

Benefits Overview

**The Freedom Academy
Foundation**

7/1/2025

Dedicated Website

FreedomPrepBenefits.com

Dedicated Phone Number

844-288-5703

healthEZ



Welcome!

We're here to make your life easier.

HealthEZ is an independent third-party administrator (TPA), which means we manage your employer's health benefits and process your medical claims. We work with your employer to design a custom benefits plan for your organization and we're ready to help you access the services you need. We've been providing our knowledgeable and service-oriented approach for over 40 years.



Manage your health benefits without all the headaches

Download the free myHealthEZ app to view your benefits, manage and pay bills, locate care providers near you, and access your digital insurance card—right from your phone.



Tap. Pay. Done.

Pay bills, schedule automated payments, and view past statements in one simple, secure location.



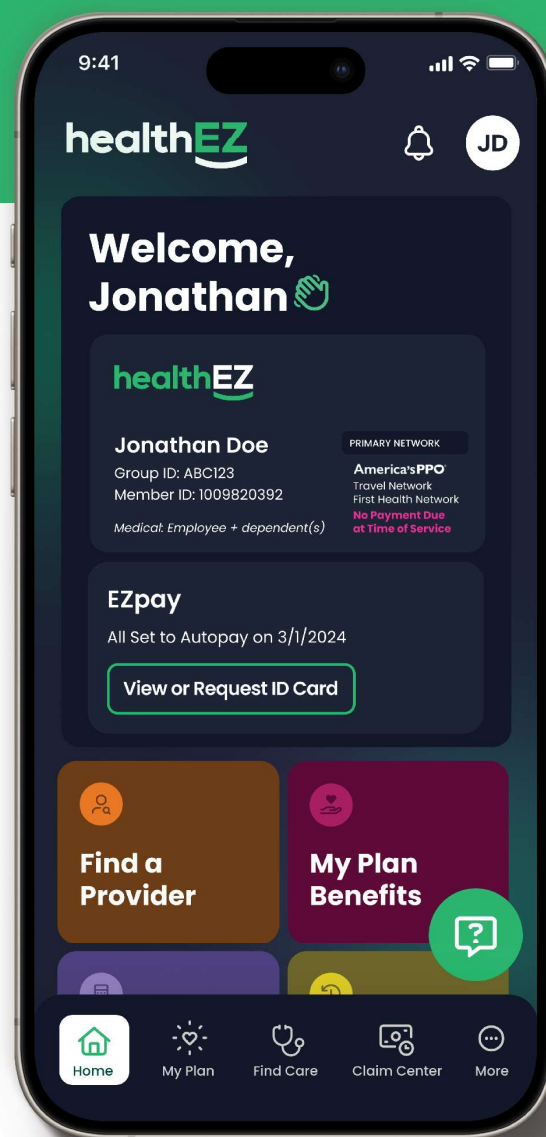
Find a provider

Search local healthcare professionals and filter results by location and specialty to find the right care provider for you and your family.



EZchoice

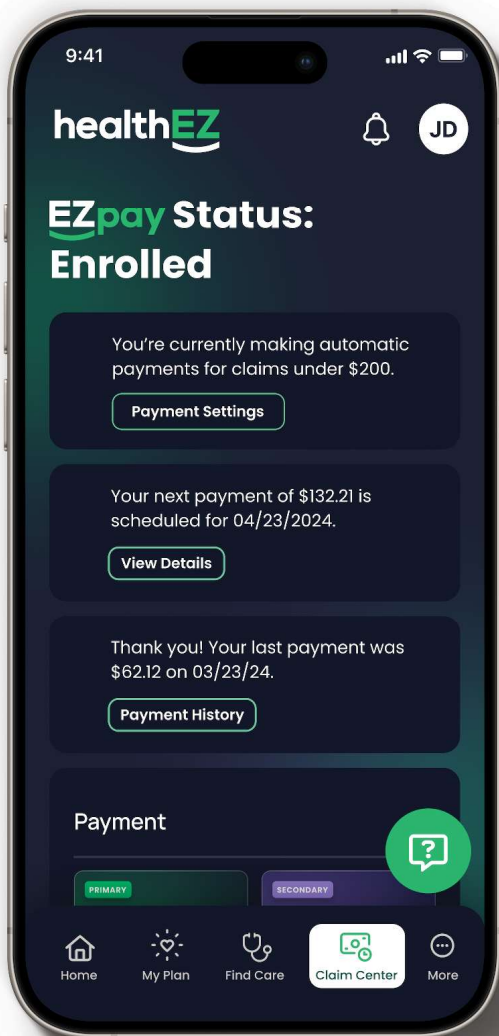
EZchoice makes provider choice easy and medical costs transparent so you can be confident that you are not overspending on your medical care.



Tap into your health benefits

Scan the QR code with your device's camera to download the myHealthEZ app and put the power of hassle-free health benefits management at your fingertips.





Seamless online payments

EZpay is HealthEZ's online payment system that allows you to easily and quickly pay your portion of medical bills with your payment of choice, including credit and debit cards, and HSA accounts.

After you set up EZpay, we will notify you via email each time we process a bill of yours. Your options are:

- Approve Payment
- Decline Payment
- Do not respond

If you do not respond and have a card on file, EZpay will pay your portion automatically. The automatic payment is processed:

- Two days for bills under \$250
- Five days for bills over \$250

One simple statement

We consolidate all of your monthly healthcare expenses into one simple statement. This statement eliminates confusion and provides information about year-to-date deductible and out-of-pocket maximums, and itemized transactions during the current billing period.

healthEZ
7201 West 78th Street, Suite 100
Bloomington, MN 55429

THIS IS NOT A BILL. DO NOT PAY.

Statement Summary

Member ID: XXXXXXXX4567
Statement Date: 02/21/11
New Transactions This Period: 02/21/11

Information & Resources

Your Resources for Help
Benefits Questions: <custom phone> 800-XXXX-XXXX
Claims Paid This Period: \$200.00
Available Amount: \$500.00
Health Savings Account (HSA)
Current Balance: \$275.07
Claims Paid This Period: \$200.00
Health Reimbursement Account (HRA)
Current Balance: NA
Credit/Debit Card Account
Claims Paid This Period: \$77.91

EOBs Available Online
The Explanation of Benefits that corresponds to this statement is available by logging in at <custom website.com> or if you have questions, call <custom phone>.

HealthEZpay Account Summaries

Flexible Spending Account (FSA)
Claims Paid Year-to-Date: \$0.00
Available Amount: \$500.00

Health Savings Account (HSA)
Claims Paid This Period: \$200.00
Current Balance: \$275.07

Health Reimbursement Account (HRA)
Claims Paid This Period: NA
Current Balance: NA

Credit/Debit Card Account
Claims Paid This Period: \$77.91

Your Year-to-Date Summaries

Medical In-Network Deductibles
Med Year-to-Date: \$301.84
Medical In-Network Out-of-Pocket: \$301.84
All Year-to-Date: \$301.84
Dental Benefits: \$117.30
Used Year-to-Date: \$117.30

Information current as of statement date. For detailed and up-to-date information, go to <custom website.com>.

