



# CONFIDENT

## 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](http://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.

<b>Pair of Lenses</b> once every 12 mo.	If prescribed, one pair of standard single vision or standard multi-focal lenses is covered-in-full.
<b>Lens Options</b>	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.
<b>Frames</b> 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.
<b>Contact Lenses</b> in Lieu of Eyeglasses once every 12 mo.	<p><b>Covered-in-full elective contact lenses:</b> 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.</p> <p><b>All other elective contact lenses:</b> 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.</p> <p><b>Necessary contact lenses:</b> Covered-in-full after applicable copay.</p>

### 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](http://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.

cut along the dotted line.



**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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## How To Use Your Vision Benefits



### OUT OF NETWORK BENEFITS

If you choose out-of-network provider, you will be reimbursed up to:

Exam:	Lenses:	Frames:	Contact Lenses <sup>1</sup> :
Optometrist \$40.00 Ophthalmologist \$40.00	Single vision \$40.00 Bifocal \$60.00 Trifocal \$80.00 Lenticular \$80.00	All \$45.00	Elective <sup>2</sup> \$150.00 Necessary <sup>3</sup> \$210.00

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

#### 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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www.spectera.com

#### UnitedHealthcare

#### Vision - Claims Department

P.O. Box 30978

Salt Lake City, UT 84130

Attention: Claims Department

# UnitedHealthcare Lens Options

This list highlights the discounted cost on our most popular lens options. Most other lens options are offered with at least a 20% discount off of retail.<sup>1</sup> The prices shown below are a separate and additional cost to your materials and exam co-pays (if applicable).

## Type

COATINGS	
Standard Scratch Coating	No charge
Scratch Warranty	\$10
Tint	\$14
UV Coating	\$16
Photochromic	\$67
Standard Anti-Reflective Coating	\$40
Premium Anti-Reflective Coating	\$80
Platinum Anti-Reflective Coating	\$90
LENSES	
Roll and Polish Edges	\$13
Standard Progressive	\$70
Deluxe Progressive	\$110
Premium Progressive	\$150
Platinum Progressive	\$250
MATERIALS	
High Index ( $\leq 1.66$ )	\$53
High Index (1.67-1.73)	\$63
Polycarbonate <sup>2</sup>	\$33



**Note:** Not all plans include lens option or materials coverage. For more **coverage details** see your official vision plan documents.

**Effective date: October 1, 2016**

<sup>1</sup> Prices reflected are subject to change. Check with your provider. May not apply at some locations  
<sup>2</sup> \$0 for dependent children

This glossary is to help you understand the types of coatings, lenses and materials that are listed as your lens options.

## Coatings

**Standard Scratch Coating:** Protects against scratches on your eyeglass lenses. This is offered to you at no additional charge. Recommended for everyone.

**Tint:** Helps to reduce glare, and improve contrast. Recommended for people who play sports, and those who want to see with better contrast.

**UV Coating:** Offers protection for your eyes against UV light (sunlight that's harmful to you). Recommended for people who spend a lot of time outdoors.

**Photochromic:** Lenses that darken when they are exposed to certain kinds of light, and lighten when indoors. Recommended for people who spend a lot of time, outside, or around snow or water and don't like switching between prescription glasses and prescription sunglasses.

**Anti-Reflective Coating:** Lenses that are coated on both sides to reduce glare that help sharpen vision in all lighting conditions. They also help to reduce glare when you use a computer. There are three levels of Anti-Reflective coatings available – standard, premium, and platinum. Standard offers a base level of scratch and glare resistance, with platinum giving the highest level of protection. Recommended for people who use a computer for work, or who spend a lot of time driving at night.

## Lenses

**Roll and Polish Edges:** Helps to reduce the appearance of the thickness of lenses and provides an improved appearance of the edges. Recommended for people who have thick lenses, but want to make them appear thinner.

**Progressive:** Sometimes called “no-line bifocals” because they don't have bifocal or trifocal segment lines. Let you switch between near and far distance vision easily. There are four levels of progressive lenses on our lens options list – Standard, Deluxe, Premium, and Platinum. Each tier offers different levels of quality- Standard has the base level, where platinum has the highest level of quality. Recommended for people who need bifocals but don't want visible lines in their glasses.

