

## Benefits At-A-Glance

### Vision Insurance

#### **Lincoln VisionConnect®:**

- Provides 100% coverage for annual eye exams and eyeglass after low (or no) copay\*
- Maternity Benefit and Children's Eye Care Program\*
- Includes a generous allowance for eyeglass frames\*
- Offers discounts for certain upgraded lenses\*
- Preferred pricing on laser vision correction
- Gives you the option to choose contact lenses instead of eyeglass lenses
- Features group rates for AnywhereWorks, Inc. employees
- Includes an online member portal where you can view your claims, print ID cards and more

| Coverage Amounts | In-Network            | Out-of-Network           |
|------------------|-----------------------|--------------------------|
| Eye examination  | 100% after \$10 copay | Up to \$40 reimbursement |

#### **Eyeglass lenses**

|                 |                       |                          |
|-----------------|-----------------------|--------------------------|
| Single vision   | 100% after \$10 copay | Up to \$40 reimbursement |
| Bifocal         | 100% after \$10 copay | Up to \$60 reimbursement |
| Trifocal        | 100% after \$10 copay | Up to \$80 reimbursement |
| Lenticular      | 100% after \$10 copay | Up to \$80 reimbursement |
| Eyeglass frames | Up to \$130 allowance | Up to \$45 reimbursement |

#### **Contact lenses**

|                                    |                       |                           |
|------------------------------------|-----------------------|---------------------------|
| Covered Contact Lens Selection     | 100% after \$10 copay | Up to \$125 reimbursement |
| Other contact lens options         | Up to \$125 allowance | Up to \$125 reimbursement |
| Medically necessary contact lenses | 100% after \$10 copay | Up to \$210 reimbursement |

#### **How Often?**

|                                          |                 |
|------------------------------------------|-----------------|
| <b>Eye examination</b>                   | Every 12 months |
| <b>Eyeglass lenses OR contact lenses</b> | Every 12 months |
| <b>Eyeglass frames</b>                   | Every 24 months |

**Note:** You can choose either eyeglass lenses or contact lenses every 12 months.

\*When you choose an in-network provider.  
 Lincoln VisionConnect® is underwritten by UnitedHealthcare Insurance Company.  
 UnitedHealthcare Insurance Company is not a Lincoln Financial Group® company.

## Plan Features

### In-Network vs. Out-of-Network Coverage

- *Lincoln VisionConnect*® members are supported through the Spectera Vision network. When you visit your eye care provider, **let the office know you are a Spectera customer** to make the most of your in-network provider benefits.



- To find a Spectera vision network provider close to work or home, call 1-800-440-8453 or **locate a provider in a few easy steps**:
  - Visit **lvc.lfg.com**. On the left side of the page, use the **Provider Quick Search**.
  - In the **Provider Quick Search** box, enter a ZIP Code or street address.
  - Click the **Search** button to display a list of providers near you.
- If you choose an out-of-network provider, you pay the provider in full and submit a claim for reimbursement of covered services and products.
- Lincoln's exclusive in-network partnership with Warby Parker lets employees use their annual allowances to purchase eyeglasses and/or contact lenses from this convenient online and retail vendor.

### Covered Contact Lens Selection

- *Lincoln VisionConnect*® gives you the option to choose contact lenses instead of eyeglass lenses.
- *Lincoln VisionConnect*® features a Covered Contact Lens Selection benefit.
- This benefit covers fitting and evaluation fees, up to four boxes of contact lenses (depending on the prescription), and two follow-up visits.
- To view your current covered contact lens choices\*, visit lvc.lfg.com or call 1-800-440-8453.
- The Covered Contact Lens Selection is not available at 1-800 Contacts, Costco®, LensCrafters, Sam's Club®, Target, Walmart® or Warby Parker locations.

### Other Contact Lens Options

- A \$125 allowance is provided for all other contact lenses, as well as for contact lenses purchased at 1-800 Contacts, Costco®, LensCrafters, Sam's Club®, Target, Walmart® or Warby Parker with no copay.
  - This allowance does not include the cost of a fitting/evaluation or follow-up.

### Medically Necessary Contact Lenses

- Contact lenses are considered "medically necessary" at the discretion of the eye care provider and are covered 100% (after a low or no copay) when you choose a network provider.

### Eyeglass Frames

- *Lincoln VisionConnect*® provides a \$130 retail frame allowance. This covers many of today's popular eyeglass frames.
- If the cost of the frames you choose exceeds \$130, you simply pay the remaining balance (which includes a discount of up to 30% at participating providers).