Transactions for the Current Period

MEDICAL

Service Date	Patient	Provider	Billed Amount	Network Discount	Employer Payment	You Have Paid	You Owe Provider
01/10/2011	Jane	Care Clinic	\$248.00	\$24.07	\$0.00	\$223.93	\$0.00
01/10/2011	Alex	County Hospital	\$511.00	\$391.50	\$441.49	\$77.91	\$0.00

DENTAL

Service Date	Patient	Provider	Billed Amount	Network Discount	Employer Payment	You Have Paid	You Owe Provider
01/10/2011	Jane	Family DentalCare	\$138.00	\$20.70	\$117.30	\$0.00	\$0.00

PHARMACY

Service Date	Patient	Pharmacy	Billed Amount	Network Discount	Employer Payment	You Have Paid	You Owe Provider
01/10/2011	Jane	Drugs R Us	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



Care Advocacy

Helping you when you need it the most.

If you require services like a surgery, hospital stay or you are diagnosed with a complex medical condition, **you may receive a call, text or email from someone on the HealthEZ care management team.**

The advocate is there to help you:

- Understand your treatment options
- Coordinate services among your doctors
- Make sure you have everything you need for a quick recovery with the right care

Boost Your Baby

Promoting healthy pregnancies and happy moms.

HealthEZ offers maternity support by providing education and resources to promote a healthy pregnancy through postpartum.

- Expectant mothers and fathers will have a dedicated one point of a contact throughout their pregnancy journey.
- Providing tips on how to stay happy and healthy during and post pregnancy
- Maternity support offered through pregnancy until 6 months postpartum

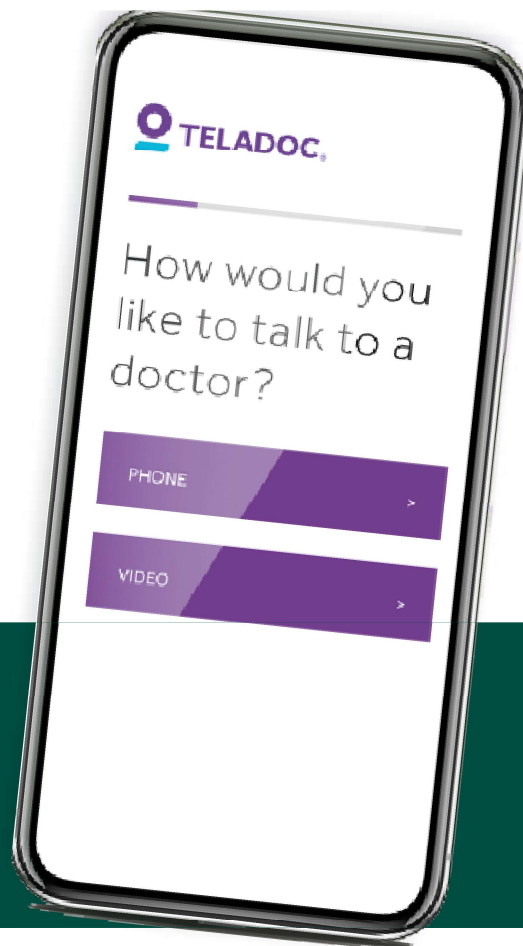


You've got Teladoc virtual health!

All members have access to virtual health appointments with a licensed physician through Teladoc telemedicine services. This benefit can save you a trip to the clinic. There's no need for waiting rooms or travel or taking time off from work. Simply use your computer or smartphone to connect with your doctor.

Visit [Teladoc.com](https://www.teladoc.com) or call 1-800-Teladoc to contact a doctor.

Talk to a doctor anytime, anywhere.



General consultations

General consultations are unlimited, and doctors are available every day and at all times (24/7/365). Doctors can consult, diagnose and prescribe medications for things like:

- Allergies
- Upper respiratory infections
- Earaches
- Pink eye
- Urinary tract infections

Mental health services

With Teladoc's mental health services, you can talk to a therapist or psychiatrist from the privacy of your home or anywhere you feel comfortable. Simply pick a provider to speak to and choose a time that is convenient for you.

Teladoc therapists can treat:

- Anxiety
- Depression
- Stress/PTSD
- Panic disorder
- Family & marriage issues

Dermatology care

If you're having problems with your skin, Teladoc Dermatology can help. Instead of waiting weeks to get an appointment at a dermatology clinic, you can get a diagnosis and treatment plan in as quick as two business days.

Teladoc's dermatologists treat a wide variety of skin conditions, including:

- Psoriasis
- Acne
- Moles
- Rosacea



Medical ID cards

If you are new to the HealthEZ plan, keep an eye out for your medical ID card. Once you receive that, you can setup your myHealthEZ account.

If you need a replacement card, log into to your myHealthEZ account and request a new card be printed and mailed, or access a digital copy directly to your device!

Dependents over the age of 19 can create their own myHealthEZ account to manage their plan and request a replacement ID card or access their ID card directly to their own devices.



Your medical network is Cigna.



What is a medical network?

Your medical network is a group of healthcare providers. It includes doctors, hospitals, surgical centers and other facilities. These healthcare providers offer services at a lower rate than out-of-network providers, which you will see reflected on your statements as a discount.

What if I go outside of my medical network?

There may be times when you decide to visit a doctor or clinic that is out-of-network. The costs for these visits and services are often higher than seeing doctors that are in-network. You will be responsible for paying the difference between the provider's full charge and the amount your health plan pays. This is called balance billing.

How do I know if my provider is in-network?

Please visit your dedicated Benefits Website and click "Find Care."

Your Pharmacy Benefit Manager is Prime Therapeutics.



What is a Pharmacy Benefit Manager?

Pharmacy Benefit Managers (PBMs) reduce prescription drug costs and improve convenience and safety for consumers.

What is Mail Order?

If you take maintenance medications for long-term conditions you could save money with Prime Therapeutics' mail service pharmacy. Visit your dedicated Benefits website to get started.

What are Generic drugs?

Generics are the same in dosage, safety, strength, quality and intended use as brand-name drugs, and although they are chemically identical to their branded counterparts, they are sold at substantial discounts. Talk to your doctor to find out if there is a generic equivalent for your brand-name drug.

Prime Therapeutics Member Portal

Access your prescription history, schedule a refill and more! Visit [PrimeTherapeutics.com](https://www.primetherapeutics.com) and select Member Portal. If it's your first time on the site, you will need to complete the one-time registration process.

Your Specialty Medications are administered through Payer Matrix.



Your Prescription Plan has been enhanced to reduce your cost paid for specialty drugs through a program called the Specialty Cost Containment Solution. All plan participants using specialty drugs are required to meet prior authorization criteria and administrative review under the Payer Matrix program. You must enroll in the Payer Matrix program or you will be responsible for 100% co-insurance or the full cost of your medication

If you are currently taking a specialty medication, please contact a Payer Matrix Care Coordinator at (877) 305-6202 or email customerservice@payermatrix.com.

