



VISION BENEFIT SUMMARY FOR Town of Cary

Underwritten by United HealthCare Insurance Company

Call 1-800-638-3120 with questions about this summary

BENEFITS AT A SPECTERA NETWORK PROVIDER

COMPREHENSIVE VISION EXAM (\$15 Copay; Once Per Benefit Period – July 1 to June 30)

Receive a comprehensive eye examination from a state-licensed optometrist or ophthalmologist.

MATERIALS (\$15 Copay)

The materials copay is a single payment that applies to the entire purchase of eyeglasses (lenses and frames), or contacts in lieu of eyeglasses.

Pair of Lenses for Eyeglasses (Once Per Benefit Period – July 1 to June 30)

- One pair of standard single vision, lined bifocal, lined trifocal, or standard lenticular lenses is covered-in-full.
- Standard scratch-resistant coating is covered-in-full.
- Lens Options - Options such as progressive lenses, polycarbonate lenses, tints, UV, anti-reflective coating, photochromatic, transitions, and edge-coating are covered in full.

Frames (Once Per Benefit Period – July 1 to June 30)

Receive a \$50 wholesale frame allowance (approximate retail value of \$120 to \$150) at private practice providers,
or a \$130 frame allowance at retail chain providers.

Contact Lenses in Lieu of Eyeglasses (Once Per Benefit Period – July 1 to June 30)

Covered-in-full elective contact lenses

The fitting/evaluation fees, contacts (including disposables), and up to two follow-up visits are covered-in-full (after applicable copay) for many of the most popular brands on the market. If covered disposable contact lenses are chosen, up to 6 boxes (depending on prescription) are included when obtained from a network provider. It is important to note that Spectera's covered-in-full contact lenses may vary by provider.

All other elective contacts

A \$150 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside of Spectera's covered-in-full contacts (materials copay does not apply). Toric, gas permeable, and bifocal contacts are all examples of contacts that are outside of our covered-in-full selection.

Necessary contact lenses*

Covered-in-full (after applicable copay)

REFRACTIVE EYE SURGERY

Spectera participants receive access to discounted refractive eye surgery from numerous provider locations throughout the United States. To find a participating laser eye surgeon in your area, visit our Web site at www.spectera.com, or call 1-877-28-SIGHT.

BENEFITS AT AN OUT-OF-NETWORK PROVIDER

SERVICE	AMOUNT	SERVICE	AMOUNT
Exam		Lenses	
Optometrist	up to \$40	Single Vision	up to \$40
Ophthalmologist	up to \$40	Bifocal	up to \$60
		Trifocal	up to \$80
Contact Lenses (in lieu of eyeglasses)		Lenticular	up to \$80
Elective	up to \$150		
Necessary*	up to \$210	Frames	up to \$45

PLEASE SEE ADDITIONAL INFORMATION ON BACK, INCLUDING DETAILS ON HOW TO FILE AN OUT-OF-NETWORK CLAIM

To File an Out-of-Network Claim: If you visit an out-of-network provider, you will need to send your itemized receipts, with the primary-insured's unique identification number and the patient's name and date of birth to:

**Spectera Claims Department
PO Box 30978
Salt Lake City, UT 84130**

Please note: Receipts for services and materials purchased on different dates must be submitted together at the same time to receive reimbursement. Receipts must be submitted within 12 months of the date of service.

* Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following post 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 your provider considers your contacts necessary, you should ask your provider to contact Spectera concerning the reimbursement that Spectera will make before you purchase such contacts.

Important to Remember: Benefits period is from July 1 through June 30 of the benefit year. Also, your \$150 contact lens allowance is applied to the fitting/evaluation fees as well as the purchase of contact lenses. For example, if the fitting/evaluation fee is \$30, you will have \$120 towards the purchase of contact lenses. The allowance may be separated at some retail chain locations between the examining physician and the optical store. Toric, gas permeable, and bifocal contacts are all examples of contacts that are outside of our covered-in-full selection.

Please retain this Benefit Summary and Vision Care Program description that includes detailed benefit information and instructions on how to use the program. To contact Spectera's Customer Service department, call toll-free 1-800-638-3120 or TDD 1-800-524-3157 for the hearing impaired. Customer service representatives are available: Monday through Friday from 8:00 am to 11:00 pm ET
Saturdays from 9:00 am to 5:30 pm ET

If there are differences in this document and the Group Policy, the Group Policy is the governing document.

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.