

VISION PLAN ENHANCE-

- **Dedicated Customer Advocate located in Raleigh, North Carolina to better serve the needs of the North Carolina State Retirees.**

	Plan 1	Plan 2
Retiree	\$9.76	\$6.82
Retiree/Family	\$20.00	\$13.98

VISION PLAN HIGHLIGHTS

- **You may get your eye exam at one place, and take your prescription to an in-network retailer to fill.**
- **\$130 frame allowance**
- **Standard scratch coating covered in full**
- **Polycarbonate lenses covered in full**
- **Covered-in-full contact lens benefit ^{1,2}**
- **Lower out-of-pocket expense**
- **No waiting period**

FREQUENCY OF SERVICES

Comprehensive Exam:	Once every 12 months
Lenses:	Once every 12 months
Frame:	Once every 24 months
Contact Lenses:	Once every 12 months (contacts in lieu of lenses and frame)

Benefit	PLAN 1 Exam and Materials Plan		PLAN 2 Materials Only Plan	
	In-Network ¹	Out-of-Network ²	In-Network ¹	Out-of-Network ²
Copayments	\$20.00 Exam Copayment \$20.00 Materials Copayment	Not applicable	\$20.00 Materials Copayment	Not applicable
Comprehensive Exam by an Ophthalmologist (MD) or Optometrist (OD)	Covered in Full	Up to \$64.00	Not applicable	Not applicable
Standard Lenses – per pair				
Single Vision	Covered in Full	Up to \$40.00	Covered in Full	Up to \$40.00
Lined Bifocal	Covered in Full	Up to \$60.00	Covered in Full	Up to \$60.00
Lined Trifocal	Covered in Full	Up to \$80.00	Covered in Full	Up to \$80.00
Lenticular	Covered in Full	Up to \$80.00	Covered in Full	Up to \$80.00
Frames – Standard	Up to \$130.00 ³	Up to \$50.00	Up to \$130.00 ³	Up to \$50.00
Contact Lenses (in lieu of lenses and frame)				
Cosmetic – Elective	Covered in Full ⁴	Up to \$125.00	Covered in Full ⁴	Up to \$125.00
Necessary	Covered in Full ⁵	Up to \$210.00	Covered in Full ⁵	Up to \$210.00
Patient Lens Options	Standard scratch coating and polycarbonate lenses are covered in full. Items such as basic and high-end progressive, transition, UV coating and anti-reflective coating are available to members at a reduced cost.	Included in lens pricing	Standard scratch coating and polycarbonate lenses are covered in full. Items such as basic and high-end progressive, transition, UV coating and anti-reflective coating are available to members at a reduced cost.	Included in lens pricing
Laser Vision Correction	Discounts available through network providers. For additional information contact 1-800-980-2965 or visit www.myuhcvision.com	No coverage	Discounts available through network providers. For additional information contact 1-800-980-2965 or visit www.myuhcvision.com	No coverage

RETIREE'S VISION PLAN SELECTION APPLIES TO RETIREE AND ALL DEPENDENTS

Exam and Materials Plan / Materials Only Plan

- ¹ Network Benefits: Materials copays and patient options are paid to the network provider by the plan participant.
- ² Out-of-Network Benefits: The plan participant pays full fee to the provider and UnitedHealthcare Vision reimburses the member for services rendered up to maximum allowance. There are no copays or deductibles.
- ³ Frame Benefit: UnitedHealthcare Vision's generous frame benefit applies to virtually all of the frames on the market today, and most of those are covered in full, with no additional cost to the member, other than applicable copay. With UnitedHealthcare Vision's frame benefit, all frames with a \$50.00 wholesale cost or less are covered in full at private practice providers. For any frame with a wholesale cost greater than \$50.00 at private practice providers, the member only pays the difference between the wholesale cost of the frame and the \$50.00 allowance. Plan participants receive a \$130.00 retail frame allowance for frames purchased at retail chain providers, and for any frame above \$130.00, the member will only pay the difference.
- ⁴ Contact Lens Benefit: Contact lenses are provided in lieu of eyeglasses (lenses and frame). UnitedHealthcare Vision's contact lens benefit covers in-full (after applicable copayment) the fitting/evaluation fees, contacts (including up to four boxes of disposables, depending on prescription), and up to two follow-up visits. An allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside of UnitedHealthcare Vision's covered-in-full contacts (materials copay does not apply). Toric, gas permeable and bifocal contact lenses are all examples of contacts that are outside of our covered-in-full selection.
- ⁵ Necessary contact lenses are determined at the eye care 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 spectacle lenses; With certain conditions of anisometropia; With certain conditions of keratoconus. If an out-of-network provider considers contacts necessary, members should ask their out-of-network provider to contact UnitedHealthcare Vision concerning the reimbursement that UnitedHealthcare Vision will make before they purchase such contacts.