Summary of Medical Benefits		
\$750 Copay Plan		
Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	\$750	\$3,000
Family Coverage	\$1,500	\$6,000
Out-of-Pocket Maximum		
Individual Coverage	\$3,000	\$6,000
Family Coverage	\$5,000	\$12,000
Preventive Care Services	No Charge	Not Covered
Primary Office Visit	\$30 Copay	50%*
Specialist Office Visit	\$60 Copay	50%*
Chiropractic Visit	\$60 Copay	50%*
Urgent Care Services	\$100 Copay	50%*
Complex Imaging: MRI/CT/PET Scans Hospital Freestanding Facility	0%* No Charge	50%* 50%*
Inpatient Hospital Care Facility Fee Physician Fee	10%* 10%*	50%* 50%*
Outpatient Procedures Facility Fee Physician Fee	10%* 10%*	50%* 50%*
Emergency Room Services	\$350 Copay	
Emergency Medical Transportation	0%*	
Mental Health/Chemical Dependency - Inpatient	10%*	50%*
Mental Health/Chemical Dependency - Office Visit	\$60 Copay	50%*
Summary of Pharmacy Benefits		
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$10 Copay	\$20 Copay
Preferred Brand	\$20 Copay	\$40 Copay
Non-Preferred Brand	\$40 Copay	\$80 Copay
Specialty	25%*	Not Available
Teladoc Benefits		
General Consultations	\$20 Copay	
Dermatology	\$20 Copay	
Mental Health - Therapist	\$20 Copay	
Mental Health - Psychiatrist, Initial Evaluation	\$20 Copay	
Mental Health - Psychiatrist, Ongoing Session	\$20 Copay	
Employee Participation Per Paycheck		
Single	\$125	
Employee + One	\$225	
Family	\$300	

Note: Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

* Coinsurance after deductible ** Covered as in-network in true-emergency

Summary of Medical Benefits		
\$1,250 Copay Plan		
Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	\$1,250	\$4,000
Family Coverage	\$2,500	\$8,000
Out-of-Pocket Maximum		
Individual Coverage	\$6,000	\$10,000
Family Coverage	\$11,000	\$20,000
Preventive Care Services	No Charge	Not Covered
Primary Office Visit	\$40 Copay	50%*
Specialist Office Visit	\$75 Copay	50%*
Chiropractic Visit	\$75 Copay	50%*
Urgent Care Services	\$100 Copay	50%*
Complex Imaging: MRI/CT/PET Scans Hospital Freestanding Facility	20%* No Charge	50%* 50%*
Inpatient Hospital Care Facility Fee Physician Fee	20%* 20%*	50%* 50%*
Outpatient Procedures Facility Fee Physician Fee	20%* 20%*	50%* 50%*
Emergency Room Services	\$350 Copay	
Emergency Medical Transportation**	20%*	50%*
Mental Health/Chemical Dependency - Inpatient	20%*	50%*
Mental Health/Chemical Dependency - Office Visit	\$75 Copay	50%*
Summary of Pharmacy Benefits		
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$10 Copay	\$20 Copay
Preferred Brand	\$30 Copay	\$60 Copay
Non-Preferred Brand	\$60 Copay	\$120 Copay
Specialty	25%*	Not Available
Teladoc Benefits		
General Consultations	\$30 Copay	
Dermatology	\$30 Copay	
Mental Health - Therapist	\$30 Copay	
Mental Health - Psychiatrist, Initial Evaluation	\$30 Copay	
Mental Health - Psychiatrist, Ongoing Session	\$30 Copay	
Employee Participation Per Paycheck		
Single	\$75	
Employee + One	\$125	
Family	\$150	

Note: Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

* Coinsurance after deductible ** Covered as in-network in true-emergency

Summary of Medical Benefits		
\$1,650 HSA Plan		
Non Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	\$1,650	\$1,650
Individual Coverage on Family Plan	\$3,300	\$3,300
Family Coverage	\$3,300	\$3,300
Out-of-Pocket Maximum		
Individual Coverage	\$6,000	\$10,000
Individual Coverage on Family Plan	\$6,000	\$10,000
Family Coverage	\$9,000	\$20,000
Preventive Care Services	No Charge	Not Covered
Primary Office Visit	20%*	50%*
Specialist Office Visit	20%*	50%*
Chiropractic Visit	20%*	50%*
Urgent Care Services	20%*	50%*
Complex Imaging: MRI/CT/PET Scans	20%*	50%*
Inpatient Hospital Care Facility Fee Physician Fee	20%* 20%*	50%* 50%*
Outpatient Procedures Facility Fee Physician Fee	20%* 20%*	50%* 50%*
Emergency Room Services**	20%*	50%*
Emergency Medical Transportation**	20%*	50%*
Mental Health/Chemical Dependency - Inpatient	20%*	50%*
Mental Health/Chemical Dependency - Office Visit	20%*	50%*
Summary of Pharmacy Benefits		
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	20%*	20%*
Preferred Brand	20%*	20%*
Non-Preferred Brand	20%*	20%*
Specialty	20%*	Not Available
Teladoc Benefits		
General Consultations	0%*	
Dermatology	0%*	
Mental Health - Therapist	0%*	
Mental Health - Psychiatrist, Initial Evaluation	0%*	
Mental Health - Psychiatrist, Ongoing Session	0%*	
No Employee Monthly Premiums		

Note: Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

* Coinsurance after deductible

** Covered as in-network in true-emergency

Summary of Medical Benefits		
\$3,300 HSA Plan		
Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	\$3,300	\$3,300
Family Coverage	\$6,400	\$6,400
Out-of-Pocket Maximum		
Individual Coverage	\$6,000	\$10,000
Family Coverage	\$9,000	\$20,000
Preventive Care Services	No Charge	Not Covered
Primary Office Visit	20%*	50%*
Specialist Office Visit	20%*	50%*
Chiropractic Visit	20%*	50%*
Urgent Care Services	20%*	50%*
Complex Imaging: MRI/CT/PET Scans	20%*	50%*
Inpatient Hospital Care Facility Fee Physician Fee	20%* 20%*	50%* 50%*
Outpatient Procedures Facility Fee Physician Fee	20%* 20%*	50%* 50%*
Emergency Room Services**	20%*	50%*
Emergency Medical Transportation**	20%*	50%*
Mental Health/Chemical Dependency - Inpatient	20%*	50%*
Mental Health/Chemical Dependency - Office Visit	20%*	50%*
Summary of Pharmacy Benefits		
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	20%*	20%*
Preferred Brand	20%*	20%*
Non-Preferred Brand	20%*	20%*
Specialty	20%*	Not Available
Teladoc Benefits		
General Consultations	0%*	
Dermatology	0%*	
Mental Health - Therapist	0%*	
Mental Health - Psychiatrist, Initial Evaluation	0%*	
Mental Health - Psychiatrist, Ongoing Session	0%*	
No Employee Monthly Premiums		
HSA Employer Match		
Single	\$25	
Employee + One	\$50	
Family	\$75	

Note: Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions. * Coinsurance after deductible** Covered as In-network in true-emergency

Summary of Dental Benefits

\$2,000 Dental Plan

	In-Network	Out of Network
Deductible		
Individual Coverage	\$50	\$50
Family Coverage	\$150	\$150
Maximums		
Annual Maximum per Individual	\$2,000	\$2,000
Orthodontic Maximum per Individual	\$1,500	\$1,500
Preventive/Diagnostic Care		
Dental Exams	No Charge	
Cleanings		
Fluoride Treatments		
Preventive X-Rays		
Full Mouth X-Rays		
Basic Services		
Fillings - Amalgam, Porcelain & Plastic	20%*	
Simple Extractions		
Oral Surgery		
Prosthetics		
Endodontics		
Major Services		
Crowns & Gold Fillings	50%*	
Inlays & Onlays		
Pontics		
Prosthetics		
Bridges	50%*	
Dentures		
Partial Dentures		
Orthodontics		
Orthodontics (For dependents under age 18)	50%*	
Dental Employee Rates Per Paycheck		
Single	\$27.50	
Employee + One	\$48.50	
Family	\$75	



NOTES: This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

Your dental network is Dentemax.