\*The Covered Contact Lens Selection is subject to change.

\*\*Discounts subject to change.

Your eye doctor's prescribed wearing schedule may affect replacement frequency.  
All trademarks are the property of their respective owners.

## Plan Discounts

Further maximize your plan with in-network discounts.

### Eyeglass Lens Option Discounts\*\*

#### Coatings

|                                  |           |
|----------------------------------|-----------|
| Standard scratch coating         | No charge |
| Scratch warranty                 | \$10      |
| Tint                             | \$14      |
| UV coating                       | \$16      |
| Photochromic                     | \$67      |
| Tier I anti-reflective coating   | \$30      |
| Tier II anti-reflective coating  | \$50      |
| Tier III anti-reflective coating | \$75      |
| Tier IV anti-reflective coating  | \$95      |

#### Lenses

|                       |       |
|-----------------------|-------|
| Roll and polish edges | \$13  |
| Tier I progressive    | \$55  |
| Tier II progressive   | \$100 |
| Tier III progressive  | \$150 |
| Tier IV progressive   | \$200 |
| Tier V progressive    | \$250 |

#### Material

|                                                  |           |
|--------------------------------------------------|-----------|
| High index (1.66 or lower)                       | \$53      |
| High index (1.67-1.73)                           | \$63      |
| Polycarbonate                                    | \$33      |
| Polycarbonate for dependents under the age of 19 | No charge |

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| Other Discounts                          |           |
|------------------------------------------|-----------|
| Additional eyeglasses and contact lenses | Up to 20% |
| Mail order contact lenses                | 10%       |

### Preferred Pricing on Laser Vision Correction

- Free LASIK consultation with in-network providers
- Convenient access to experienced LASIK surgeons at more than 900 locations nationwide
- Flexible 0% financing options available to qualified applicants
- For more information, visit [vision.qualsight.com](http://vision.qualsight.com) or call 855-250-2020

### Covered Family Members

When you choose coverage for yourself, you can also provide coverage for:

- Your spouse or domestic partner.
- Dependent children, up to age 26.

### Wellness Benefits — Maternity Benefit and Children's Eye Care Program:

Pregnant or breastfeeding women, and children up to age 13 receive additional coverage for each service frequency period:

- A second eye exam, after any applicable co-pay
- A new pair of glasses including frames and lenses (if the prescription changes .5 diopter or greater)

### Questions? Call 800-423-2765 and mention Group ID: BLUECOL.

This is not intended as a complete description of the insurance coverage offered. While benefit amounts stated in this summary are specific to your coverage, other items may summarize our standard product features and not the specific features of your coverage. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A policy will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern.

*Lincoln VisionConnect®* is underwritten by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company is not a Lincoln Financial Group® company.

*Lincoln VisionConnect®* is marketed by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. In New York, *Lincoln VisionConnect®* is marketed by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group® companies. *Lincoln VisionConnect®* is a registered trademark of Lincoln National Corporation.

*Lincoln VisionConnect®* coverage is 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 are provided by Spectera, Inc., UnitedHealthCare 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 the coverage, contact *Lincoln VisionConnect®* at 800-440-8453.

The contracting entity for Spectera Eyecare Networks is Spectera, Inc.

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.



## Benefit Exclusions

Like any insurance, this vision insurance plan does have some exclusions. The plan does not cover:

- Post-cataract lenses
- Non-prescription items
- Medical or surgical treatment for eye disease that requires the services of a physician
- Workers' Compensation services or materials
- Services or materials that the patient, without cost, obtained from any governmental organization or program
- Services or materials that are not specifically covered by the plan
- Replacement or repair of lenses and/or frames that have been lost or broken
- Cosmetic extras, except as stated in the policy

A complete list of benefit exclusions is included in the policy. State variations apply.

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## Vision Premium

### Here's how little you pay with group rates.

As an employee, you can take advantage of this vision insurance and you can add loved ones to the plan for just a little more.

Your estimated cost is itemized below.

| Coverage                           | Monthly Premium |
|------------------------------------|-----------------|
| Employee only                      | \$7.47          |
| Employee & spouse/domestic partner | \$14.15         |
| Employee & child/children          | \$16.60         |
| Employee & family                  | \$23.63         |

Please see prior page for product information.

Vision Insurance Premium Calculation