



Spectera[®] vision

Quality, affordable preventive care

The Spectera vision program can save you and your family anywhere from 40 percent to 60 percent off the normal price of vision care and corrective eyewear.

All major eye problems or procedures are covered under your medical plan.

Spectera vision provides you with:

- Eye exams
- Complete sets of eyeglasses or contacts (check your plan for details)
- A national eye care network, including both retail and private practice locations

As a member, you also have access to:

- Discounts on laser vision correction
- Discounts on extra pairs of eyewear
- 20 percent to 40 percent discount on popular lens options (like progressives and tints)
- Refer to your benefit summary for plan details



Call us

If you have questions or need more information, call our toll-free customer service line at 800-638-3120



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In-network provider benefits

When you visit a Spectera network provider, you will receive the following covered services:

Vision exam	Your eye doctor will give you a complete eye exam. This exam includes a case history and an exam for eye illness and vision impairment. If an illness or eye disorder is found, you may be referred to your medical plan for medical eye coverage.
Pair of lenses (for spectacles)	Standard single vision, lined bifocal or lined trifocal lenses are covered in full. Standard scratch-resistant coating is covered in full. Options, such as progressive lenses, polycarbonate lenses, tints, UV and anti-reflective coating may be available at a discount.
Frames	When you visit a retail or private practice provider within the Spectera vision network, you will get an allowance that can be applied to the cost of your frames. This allowance covers in full, after your materials co-pay, many of the most popular frames on the market today.
Lens options	Standard scratch-resistant coating covered in full. Other optional lens upgrades may be offered at a discount. (Discount varies by provider.)
Contact Lenses	<ul style="list-style-type: none">• Covered-in-full elective contact lenses¹ – The fitting/evaluation fees, contacts (including disposables) and up to two follow-up visits are covered in full (after applicable co-pay) for many of the most popular brands on the market. If covered disposable contact lenses are chosen, up to four boxes of disposables are included when obtained from a network provider. It is important to note that Spectera's covered-in-full contact lenses may vary by provider.• All other elective contact lenses – An allowance is applied toward the fitting/evaluation – fees and purchase of contact lenses outside of Spectera's covered-in-full contacts (materials co-pay does not apply). Toric, gas permeable and bifocal contacts are all examples of contacts that are outside of our covered-in-full section.• Necessary contact lenses² – Covered in full (after applicable copay)
Laser vision discount	Spectera Vision has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser vision correction providers. Members receive 15% off usual and customary pricing, 5% off promotional pricing at over 500 network provider locations and even greater discounts through set pricing at LasikPlus locations. For more information, call 1-888-563-4497 or visit us at www.uhclasik.com

¹ Coverage for covered contact lens selection does not apply at Wal-Mart 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

² Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: post-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.

Out-of-network provider benefits

When you visit an out-of-network provider, you will be reimbursed up to the out-of-network maximums:

Service	Amount
Exam	Up to \$40
Single vision lenses	Up to \$40
Bifocal lenses	Up to \$60
Trifocal lenses	Up to \$80
Lenticular lenses	Up to \$80
Frames	Up to \$45
Elective contacts ¹	Up to \$125
Necessary contacts ²	Up to \$210

¹ The out-of-network reimbursement applies to materials only. The fitting/evaluation is not included.

² Determined at the provider's discretion for one or more of the following conditions: post-cataract surgery without intraocular lens implant; extreme vision problems that cannot be corrected with spectacle lenses; and certain conditions of anisometropia and keratoconus. The provider will make a determination at the time of exam as to the medical necessity of contact lenses, based on the patient's case history and the exam's results.



Important things to remember

In-network

- Always identify yourself as a Spectera customer when making your appointment. This will assist your provider in obtaining a claim authorization before you visit. All you need for the provider to verify your Spectera eligibility is your name and date of birth.
- Your network provider will help you determine which contact lenses are available in Spectera's covered-in-full selection.
- Your contact lens allowance is applied to the fitting/evaluation fee, as well as the purchase of non-covered contact lenses. For example, if your allowance is \$125 and the fitting fee and evaluation is \$30, you will have \$95 toward the purchase of non-covered contact lenses. Evaluation and fitting fees may vary among providers and type of fitting required.
- Patient options, such as UV coating, progressive lenses, etc., are not covered in full, but are provided to Spectera customers at a cost typically below normal retail charges.
- Co-pays and non-covered patient options are paid to the provider by the participant. The participant pays the full fee to the provider and Spectera reimburses the participant for services rendered up to the maximum allowance

Out-of-network

- Receipts for services and materials purchased on different dates must be submitted together at the same time to receive reimbursement.
- Receipts must be submitted within 12 months of the date of service to: Spectera Vision, Attn: Claims Department, P.O. Box 30978, Salt Lake City, UT 84130 FAX: 248-733-6060

Network and out-of-network

- Benefit frequency based on the last date of service.
- Benefits for contact lenses in lieu of spectacle lenses and frames

Choice and access to vision care providers

Spectera offers its vision program through a national network of both private practice and retail chain providers.

To access the Provider Locator Service, visit our website at umr.com, or call **800-839-3242**, 24 hours a day, seven days a week.

The following Services and Materials are excluded from coverage under the Policy: post-cataract intraocular lens implants; non-prescription items; medical or surgical treatment for eye disease, which requires the services of a physician; Worker's Compensation services or materials; services or materials that the patient, without cost, obtains from any governmental organization or program; services or materials that are not specifically covered by the Policy; replacement or repair of lenses and/or frame that have been lost or broken; and cosmetic extras.

Vision Benefits are provided by your plan sponsor through Spectera.

Customer service

If you have questions or need more information, call our toll-free customer service line at **800-638-3120**.

Representatives will be available between 8:30 a.m. and 11 p.m. Eastern time, Monday through Friday, and between 9 a.m. and 6:30 p.m. Eastern time, on Saturdays.



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