT.06.TX, VCC..CER.13.TX or VCC..18.TX. Plans sold in Virginia use policy form number VPOL.06.VA, VPOL.13.VA or VPOL.18.VA and associated COC form number VCC..INT.06.VA, VCC..CER.13.VA or VCC..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 our national lab network.

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Vision Benefit Card

University Medical Service
Copays
Exam(s) $10.00
Eyeglasses $10.00
Contacts $10.00

Powered by UnitedHealthcare Vision Network

myuhcvision.com

Customer Service & Provider Locator: (800) 638-3120
TDD for Hearing Impaired: (877) 735-2929

To print a personalized ID card, please log on to our website and select 'Group/Plan' then select 'Print ID card' from the member benefits page.
There’s always a provider in sight because there’s a large vision network.

Finding a provider you can trust and who meets your lifestyle, eye care and eyewear needs is easy with UnitedHealthcare.

With our large national eye care network, Spectera Eyecare Networks, you can choose to get more personalized care from a private practice. Or, take advantage of the convenience retail chains offer with 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. Travel Family Eye Care
- Eye Boutique
- EyeCare Associates
- Eye Express

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Making it easier for you to find a provider.

To find the provider who best meets your needs, log in to myuhcvision.com or call 1-800-638-3120. Some providers or locations may not participate in your plan.
• Eye Care Center
• Eyeglass World
• EyeMart Express
• Eyetique
• For Eyes
• General Vision Services
• H. Rubin Vision Centers
• Henry Ford OptimEye
• Horizon Eye Care
• Houston Eye Associates
• JC Penney Optical
• Midwest Vision Centers
• MyEyeDr.
• National Optometry
• National Vision
• Nationwide Vision
• Optical Shop at Meijer
• Optyx
• Ossip Optometry
• Pearle Vision
• Rosin Eyecare
• RX Optical
• Sam's Club
• Schaeffer Eye Centers
• 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

Making it easier for you to find a provider.

To find the provider who best meets your needs, log in to myuhcvision.com or call 1-800-638-3120. Some providers or locations may not participate in your plan.
Use your vision benefits at Warby Parker

You could save on prescription glasses, sunglasses, contacts and eye exams in stores or online.

Choose your eyeglasses and sunglasses

Finding your perfect pair is easy. Try on 5 frames through Warby Parker's Home Try-On program or see styles instantly on your face with the Virtual Try-On tool in the Warby Parker app.*

Every pair of glasses comes with anti-reflective and scratch- and smudge-resistant lenses. Prescription sunglasses are scratch-resistant and polarized to reduce glare.

<table>
<thead>
<tr>
<th>What you get</th>
<th>Without vision insurance</th>
<th>With a UnitedHealthcare vision plan**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single-vision eyeglasses</td>
<td>$95</td>
<td></td>
</tr>
<tr>
<td>Single-vision eyeglasses with high-index lenses</td>
<td>$125</td>
<td></td>
</tr>
<tr>
<td>Single-vision sunglasses</td>
<td>$175</td>
<td></td>
</tr>
<tr>
<td>Single-vision sunglasses with high-index lenses</td>
<td>$205</td>
<td></td>
</tr>
<tr>
<td>Progressive eyeglasses</td>
<td>$295</td>
<td></td>
</tr>
<tr>
<td>Progressive sunglasses</td>
<td>$375</td>
<td></td>
</tr>
<tr>
<td>Comprehensive eye exam (at participating stores)</td>
<td>$75</td>
<td></td>
</tr>
</tbody>
</table>

You only pay your copay

Usually $25 or less. Seriously, that's it!

Wear contact lenses?

Your plan may apply toward them, too. Shop Scout, Warby Parker's own brand of daily contacts, plus other daily, biweekly and monthly lenses.

Learn more
Visit warbyparker.com/united

*Phone X or higher.

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

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Iselin, New Jersey, or their affiliates. Administrative services provided by Spectera, Inc., UnitedHealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL06.TX or VPOL 13.TX and associated CCO form number VCCO.INT06.TX or VCCO.CER.13.TX. Plans sold in Virginia use policy form number VPOL06.VA or VPOL 13.VA and associated CCO form number VCCO.INT06.VA or VCCO.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 coverage details, contact either your broker or the company.

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