Dentemax is one of the largest national PPO dental networks in the nation, with over 200,000 dental access points across the country.

To find a Dentemax provider, visit Dentemax.com or call customer service at 800-752-1547.

* After deductible

Summary of Dental Benefits

\$3,000 Dental Plan

	In-Network	Out of Network
Deductible		
Individual Coverage	\$50	\$50
Family Coverage	\$150	\$150
Maximums		
Annual Maximum per Individual	\$3,000	\$3,000
Orthodontic Maximum per Individual (Up to Age 19)	\$2,500	\$2,500
Orthodontic Maximum per Individual (Adults)	\$1,000	\$1,000
Preventive/Diagnostic Care		
Dental Exams	No Charge	
Cleanings		
Fluoride Treatments		
Preventive X-Rays		
Full Mouth X-Rays		
Basic Services		
Fillings – Amalgam, Porcelain & Plastic	10%*	
Simple Extractions		
Oral Surgery		
Prosthetics		
Endodontics		
Major Services		
Crowns & Gold Fillings	20%*	
Inlays & Onlays		
Pontics		
Prosthetics		
Bridges	20%*	
Dentures		
Partial Dentures		
Orthodontics		
Orthodontics (For dependents under age 18)	20%*	
Dental Employee Rates Per Paycheck		
Single	\$40	
Employee + One	\$65	
Family	\$95	



NOTES: This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

Your dental network is DenteMax.

DenteMax is one of the largest national PPO dental networks in the nation, with over 200,000 dental access points across the country.

To find a DenteMax provider, visit DenteMax.com or call customer service at 800-752-1547.

* After deductible



Basic Dependent Life Benefit Summary

Basic Dependent Life Insurance is only available when purchased with Basic Life Insurance.

Coverage	Benefit	Description
Flat Amount	Spouse \$2,000; Child \$1,000	Employee can select the amount of coverage desired for the Spouse and/or Child(ren).
Plan Maximum	Spouse \$2,000; Child \$1,000	The maximum Life Insurance benefit Amount available.
Guarantee Issue	Spouse \$2,000; Child \$1,000	Amount of benefit guaranteed. Benefits over this amount are subject to proof of good health. Evidence of Insurability must be submitted and approved.
Premium Contribution	Voluntary	Voluntary is when the employee pays 100% of the premium.

✓ Conversion is included.

Value-Added Services (All features may not apply. Some states may have restrictions.)

- **Beneficiary Services:** Provides beneficiaries with services for grief consultation, financial/legal assistance and referral to community resources. **For more information, call 866-302-4480.**
 - Toll-free line available 24/7 as well as referrals for face-to-face counseling. Specialists provide in-depth consultation, information and referral to community resources such as grief support groups. Includes access to a national network of credentialed clinicians for grief and loss counseling. Beneficiaries receive two complimentary sessions.*
 - Financial and Legal Services. Telephonic access to financial consultants for assistance with financial decision-making. Includes access to a network of 22,000 attorneys for either a 30-minute telephonic or an in-person consultation. You may retain the same attorney for representation at a discount to their hourly rate. Access to legal services facilitated by CLC, Inc.
 - Communication Support. We provide a "Beneficiary Kit" with informational resources to help beneficiaries with the emotional and financial process that follows the loss of a loved one.
- **Travel Assistance:** Assists domestic and foreign travelers with a variety of emergency travel-related services, such as medical assistance, emergency transportation and pre-trip information. Includes access to Emergency Response Center via toll-free or collect telephone call; available 24/7 from anywhere in the world. Covers up to 90 days on any one trip when traveling 100+ miles from home or office. **For more information, please call 1-410-453-6330 or visit the online Member Center at <http://members.uhcglobal.com>.** You will need to provide policy number: 358231. Services provided by UnitedHealthcare Global, a subsidiary of UnitedHealth Group.
- **Wealth Management Account:** An enhanced benefit payment process. Life claim proceeds in excess of \$5,000 can, at the beneficiary's election, be deposited into an Optum Bank Wealth Management Account (WMA). Beneficiaries receive an FDIC-insured, beneficiary-owned, interest earning account with convenient access to their claim proceeds via debit card or checkbook.**
- **Will & Trust Preparation Services:** Provides information on will & trust preparation and services. **For more information, please call 800-773-0888 or visit www.CLClegalforms.com.** Services provided by CLC.

Additional Notes:

- *Beneficiary Services offered thru United Behavioral Health, a company of UnitedHealth Group.
- **Eligibility for automatic deposit into an Optum Bank Wealth Management Account is subject to qualifying conditions evaluated by Optum Bank and UnitedHealthcare at the time of claim review to include limited availability in certain states. For more information please contact your UnitedHealthcare representative. Optum Bank, Member FDIC, is part of the financial services unit of OptumHealth, a health and wellness company serving more than 60 million people. Optum is a UnitedHealth Group (NYSE:UNH) company.
- Benefit provisions, exclusions and limitations may vary as a result of state specific requirements.
- Premiums may vary by age.
- The Policy will continue, upon timely payment of premium, unless we cancel because the Policyholder did not meet his obligations stated in the Policy, including providing information needed to administer the Policy, or the participation level drops below the level stated in the Policy.
- Individual coverage will continue, upon timely payment of premium, unless terminated because the Covered Person's insurance under the Policy terminates, or the dependent no longer meets the specific eligibility requirements stated in the Policy or the Policy terminates.
- UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company and certain products in California by Unimerica Life Insurance Company. Life and Disability products are provided on policy forms LASD-POL (05/03) et al. and UHCLD-POL 2/2008 et al., in Texas on forms LASD-POL-TX (05/03) and UHCLD-POL 2/2008-TX and in Virginia on LASD-POL (05/03) and UHCLD-POL 2/2008. The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT and Unimerica Life Insurance Company in Milwaukee, WI.
- This Benefit Summary is intended only to highlight benefits and should not be relied upon to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided are contained in the Certificate of Coverage received upon enrollment in the plan. If this Benefit Summary conflicts in any way with the Policy issued to the employer, the Policy shall prevail.