## Materials

**High Index lenses:** These lenses are thinner than other lens materials, reducing the weight and reducing thickness of the lenses. Recommended for people with higher prescriptions who want thinner, lighter lenses.

**Polycarbonate:** Made from a thinner, lighter material that offers better impact resistance than regular plastic lenses. Polycarbonate lenses also offer increased ultraviolet protection for your eyes. Polycarbonate lenses for dependent children are offered to you at no additional charge. Recommended for children, or people who play sports.



## Vision insurance

# Vision coverage from Spectera offers savings you can see

If you need corrective eyewear, your vision plan from Spectera can help you save big on the items you use daily. In addition to covering a comprehensive eye exam, your plan covers a pair of eyeglasses (including frames and lenses) or contact lenses.

### Frame benefit

When you visit a retail or private practice provider within the large Spectera vision network, you will receive an allowance that can be applied to the cost of your frames. This allowance covers in full, after your copay, many of the most popular frames on the market today. If your chosen frames go over the allowance, many providers offer additional discounts to lower the amount you need to pay.

### Contact lens benefit

You receive full coverage, after applicable copay, at a network vision provider. Spectera covers the fitting and evaluation fees, contact lenses (including disposables)

### Our vision plan provides you with:

- > Eye exams
- > Complete set of eyeglasses or contacts
- > 20% to 40% discount on popular lens options
- > Access to discounts on laser vision correction
- > Discounts on extra pairs of eyewear

Refer to your benefit summary for plan specifics.

and up to two follow-up visits with your eye doctor. If you choose contacts that are not covered in full, you'll get an allowance toward the purchase price.

And once you have received your prescription for contact lenses from your eye care provider, you can use the online discount ordering program we offer through Vision Direct, an online retailer of contact lenses. You'll get an additional discount off Vision Direct's already low prices and earn Vision Reward points to use toward future purchases when accessed through [www.myspectera.com](http://www.myspectera.com).

### Lens upgrades

Popular lens options such as progressive lenses, tints, anti-reflective coating and more, if not covered by your plan, are available at discounts of up to 40%. Standard scratch resistant coating is applied to all lenses at no charge.

### Additional pairs of glasses

You get a 20% discount on any additional pairs of eyeglasses, including prescription sunglasses.

### Access to discounted laser vision correction

You get access to discounted laser vision correction procedures. You can choose a credentialed surgeon from Laser Vision Network of America's (LVNA) nationwide network of more than 500 laser vision correction surgeons.

### With more than 34,000 provider access points, there's a location near you.

Finding one is easy. Simply go to [www.myspectera.com](http://www.myspectera.com) and use the provider locator tool for a complete listing, including door-to-door directions. Plus, you can verify your benefits and eligibility, find answers to frequently asked questions, print a member ID card, and much more. You can also call **1-800-638-3120** to speak with a Customer Service representative.

Large national network provides convenience and choice.

In addition to favorite private practices, our large network includes more than 100 popular retail chains, including 17 of the top 20.



### Questions about your plan?

Visit [www.myspectera.com](http://www.myspectera.com) or call 1-800-638-3120.







## Vision insurance

# Provider network: there's always a provider in sight

One size does not fit all. That's why we created a network that features both private practice and retail providers to allow you a choice for your eye care. Some people prefer the personal service of a private practice provider, especially if they have a long-standing relationship with a family eye doctor. Others prefer the convenience of retail chain providers, which often offer evening and weekend hours.

Our vision benefit offers a diverse network of more than 34,000 access points, including both private practice and leading retail chain providers. Our plan allows you to pick the provider that matches your lifestyle and eye care needs.

### Finding a provider is easy.

Simply go to [www.myspectera.com](http://www.myspectera.com) and use the provider locator tool for a complete list, including door-to-door directions.

