

SightSelect® Vision Care Insurance

Included in the Preferred Dental Plan



Spectera Inc. administers Vision Benefits underwritten by the following entities: United Healthcare Insurance Company; United Healthcare Insurance Company of New York; Unimerica Insurance Company, Inc. Administrative Office; Spectera, Inc., Columbia, MD; **SightSelect® Vision Plan Policy Form series UHIC VisPol. Certificate UHIC**

An exhibit of the key benefits and the rates on the vision program are as follows. There is a provider network on the vision program with over 26,000 participating providers. Members can contact Spectera at 1-800-839-3242 to access provider information or locate a network provider through the website at www.spectera.com. Customer Service number is 1-800-638-3120 to verify benefits and file claims.

PROGRAM DESCRIPTION	SightSelect®	
Examination Lenses Frames	100% Paid – Once every 12 months 100% Paid – Once every 12 months 100% Paid – Once every 24 months	
Examination Co-Pay Materials Co-Pay	\$10 Co-Pay \$25 Co-Pay	
BENEFITS	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Examination	100%	Up to \$40
Single Vision Lenses	100%	Up to \$40
Bifocal Lenses	100%	Up to \$60
Trifocal Lenses	100%	Up to \$80
Lenticular Lenses	100%	Up to \$80
Frames	100%	Up to \$45
Contact Lenses - Necessary	100%	Up to \$210
Contact Lenses - Elective	100%	Up to \$105
<p>➤ Laser Eye Surgery – SightSelect offers a life-changing experience – access to discounted refractive eye surgery procedures from selected provider locations.</p>		
<p>➤ Primary Eye Care Rider – SightSelect covers the cost of detecting, treating, and managing conditions that produce ocular or vision symptoms such as discomfort or pain, transient loss of vision, swollen lids, red eyes or pink eye, sty, and cataracts, subject to a \$5.00 co-payment. (Benefits are available through participating optometrists only.)</p>		
<p>➤ Low Vision Rider – The plan covers supplementary testing for participants who have severe visual problems that are not correctable with regular lenses, and subsequent necessary low vision therapy. The co-payment is 25% and the maximum payable benefit is \$1,000 every two years per insured person.</p>		