Basic Life Benefit Summary

The Accidental Death and Dismemberment (AD&D) portion is automatically included with Basic Life and provides the employee with additional insurance coverage for the loss of life or injuries sustained in an accident on or off the job.*

Coverage	Benefit	Description
Flat Amount	\$100,000	The Life Insurance Benefit Amount.
Guarantee Issue	Refer to table below	Amount of benefit guaranteed. Benefits over this amount are subject to proof of good health. Evidence of Insurability must be submitted and approved.
Accelerated Benefit	Included	This benefit provides an advanced payout of benefits for covered persons who are terminally ill and not expected to live for more than one year. The benefit pays 50% not to exceed \$50,000 of life insurance to the employee.
Waiver of Premium	Included	If eligible employee becomes totally disabled before age 60, life premiums will be waived and life coverage continued until age 65 [annual proof of disability required].
Age Reduction Schedule	65%@65, 50%@70	The benefits will be reduced to 65% of original amount at age 65 and 50% of the original amount at age 70.
Premium Contribution	Non-Contributory	Non-Contributory is when the employer pays 100% of the premium.

✓ Accelerated Death Benefit, Waiver of Premium and Conversion are included.

Guarantee Issue

- Amounts are based on your employer group size and plan benefit levels

Eligible Lives	Guarantee Issue Maximum	Plan Maximum
2 to 5	\$25,000	\$50,000
6 to 9	\$50,000	\$175,000
10 to 19	\$50,000	\$175,000
20 to 50	\$100,000	\$250,000
51 to 99	\$175,000	\$350,000
100 to 199	\$175,000	\$350,000
200 to 300	\$175,000	\$500,000

Value-Added Services

(All features may not apply. Some states may have restrictions.)

- **Beneficiary Services:** Provides beneficiaries with services for grief consultation, financial/legal assistance and referral to community resources. **For more information, call 866-302-4480.**
 - Toll-free line available 24/7 as well as referrals for face-to-face counseling. Specialists provide in-depth consultation, information and referral to community resources such as grief support groups. Includes access to a national network of credentialed clinicians for grief and loss counseling. Beneficiaries receive two complimentary sessions.**
 - Financial and Legal Services. Telephonic access to financial consultants for assistance with financial decision-making. Includes access to a network of 22,000 attorneys for either a 30-minute telephonic or an in-person consultation. You may retain the same attorney for representation at a discount to their hourly rate. Access to legal services facilitated by CLC, Inc.
 - Communication Support. We provide a "Beneficiary Kit" with informational resources to help beneficiaries with the emotional and financial process that follows the loss of a loved one.
- **Travel Assistance:** Assists domestic and foreign travelers with a variety of emergency travel-related services, such as medical assistance, emergency transportation and pre-trip information. Includes access to Emergency Response Center via toll-free or collect telephone call; available 24/7 from anywhere in the world. Covers up to 90 days on any one trip when traveling 100+ miles from home or office. **For more information, please call 1-410-453-6330 or visit the online Member Center at <http://members.uhcglobal.com>.** You will need to provide policy number: 358231. Services provided by UnitedHealthcare Global, a subsidiary of UnitedHealth Group.
- **Wealth Management Account:** An enhanced benefit payment process. Life claim proceeds in excess of \$5,000 can, at the beneficiary's election, be deposited into an Optum Bank Wealth Management Account (WMA). Beneficiaries receive an FDIC-insured, beneficiary-owned, interest earning account with convenient access to their claim proceeds via debit card or checkbook.***
- **Will & Trust Preparation Services:** Provides information on will & trust preparation and services. **For more information, please call 800-773-0888 or visit www.CLClegalforms.com.** Services provided by CLC.

Additional Notes:

- *The Accidental Death and Dismemberment Benefit is equal to the Life Benefit; refer to the Certificate of Coverage for the complete AD&D Benefit schedule. Coverage includes a Seat Belt Benefit.
- **Beneficiary Services offered thru United Behavioral Health, a company of UnitedHealth Group.
- ***Eligibility for automatic deposit into an Optum Bank Wealth Management Account is subject to qualifying conditions evaluated by Optum Bank and UnitedHealthcare at the time of claim review to include limited availability in certain states. For more information please contact your UnitedHealthcare representative. Optum Bank, Member FDIC, is part of the financial services unit of OptumHealth, a health and wellness company serving more than 60 million people. Optum is a UnitedHealth Group (NYSE:UNH) company.
- Limitations for AD&D: Disease, bodily or mental infirmity, suicide or intentionally self-inflicted injury, commission of an assault or felony, war, use of any drug unless prescribed by physician, driving while intoxicated, engaging in any hazardous activities, or travel in a private aircraft. Additional exclusions may apply depending upon the plan design of the employer.
- Benefit provisions, exclusions and limitations may vary as a result of state specific requirements.
- Premiums may vary by age.
- The Policy will continue, upon timely payment of premium, unless we cancel because the Policyholder did not meet his obligations stated in the Policy, including providing information needed to administer the Policy, or the participation level drops below the level stated in the Policy.
- Individual coverage will continue, upon timely payment of premium, unless terminated because the Covered Person's insurance under the Policy terminates, or the dependent no longer meets the specific eligibility requirements stated in the Policy or the Policy terminates.
- UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company and certain products in California by Unimerica Life Insurance Company. Life and Disability products are provided on policy forms LASD-POL (05/03) et al. and UHCLD-POL 2/2008 et al., in Texas on forms LASD-POL-TX (05/03) and UHCLD-POL 2/2008-TX and in Virginia on LASD-POL (05/03) and UHCLD-POL 2/2008. The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT and Unimerica Life Insurance Company in Milwaukee, WI.
- This Benefit Summary is intended only to highlight benefits and should not be relied upon to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided are contained in the Certificate of Coverage received upon enrollment in the plan. If this Benefit Summary conflicts in any way with the Policy issued to the employer, the Policy shall prevail.



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

Plan S1001

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.

Exam with Materials

Benefit Frequency	
Comprehensive Exam(s)	Once every 12 months
Comprehensive Exam(s) for persons with diabetes	Twice every 12 months
Eyeglass Lenses	Once every 12 months
Frames	Once every 12 months
Contact Lenses instead of Eyeglasses	Once every 12 months

In-Network Services

Copays	
Exam(s)	\$10
Eyeglasses (lenses and frame) - includes basic single vision, lined bifocal, lined trifocal or lenticular lenses	\$10
Contact lenses instead of Eyeglasses	\$10
Retinal Screening for persons with diabetes	\$0

Frame Benefit - for frames that exceed the allowance, an additional 30% discount may be applied to the overage¹

Frame Allowance	\$130
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Lens Options - this list highlights the discounted cost on our most popular lens options. Exact pricing may vary; confirm cost with your provider prior to purchase.

