

Small Business Vision Rates (2-100 lives)

We deliver a total solution in providing you and your members access to high-quality vision care.

 <p>Clear Benefits and Value</p> <ul style="list-style-type: none"> • Reduced member out-of-pocket costs • Flexible plan designs and added member benefit features 	 <p>Provider Access and Choice</p> <ul style="list-style-type: none"> • Over 60,000 provider access points • Broad choice of private practice and retail chains = Freedom of choice 	 <p>Eye Health and Wellness</p> <ul style="list-style-type: none"> • Integrated with medical and disease management programs • Online and telephonic tools to engage and empower members 	 <p>Exceptional Customer Service</p> <ul style="list-style-type: none"> • Customer service center with evening and weekend hours • Toll-free, 7 days a week • Website with member specific benefit claims and order information
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THIS MATTERS

UnitedHealthcare offers vision coverage to fit each member's needs, including an integrated approach to health and wellness

Illustration of potential savings with a UnitedHealthcare vision plan.

(Copays and discounts vary by plan.)

Service received	No plan	UnitedHealthcare vision plan
If you prefer glasses:		
Routine eye exam	\$60	\$10
Glasses (frames and lenses) copay	\$0	\$25
Frames**	\$130	\$0
Standard progressive lenses	\$219	\$70
Standard anti-reflective coating	\$70	\$40
Standard scratch-resistant coating	\$27	\$0
Annual Premium	\$0	\$68
Total cost	\$506	\$213
Or if you prefer contact lenses:		
Routine eye exam and fitting	\$85	\$10
Contact lens copay 4 boxes selection contact lenses	\$116	\$25
Annual Premium	\$0	\$68
Total cost	\$201	\$103

Note: This is a sample savings chart. It does not show specific plan designs or vision provider costs. Your plan's allowances and copayments may be different from the example above.

The rates and benefits provided are for general information and discussion purposes only and are not valid unless approved by UnitedHealthcare Specialty Benefits. This rate quote is not an offer or guarantee of coverage. The group should not, under any circumstances, cancel its existing coverage unless and until coverage is offered by UnitedHealthcare Specialty Benefits and final rates have been accepted by and initial premium paid by the groups. Final rates are determined by UnitedHealthcare Specialty Benefits' underwriting guidelines and final enrollment. The insurance Policy, not general rates and descriptions on this rate sheet,

Specialty benefits and programs may not be available in all states or for all group sizes. Components subject to change.

UnitedHealthcare 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 number VPOL.06.TX and associated COC form number VCOC.INT.06.TX.

UnitedHealthcare Vision: delivering more - for less

- We have been providing vision care benefit for over 50 years
- We provide benefits to more than 18 million members
- Between office locations and providers, our national network of private practice and retail chains offer over 72,000 options to choose from

Our vision plans provide you with:

- Eye exams
- Complete set of eyeglasses or contacts (refer to benefit materials)
- Polycarbonate lenses for dependent children covered in full

As a member you also have access to:

- Discounts on laser vision correction of 15% off standard prices or 5% off promotional prices at any in-network surgeon
- Discounts on extra pairs of eyewear
- 20%-40% discount on popular lens options
- Preferred pricing on premium hearing aids

Refer to your benefit summary for plan details

To complement the pediatric vision coverage included as an Essential Health Benefit in UnitedHealthcare medical plans, we are recommending you provide a quote for your clients for a vision plan. Your UnitedHealthcare Account Executive is available to review your options to provide a consistent and comprehensive family vision experience.