**Contracted retail chain providers:**

Alleghany Optical	Eye Care Plus	Lens Lab Express	Standard Optical
Alvernon Optical, Inc	Eye Doctors Optical Outlet	Longe Optical	Stein Optical
America's Best	Eye DRx	Lord Eye Care Centers	SVS Vision
Bard Optical	Eye Express	Midwest Eye Consultants	Taft Optical
Binyon's	Eye Mart	Midwest Vision Centers	Texas State Optical
Brown's Optical	Eye Savers	My Eye Dr.	The Eye Centers of the Quad Cities
C&B Optical One	Eye Surgeons Associates	National Optometry	The Hour Glass
Cambridge Eye Doctors	Eyecare Center, ODPa	National Vision	The Hour Glass of Albany
Cohen's Fashion Optical	Eyeconn	Nationwide Vision	Thoma Sutton Optical
Cole Vision	EyesFirst Vision Centers	OH Gerry Optical	Total Vision Care
Columbia Vision Center	Eyeglass World	One Hour Optical	United Optical
Co/op Optical Vision Designs	EyeMart	Optical Fashions	Vision Clinic of Ankeny
Costco Wholesale Clubs	EyeMart Express	Optiview Vision Center	Vision Mart
Crown Optical	Eyemart Optical	Optyx, LLC	Vision Point
Doctors on Sight	EyeMasters	OSSIP Optometry	Vision Values by Dr. Tavel
Doctor's ValuVision	First Sight Vision Services	Primary Vision Care Center	Vision4Less
Doctor's VisionWorks	For Eyes	Professional Opticians	VisionFirst
Doctors VisionWorld	Fred Meyer Optical	Riverfront Optical	Visionmakers
Downtown Opticians	Fritz & Hawley Vision Centers	Rosin Eyecare	Visionmart Express
Dr. Bizer's VisionWorld	General Vision Services	Rx Optical	Visionworks
Dr. Tavel Family Eye Care	H. Rubin Vision Centers	S. H. Laufer Vision World	VisionWorld
Emerging Vision / Insight Managed Vision	Halpern Eye Associates	Sam's Club	Vogue Vision Center
Empire Vision Center	Henry Ford OptimEyes	SEE Eyewear	Walmart
Enfield Opticians	Herslof Opticians	Sharon Optical	Wentzville Eye Center
Exact Eye Care	Hitchcock Munsion Opticians	Shawnee Optical	Whylie Eye Care Center
Eye Boutique	Horizon Eye Care	ShopKo	Wisconsin Vision
Eye Care Associates	Hour Eyes	Smeelink Optical	Wise Eyes
Eye Care One	InnoVision	Southeast Eye Specialist	Youngers Vision Center
		Specs for Less	



Please visit our website at [www.spectera.com](http://www.spectera.com) for the most up-to-date list of participating providers. Although we contract with each of these retail chain providers, not all locations within each retail chain participate in our vision network.

Spectera® Vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form VPOL.06.TX and associated COC form number VCOC.INT.06.TX.



# Spectera Contact Lens Formulary List<sup>1</sup>



Additional rebate savings may be available on contact lenses through the eye care provider.

## Disposables Daily Wear

- Ciba DAILIES® AquaComfort Plus® 30 pack
- Ciba Focus® DAILIES® Toric ADC 30 pack
- Ciba Focus® DAILIES® Progressives 30 pack
- CooperVision™ Proclear® 1 day 30 pack
- Johnson & Johnson 1•Day Acuvue® Moist® 30 pack

## Disposables Bi-Weekly Wear

- Bausch & Lomb® Soflens®38
- CIBA Vision Freshlook® Handling Tint
- CooperVision™ Avaira®
- CooperVision™ Biomedics® XC
- CooperVision™ Biomedics® 55 Premier™
- Johnson & Johnson ACUVUE® ADVANCE® Plus
- Johnson & Johnson ACUVUE®
- Johnson & Johnson ACUVUE® 2
- Johnson & Johnson ACUVUE® OASYS® with HYDRACLEAR® Plus

## Planned Replacement Monthly Wear

- CIBA Vision AIR OPTIX® AQUA
- CooperVision™ Biofinity®
- CooperVision™ Frequency® 55 Aspheric
- CooperVision™ Frequency® 55
- CooperVision™ Proclear®



<sup>1</sup> Formulary list subject to change.

