Lincoln Financial Group®

Full-Time Employees of A-CTI Full Inc.

Benefits At-A-Glance

Vision Insurance

The *Lincoln VisionConnect®* Plan:

- Provides 100% coverage for annual eye exams and eyeglass lenses after a low copay*
- Includes pediatric coverage for a second eye exam and a new pair of glasses including frames and lenses (if the prescription changes .5 diopter or greater) each service frequency period for children up to age 13 after low (or no) copay*
- Includes a generous allowance for eyeglass frames*
- Offers discounts for certain upgraded lenses and laser vision correction*
- Gives you the option to choose contact lenses instead of eyeglass lenses
- Features group rates for A-CTI Full 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?	
Eye examination	Every 12 months
Eyeglass lenses OR contact lenses	Every 12 months
Eyeglass frames	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.

The Lincoln National Life Insurance 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.

Covered Contact Lens Selection

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

Other Contact Lens Options

- A $125 allowance is provided for all other contact lenses, as well as for contact lenses purchased at Walmart, Sam's Club, or Costco, 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 copay) when you choose a network provider.

Eyeglass Frames

- The *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).

Plan Discounts

Eyeglass Lens Option Discounts**	
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
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

*The Covered Contact Lens Selection is subject to change.
**Discounts subject to change.
Your eye doctor's prescribed wearing schedule may affect replacement frequency.

Other Discounts	
LASIK vision correction	Up to 15%
Additional eyeglasses and contact lenses	Up to 20%
Mail order contact lenses	10%

Covered Family Members

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

- Spouse
- Dependent children, up to age 26.

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.

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.

The *Lincoln VisionConnect*® program 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, this program 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 1-800-440-8453.

The contracting entity for Spectera Eyecare Networks is Spectera, Inc. UnitedHealthcare Insurance Company is not a Lincoln Financial Group® company. **Not for use in New Mexico.**

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