Standard Scratch Coating	\$0
Scratch Warranty	\$10
Tint	\$14
UV Coating	\$16
Photochromic	\$67
Anti-Reflective Tier I	\$30
Anti-Reflective Tier II	\$50
Anti-Reflective Tier III	\$75
Anti-Reflective Tier IV	\$95
Roll and Polish Edges	\$13
Progressive Tier I	\$55
Progressive Tier II	\$100
Progressive Tier III	\$150
Progressive Tier IV	\$200
Progressive Tier V	\$250
High Index (<1.66)	\$53
High Index (1.66-1.73)	\$63
Polycarbonate for Adults	\$33
Polycarbonate for Dependent Children	\$0

Contact Lens Benefit²

Elective contact lenses Allowance is applied toward the purchase of contact lenses. Contact lens copay is waived.	\$105
Elective contact lens fitting and evaluation Allowance is applied toward the contact lens fitting/evaluation fees.	\$30
Necessary contact lenses³	Covered in full after copay (if applicable).

Children's and Maternity Eye Care Benefit	
Members up to age 19 and members pregnant or breastfeeding are eligible for a 2nd exam 60 days after the initial exam. These members 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 ²	Up To \$80.00
Contact Lens Fitting and Evaluation	Up To \$0.00
Necessary Contacts instead of Eyeglasses ³	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 services. 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 newer technologies such as Custom Bladeless (all laser) LASIK. For more information, visit myuhcvision.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.
Contact Lens Order extra contact lenses at uhcglasses.com for 10% off.
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.
Blue Light Protection Discount UnitedHealthcare Vision has collaborated with industry partners to provide members with discounts off the retail price on blue-light screen filters for their devices. Members can learn more and access discount information by visiting their plan website.

¹ 30% discount available at most participating in-network provider locations. May exclude certain frame manufacturers. Please verify discounts with your provider. ² Contact lenses are instead of eyeglass lenses and/or eyeglass frames. ³ Necessary contact lenses are determined at the provider's discretion for certain conditions. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare Vision confirming the reimbursement that UnitedHealthcare will make before you purchase such contacts.
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Important to Remember:
In-Network
<ul style="list-style-type: none"> Always identify yourself as a UnitedHealthcare Vision member when making your appointment. This will assist the provider in obtaining your benefit information. Patient lens options are subject to change.

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 service or for a printed directory, visit our website myuhcvision.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 myuhcvision.com.
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 allowance. 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, or electronically through the online submission form on the plan website. 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 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.
READ YOUR PLAN CAREFULLY - THIS BENEFIT SUMMARY PROVIDES A VERY BRIEF DESCRIPTION OF THE IMPORTANT FEATURES OF YOUR PLAN. THIS IS NOT THE INSURANCE CONTRACT. YOUR FULL RIGHTS AND BENEFITS ARE EXPRESSED IN THE ACTUAL PLAN DOCUMENTS THAT ARE AVAILABLE TO YOU UPON YOUR REQUEST TO US.

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 VCOC.INT.06.TX, VCOC.CER.13.TX or VCOC.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 VCOC.INT.06.VA, VCOC.CER.13.VA or VCOC.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. You may receive discounts off the retail price of non-covered products and services from providers who have agreed to offer those discounts to you. These discount offers are not part of your insurance benefit and are offered at the discretion of participating providers. You are responsible for the full cost of these non-covered products and services. These discount offers are not guaranteed and may be ended at any time. Depending upon UnitedHealthcare Vision's agreement with these vendors and providers, UnitedHealthcare Vision may receive a portion of the fees paid for non-covered products and services.



Craft your ideal eye care experience

Discover what your vision plan covers and how to get the best value for your needs

spectera®

See what's covered

Eye exam

Your plan includes a fully covered exam, subject to a copayment.

Your plan uses the Spectera Vision Network. You'll get the most value from your coverage when you see any provider in this large, national network of optometrists and ophthalmologists. You may visit a local doctor or a well-known retail provider. Find a provider at myspectera.com.

Frame allowance*

When you use a network provider, you can spend a frame allowance to help buy any frame your eye doctor offers. You get a discount on any cost over the allowance amount.

Contact lens benefit*

You may have coverage for a fitting and follow-up visits depending on your plan design and lens choice. Log in to myspectera.com to learn more about your specific benefit.

Lens options*

Popular lens options like UV protection or anti-reflective coating are available to you at price-protected amounts. Plus, standard scratch coating and polycarbonate lenses for dependent children are available at no cost.

Additional pairs of glasses*

Receive a 20% discount on additional pairs of eyeglasses, including prescription sunglasses.

*Plans may vary. Check your coverage at myspectera.com to verify benefits. Non-covered services and discounts may not be available from all providers. Please confirm cost and coverage with your provider before making your purchase.

Learn more

Sign in to myspectera.com

Get 24/7 access to details about your vision plan, including savings and discounts.

Call toll-free

1-800-638-3120, TTY 711

If you don't have computer access or need language assistance or other help, call us Monday through Friday, 7 a.m.–10 p.m. CT, or Saturday, 8 a.m.–5:30 p.m. CT.



Take steps to protect your eyes — and your overall health

1 Find an eye doctor in your network

When it comes to shopping for eye care, you've got plenty of choices. The Spectera Vision Network has over 165,000 access points for care nationally, from local doctors around the corner to well-known retail chains or specialty online retailers.*

Log in to myspectera.com to search by provider name, specialty or location.

2 Schedule your eye exam

Regular visits to an eye doctor can help keep your eyes healthy and improve your overall health.

Get a complete eye exam

A dilated exam lets your doctor look inside your eye and check your eye health. The exam can also show early signs of conditions like diabetes or high blood pressure, even before other parts of your body are affected. At your appointment, be sure to:

- Tell your doctor you have a Spectera vision plan
- Give your name and date of birth

You don't need your ID card to use your benefits. If you want an ID card, you can print it from your computer or save it to your mobile device at myspectera.com.

3 Discover more ways to save

Laser vision correction

Save up to 35% off the national average retail price of laser vision correction at more than 800 QualSight® LASIK locations nationwide.** Learn more at myspectera.com.

Hearing aids

Get preferred pricing on custom-programmed hearing aids, starting at \$699 each, through EPIC Hearing Healthcare.***

*Not all providers participate in all plans. Check with your provider before using your benefits. Network snapshot report (internal report), 2023.

** Network location count as of October 2023.

***Price per hearing aid, based on suggested manufacturer pricing.

****For virtual prescription renewal only. ExpressExam may not be available for all vision plans and is not in all states.

Network retail locations include:

1800 contacts®

including
EXPRESS exam ****

AMERICA'S BEST | CONTACTS EYEGLASSES.

COSTCO
OPTICAL

EYEGLASS
WORLD®

For Eyes. 

GlassesUSATM
.com

LENSCRAFTERS®

myeyeDR.


sam's club.

 **OPTICAL®**

Visionworks
SEE THE DIFFERENCE

Walmart 

WARBY PARKER

We do not treat members differently because of sex, age, race, color, disability or national origin. If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator, UnitedHealthcare Civil Rights Grievance, P.O. Box 30608, Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf

Complaint forms are available at hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf.