Contact lenses not appearing on the formulary are considered non-selection, unless otherwise specified on the individual plan outline. An allowance is provided toward the fitting/evaluation fee and purchase of non-selection contacts outside of the formulary.

Coverage for Covered Contact Lens Selection does not apply at Walmart or Sam's Club locations. The allowance for non-selection contact lenses will be applied toward the fitting/evaluation fee and purchase of all contacts.

Effective date: 6/1/2012

Spectera® Vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form VPOL.06.TX and associated COC form number VCOC.INT.06.TX.



## Vision Plan Out-of-Network Claim Form

**Please complete the employee and patient information**

Today's Date	Date of Service		
Employee's Name	Employee's Unique Identification Number		
Address where check should be mailed			
Address			
City	State          ZIP		
Patient's Name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <b>Patient's Relationship to Employee (check one)</b>  <input type="radio"/> Self   <input type="radio"/> Dependent         </td> <td style="width: 50%; padding: 5px;"> <b>Patient's Date of Birth</b> </td> </tr> </table>	<b>Patient's Relationship to Employee (check one)</b> <input type="radio"/> Self <input type="radio"/> Dependent	<b>Patient's Date of Birth</b>
<b>Patient's Relationship to Employee (check one)</b> <input type="radio"/> Self <input type="radio"/> Dependent	<b>Patient's Date of Birth</b>		

**Please complete services and materials received. You must provide the costs paid. Costs paid must match submitted receipt(s).**

**Please Note:** Receipts must be submitted together at the same time for services and materials purchased (even if purchased on different dates) to receive reimbursement. You will receive a one-time reimbursement based on your service frequency in your employer's vision care plan.

**Exam**

**Eye / Vision Exam      Paid: \$**

Complete below for glasses	OR...	Complete below for contacts
<b>Glasses</b>		<b>Contacts</b>
<input type="radio"/> Frames          Paid: \$		<input type="radio"/> Contact Fitting / Exam      Paid: \$
<b>Glasses Lens Type (Check only one)</b>		<input type="radio"/> Contact Lenses          Paid: \$
<input type="radio"/> Single-vision lenses      Paid: \$		Note: Contact fitting fees must accompany contact lenses purchased.  If service(s) received from an in-network provider, please include provider's National Provider Identification Number (NPI):
<input type="radio"/> Bi-focal lenses          Paid: \$		
<input type="radio"/> Tri-focal lenses          Paid: \$		
<input type="radio"/> Lenticular lenses        Paid: \$		
<b>Employee Signature</b>		<b>Date</b>

**Please return this form with a copy of your paid, itemized receipt to:**

Spectera  
 ATTN: Claims Department  
 P.O. Box 30978  
 Salt Lake City, UT 84130  
 Fax: (248) 733-6060

Questions? You can call our Customer Service Department at (800) 638-3120

## Provider Nomination Form\*

If you wish to nominate a particular ophthalmologist, optometrist or optician as a UnitedHealthcare Vision Care Provider, please complete this form and mail or fax it to:

UnitedHealthcare Vision

**Attn: Network Development**

Liberty 6, Suite 200

6220 Old Dobbin Lane

Columbia, MD 21045

Fax: 443-896-0515

Group Name: \_\_\_\_\_

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Provider: \_\_\_\_\_

**Please check one of the following:**

**Ophthalmologist**

**Optometrist**

**Optician**

**Lasik Surgeon**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

UnitedHealthcare Vision will make every attempt to contact nominated providers. Please allow 30 to 60 days from the time that UnitedHealthCare Vision receives this form for the potential provider to be contacted.

It is our goal at UnitedHealthcare Vision to provide you and your eligible dependents with the highest-quality vision care plan available. Your time and assistance in completing this form is appreciated and will help us to provide you with extensive provider access.

\*Please note that nominating a provider does not necessarily guarantee that the provider will be a participant of UnitedHealthcare Vision's network. ***LCA-Vision owns and operates the Lasik panel. Acceptance into UnitedHealthcare Vision's network and LCA's network are independent of each other.*** A number of factors can affect a provider's participation. Some factors include but are not limited to geographic distribution of the existing network and population demographics.

Thank you for submitting this Provider Nomination Form.