For groups with effective dates
January 01, 2018 - March 31, 2018

	Contribution	Exam/Lenses*/ Frames (months)	Copay	Frame Allowance	Contact Lens Allowance	Covered Lens Options	Employee	Employee + Spouse	Employee + Child (ren)	Employee + Family
V1026	100% Employer Paid	12/12/24	\$15/\$30	\$130	\$105	Dep Only	\$4.65	\$8.84	\$10.32	\$14.56
VL004		12/12/24	\$10/\$25	\$100	\$105	Dep Only	\$4.95	\$9.40	\$10.98	\$15.49
VH088		12/12/24	\$15/\$30	\$150	\$125	Dep Only	\$5.22	\$9.92	\$11.58	\$16.33
V1004		12/12/24	\$10/\$25	\$130	\$105	Dep Only	\$5.31	\$10.10	\$11.80	\$16.63
V1076		12/12/24	\$10/\$25	\$130	\$125	Dep Only	\$5.71	\$10.85	\$12.67	\$17.87
VH106		12/12/24	\$10/\$25	\$150	\$150	Dep Only	\$6.19	\$11.76	\$13.74	\$19.37
V1001		12/12/12	\$10/\$10	\$130	\$105	Dep Only	\$6.80	\$12.92	\$15.10	\$21.29
V1049	50/50	12/12/24	\$15/\$30	\$130	\$105	Dep Only	\$4.92	\$9.35	\$10.93	\$15.40
V1020		12/12/24	\$10/\$25	\$130	\$105	Dep Only	\$5.63	\$10.70	\$12.50	\$17.62
V1018		12/12/12	\$10/\$25	\$130	\$105	Dep Only	\$6.06	\$11.51	\$13.45	\$18.96
L004C		12/12/12	\$10/\$25	\$130	\$125	Dep Only	\$6.50	\$12.36	\$14.44	\$20.36
V1012	Employee Core	12/12/24	\$10/\$25	\$130	\$105	Dep Only	\$5.31	\$11.16	\$13.13	\$19.35
V1010		12/12/12	\$10/\$25	\$130	\$105	Dep Only	\$5.73	\$12.02	\$14.14	\$20.84
VH010		12/12/12	\$10/\$25	\$150	\$105	Dep Only	\$5.99	\$12.57	\$14.79	\$21.80
V1043	Voluntary	12/12/24	\$15/\$30	\$130	\$105	Dep Only	\$5.66	\$10.76	\$12.57	\$17.73
VL008		12/12/24	\$10/\$25	\$100	\$105	Dep Only	\$6.03	\$11.46	\$13.39	\$18.88
VH089		12/12/24	\$15/\$30	\$150	\$125	Dep Only	\$6.36	\$12.09	\$14.13	\$19.92
V1008		12/12/24	\$10/\$25	\$130	\$105	Dep Only	\$6.49	\$12.32	\$14.40	\$20.30
VH008		12/12/24	\$10/\$25	\$150	\$105	Dep Only	\$6.78	\$12.89	\$15.06	\$21.23
V1077		12/12/24	\$10/\$25	\$130	\$125	Dep Only	\$6.96	\$13.22	\$15.45	\$21.78
VH370		12/12/24	\$15/\$30	\$150	\$125	All	\$6.97	\$13.24	\$15.47	\$21.81
V1006		12/12/12	\$10/\$25	\$130	\$105	Dep Only	\$6.98	\$13.25	\$15.49	\$21.83
L004V		12/12/12	\$10/\$25	\$130	\$125	Dep Only	\$7.49	\$14.23	\$16.62	\$23.44
VH107		12/12/24	\$10/\$25	\$150	\$150	Dep Only	\$7.54	\$14.33	\$16.75	\$23.61
V1007		12/12/24	\$10/\$10	\$130	\$105	Dep Only	\$7.71	\$14.65	\$17.12	\$24.13

* Lenses or contacts may be received every 12 months, but not both.

Participation and Contribution Requirements:

Employer Paid: 75 - 100% employer contribution for both employees & dependents.

At least 75% participation of eligible employees less valid waivers, no to fall below 50% of total eligible employees.

50% Employer Paid: 50- 74% employer contribution for employees. No employer contribution requirements for dependents.

At least 75% participation of eligible employees less valid waivers, no to fall below 50% of total eligible employees.

Employee Core / Voluntary Dependents: 75 - 100% employer contribution for employees. No employer contribution requirements for dependents.

At least 75% participation of eligible employees less valid waivers, not fall below 50% of total eligible employees.

Voluntary: 0 - 49% employer contribution for employees. No employer contribution requirements for dependents.

Two eligible, only 1 to enroll.

- 24 month rate guarantee
- Monthly premiums
- 10% level broker commission is included

For a group quote with additional tier structure, situs states or plan designs, please contact your UnitedHealthcare Account Executive.

Fully Insured quotes: The Dental and/or Vision premium includes expenses related to state & federal taxes, fees, and assessments. It may also include additional new taxes, fees and assessments from the Affordable Care Act.

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