Phone: Toll-free **1-800-368-1019, 1-800-537-7697** (TDD)

Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201

We provide free services to help you communicate with us, such as letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (Vietnamese), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어 (Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русским (Russian). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

لقب فصلاخل ا فبر عتلا قاطب عل ع جردملا يناعملا فاعلاما مقرب لاصتالا ىجرى. لفل عحاتم فيناعملا فيوغلل ا قدعاسملا تامدخ ناف. فيجر عل ا شذحتت تنك اذا. ميبنت

ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat identifikasyon w.

ATTENTION : Si vous parlez français (French), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (Polish), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (Portuguese), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

ديريگب سامت دند دىق اهن ىياسانش تراك ىور مك ىناگوار نفلت هرامش اب افطل. شراب ىم اهن راىتخا رد ناگوار روط بب ىنابز دادم تامدخ، بسا (Farsi) ىسراف اهن نابز رگا: ميجوت

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus Hmoob (Hmong), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (Khmer) សំដៅជំនួយភាសាដោយឥតគិតថ្លៃពី គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខគិតគិតថ្លៃ ដល់មាន់លើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti Ilocano (Ilocano), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'í'. T'áá shqódí ninaaltsoos nítł'izi bee nééhozingíí bine'déé' t'áá jíik'ehgo béésh bee hane'í biká'ígíí bee hodiilnih.

OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

Learn more

Call **1-800-638-3120, TTY 711.** ¿Habla español? Podemos ayudar.

Visit myspectera.com.



The examples provided are for general knowledge purposes only and should not be interpreted as a preference or recommendation of any particular provider, brand, or company. We encourage members to choose providers based on their individual needs and preferences.

Spectera 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 their 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 VCOC.INT.06.TX, VCOC.CER.13.TX or VCOC.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 VCOC.INT.06.VA, VCOC.CER.13.VA or VCOC.18.VA. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company.

All trademarks are property of their respective owner.



How to print your vision ID card

With UnitedHealthcare Vision, you don't need your ID card to use your vision benefits. If you would like an ID card, you can print it from your computer by following the steps below.

1 Sign in to myuhcvision.com

The screenshot shows the myuhcvision.com website. On the left, there is a login section for returning users. It includes a red box around the 'Returning Users' header, the login form fields, and the 'Login' button. The form fields are 'User Name *' and 'Password *', both with asterisks indicating required fields. Below the fields is a 'Login' button and a link for 'Forgot your User Name or Password?'. To the right of the login section is a large banner for 'Get a fresh outlook with new glasses and more' featuring a smiling man wearing a hat and glasses. Below the banner is a button that says 'Shop now at uhcglasses.com'. On the right side of the page is a 'Provider Quick Search' section with fields for 'Find a Provider Near:', 'Network:', 'ZIP *', 'OR Address', 'City *', and 'State *'. There is also a checkbox for 'Include Online Providers' and a 'Search' button. At the bottom of the page, there are sections for 'Links & Tools', 'Common Questions', and 'Featured Links'. A blue circular badge in the bottom left corner advertises 'FREE LASIK EXAMS and up to 35% off laser vision correction'.

Returning Users

* indicates required fields

User Name *

Password *

Login

Forgot your User Name or Password?

Get a fresh outlook with new glasses and more

Discounts on a wide selection of eyeglasses (including sunglasses), free shipping and select lens treatments at no cost

Shop now at uhcglasses.com

Provider Quick Search

Find a Provider Near:

* indicates required fields
Zip or city/state are required

Network:

ZIP *

OR

Address

City *

State *

☐ Include Online Providers

Disclaimer: To ensure you are viewing the network associated with your plan, current members should sign in prior to searching for a provider

Search

Advanced Search

Links & Tools

- Why Choose UnitedHealthcare
- Vision Eyewear is Best for Me
- Vision Websites
- Language Support

Common Questions

- How Do I Register

Featured Links

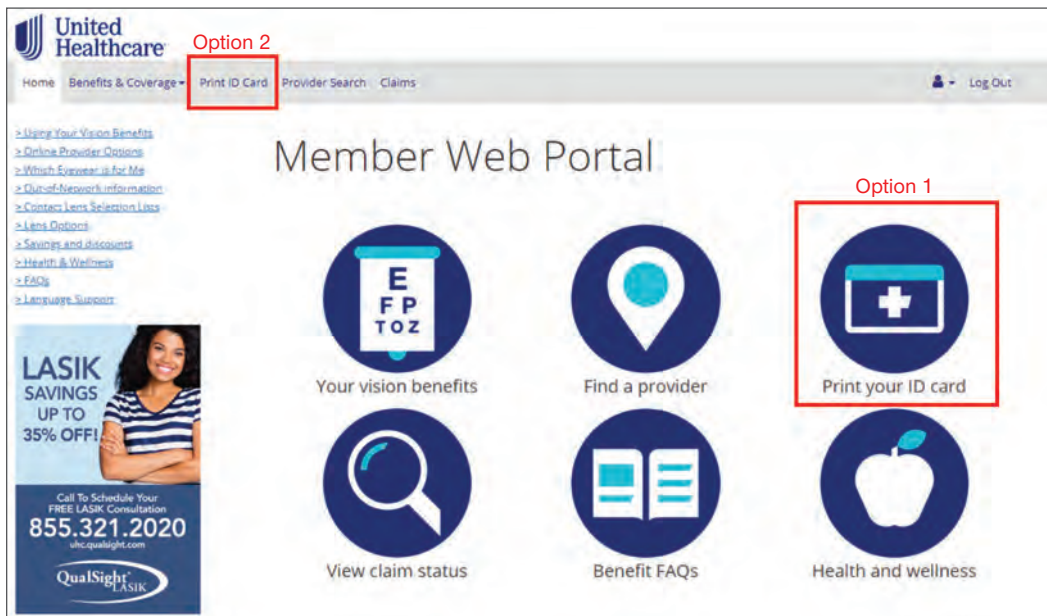
- Savings and Discounts

FREE LASIK EXAMS
and up to **35% off**
laser vision correction
at over 900 qualified nationwide with
Qualify LASIK

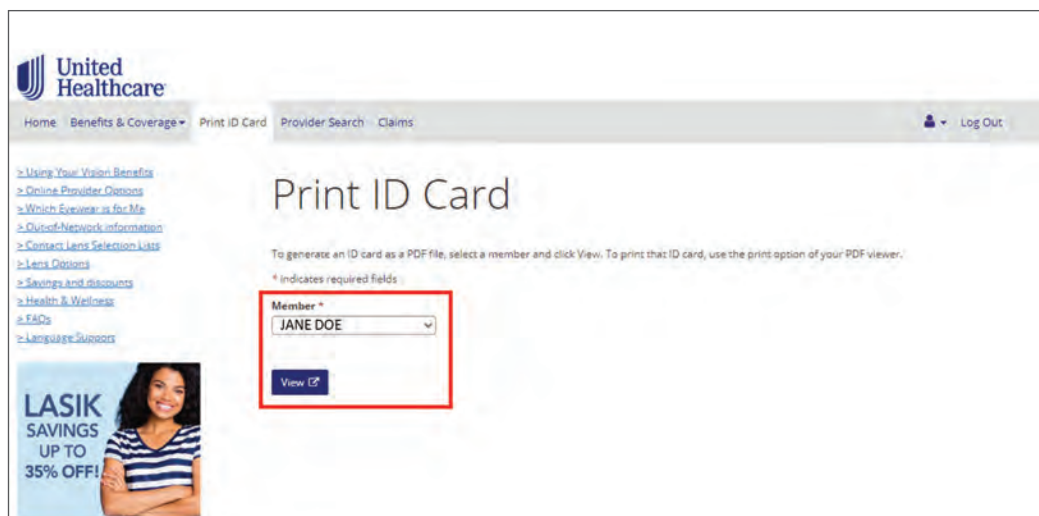
Get started

2 From the home screen, you have two options to access your ID card:

- **Option 1:** Click the blue “Print your ID card” button
- **Option 2:** Click “Print ID card” on the top navigation bar



3 Select the member from the dropdown and click “View”



4 A PDF will open that you can print or save

How to Use Your Vision Care Benefits

Step 1. Review Your Plan Benefits
Review your plan benefits for details on your plan design and any applicable copays. You can find this in the **Benefits** section of myuhcvision.com.

