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How To Use Your Vision Benefits

HOW TO USE YOUR BENEFITS

1. Review Your Vision Benefits and applicable copays.
2. Find a Provider at www.capital-benefits.com or by contacting **spectera's** 24-hour provider locator at 1.800.839.3242.
3. Schedule Your Appointment, providing the primary insured's unique ID number and patient's name and date of birth.
4. Receive Your Eye Exam by a state-licensed optometrist or ophthalmologist.
5. Select Your Eyewear. Your provider will assist you with selection, order your prescriptions & call you when your eyewear arrives.

UNIQUE IDENTIFICATION NUMBER

In most cases, your unique identification number is your social security number. You will be asked to provide this number when scheduling appointments and accessing services. You will also be asked to provide your birth date as indication of your spectera coverage. If your group has chosen not to use ID numbers, see your group administrator for your unique identification number.

NETWORK BENEFITS

Examination ($10 copay, once every 12 months):
Receive a comprehensive eye examination from a state-licensed optometrist or ophthalmologist, covered-in-full, after exam copay.

Materials ($25 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 once every 12 mo.	If prescribed, one pair of standard single vision or standard multi-focal lenses is covered-in-full.
Lens Options	Standard scratch-resistant coating is covered-in-full. Lens options not covered by the plan, such as progressive lenses, polycarbonate lenses, high index, tints, UV, and anti-reflective coating, may be available at a discount.
Frames once every 24 mo.	You will receive a $130 retail frame allowance towards the purchase of any frame at an in-network provider. Additionally, for materials costs that exceed the frame allowance, you may receive an additional 30% discount, available only at participating providers.
Contact Lenses in Lieu of Eyeglasses once every 12 mo.	**Covered-in-full elective contact lenses:** The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered-in-full (after copay). If you choose disposable contacts, you may receive up to six boxes of disposable contacts (depending on prescriptions). spectera covered contact lenses may vary by provider. **All other elective contact lenses:** A $150 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside the covered selection (materials copay does not apply). Toric, gas permeable, and bifocal contact lenses are examples of contact lenses that are outside of our covered contacts. **Necessary contact lenses:** Covered-in-full after applicable copay.

REFRACTIVE EYE SURGERY

You may receive access to discounted refractive eye surgery from numerous provider locations though the United States.

To find a participating laser eye surgeon in your area, visit our website at www.spectera.com or call 877.28.SIGHT (877.287.4448).

Please note:
If there are any differences in this document and the Group Policy, the Group Policy is the governing document.

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GROUP NUMBER: F7BS
UNIQUE ID#_____

The unique ID number will be the subscriber's social security number plus the patient's birth date

Customer Service: 1.800.638.3120 Provider Locator: 1.800.839.3242
TDD for Hearing Impaired: 1800.524.3157

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OUT OF NETWORK BENEFITS			
If you choose out-of-network provider, you will be reimbursed up to:			
Exam:	**Lenses:**	**Frames:**	**Contact Lenses[1]:**
Optometrist $40.00 Ophthalmologist $40.00	Single vision $40.00 Bifocal $60.00 Trifocal $80.00 Lenticular $80.00	All $45.00	Elective[2] $150.00 Necessary[3] $210.00

1. Contact lenses are in lieu of eyeglasses (lenses and frames).
2. Less any network fitting/evaluation fee.
3. 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 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.

If you use an out-of-network provider, you still receive a great benefit. You will be reimbursed up to the amount the out-of-network maximums listed on your Benefit summary. In order to receive reimbursement, all you need to do is submit the itemized paid receipt(s), along with the primary insured's unique identification number and patient's name and date of birth to the following address:

UnitedHealthCare - Attention: Vision Claims Department: P.O. Box 30978, Salt Lake City, UT 84130 : Claims Department

IMPORTANT TO REMEMBER
Your $150 contact lens allowance is applied to the fitting/evaluation fee and the purchase of contact lenses. For example, if the fitting/evaluation fee is $30, you will have $120 toward the purchase of contact lenses. The allowance may be separated at some retail chain locations between the examining physician and the optical store. Vision benefits are available every 12 or 24 months (depending on the benefit frequency), based on last date of service.

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cut along the dotted line.

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www.spectera.com

UnitedHealthcare
Vision - Claims Department
P.O. Box 30978
Salt Lake City, UT 84130
Attention: Claims Department

Underwritten by United HealthCare Insurance Company and United HealthCare Insurance Company of New York.