Step 2. Find a Provider
You may easily locate providers near you by selecting the **Providers** option from the top menu on our Web site.


Step 3. Schedule Your Appointment
Once you chose a provider, call to schedule your appointment. Tell them you are a UnitedHealthcare vision plan member, give the primary insured's last name, patient's name and date of birth. If asked for member ID #, please provide that as well. It is located on your ID card below. To help the provider process your service through insurance you can take this ID card to your appointment.

Step 4. Get Your Eye Exam
Your eye doctor will give you a complete eye exam. This exam includes a case history and an exam for eye illness and vision impairment. If you need glasses or contact lenses, your provider will determine your specific prescription. If an illness or eye disorder is found you may be referred to your health plan for medical eye coverage.

Step 5. Choose Your Eyewear
If prescription eyewear is necessary, your provider will help you with your selection and order your prescription. Prescription eyewear includes eyeglasses and/or contacts depending on your plan coverage. If you have any questions or concerns about your glasses or contacts let your provider know. They are there to help you both during and after your appointment.

Out-of-Network Benefits*
You get the greatest cost savings with an in-network provider. If you'd prefer to see a provider outside of our network, most plans cover part of your exam and eyewear. You will be required to pay for your purchases at the time of service and request reimbursement from UnitedHealthcare. You can also check the out-of-network reimbursement link located on the Benefits page myuhcvision.com for more information.

Questions?
Your satisfaction is very important to us — we encourage you to contact us with any questions you may have and to share your feedback by calling our toll-free number: 1-800-638-3120.



Member Name: JANE DOE
Member ID: 123456789
Member Web: www.myuhcvision.com
Customer Service: (800)638-3120

Vision Identification Card

Powered by UnitedHealthcare Vision Network

Vision Care Benefits
Exam Copay: \$15.00
Material Copay: \$15.00

Submit Out-of-Network Claims to:
UnitedHealthcare Vision Claims Department
P.O. Box 90978
Salt Lake City, UT 84130

Note to Providers:
For more information about this UnitedHealthcare Vision plan, please visit us online at www.Spectera.com or call 1-800-638-3120.

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 their 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 or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX.

*Out-of-network benefits are not available on all plans. Please check your benefit summary for plan specifics before going to an out-of-network provider.

OnlineID-rev 2/2014

Questions?

Call 1-800-638-3120 | myuhcvision.com

United Healthcare

The company does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.

We provide free services to help you communicate with us, such as letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the number listed on your ID card.

ATENCIÓN: Si habla español (Spanish), hay de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

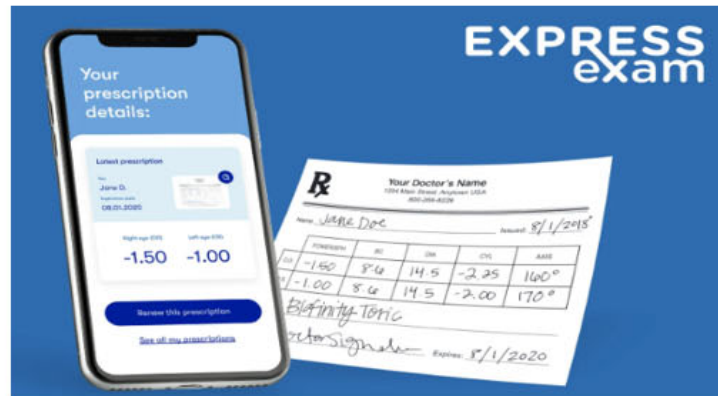
UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. The contracting entity for UnitedHealthcare Vision Network is Spectera, Inc. Administrative services provided by Spectera, Inc., United HealthCare Services Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.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 details of coverage, contact UnitedHealthcare Insurance Company.

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Introducing ExpressExam

First to market!

Online technology allowing consumers to **renew an existing, unchanged prescription** to allow for the purchase of contact lenses, and in some cases glasses. Eyeglasses prescription renewal will be available in the coming weeks



Express Exam is offered by 1800Contacts



Interactive
experience using
handheld device

Captures picture of
eyes for doctor
review

Prescription
renewal ready in
hours



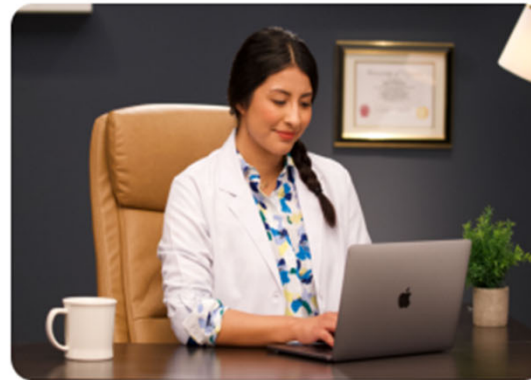
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Here's how it works:



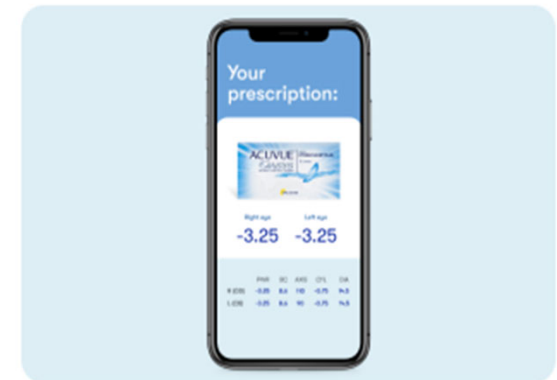
1. Take the exam

Use your phone to answer some questions and take pictures of your eyes for the doctor to review. The whole thing takes less than 10 minutes.



2. Doctor review

A board-certified ophthalmologist licensed in your state reviews your exam results and issues your prescription.



3. Get your prescription

Your renewed prescription will be ready to use within a couple of business hours.



Same prescription. Better experience.

Cost		In-office prescription renewal
Board-certified doctor	✓	✓
Time commitment	10 minutes	1 hour + travel time
Availability	24/7	9am - 5pm
Option to try multiple brands	Yes	Not usually



