

Comprehensive Vision Care Program



You should see what you're missing.

The Benefits of Vision Care are Clear.

Look at what OptumHealth Vision has to offer

Your vision is important to your overall health. Whether your vision is 20/20 or less than perfect, everyone should receive regular vision care. OptumHealth Vision is being offered as a part of our commitment to your well-being. Don't take chances with your most precious possession — the gift of sight. Take advantage of this very important benefit.

Through OptumHealth Vision's nationwide provider network, you will receive a comprehensive eye examination, as well as eyeglasses (lenses and frame) or contact lenses. You will receive most services at no additional cost, above applicable copays. Carefully review the benefit summary of your new vision program for details.

Here are some reasons why millions of people have selected OptumHealth Vision for their vision care needs:

Focused on You

Vision care and eyewear can cost an average of \$275 without a vision plan, including a comprehensive eye exam, single vision prescription lenses and eyeglass frames. But with the OptumHealth Vision Care plan, you'll save up to 67% off the retail cost of vision care (see your benefit summary for details). In fact, many of OptumHealth Vision members have no out-of-pocket costs for frames or contact lenses.

Network Flexibility and Convenience

OptumHealth Vision's provider network has over 30,000 locations nationwide. With more than 17,000 private practice providers and nearly 13,000 retail chain locations, OptumHealth Vision's national network clearly offers the greatest convenience and access to care, including evening and weekend hours!

Contact Lens Benefits

OptumHealth Vision's innovative contact lens benefit covers in-full (after applicable copay) the fitting/evaluation fees, contact lenses (including disposables and monthly wear contacts), and up to two follow-up visits. Covered-in-full contacts include many of the most popular lenses on the market, though covered contacts may vary by provider. In addition, members can utilize our mail-order discount program, through Vision Direct, for greater savings. Vision Direct can be accessed from www.myoptumhealthvision.com.

Frame Benefits

OptumHealth Vision's generous frame benefits apply to virtually all of the frames on the market today, and many of those are covered in full, with no additional cost to you, other than the applicable copay.

Patient Options

Standard factory-applied, scratch-resistant coating on eyeglass lenses is covered in full. Other popular patient options are available at a 20% to 40% discount.

Easy Benefit Access

You may easily locate providers 24 hours a day, seven days a week at OptumHealth Vision's Web site, www.myoptumhealthvision.com. OptumHealth Vision's Web site offers an array of services to participants, such as a provider locator with door-to-door directions to the provider's office, claim status and order tracking, and answers to frequently asked questions. To locate a provider, you may also call OptumHealth Vision's 24-hour provider locator line at 1.800.839.3242 to choose from a continuously updated directory of providers.

Laser Vision Correction

OptumHealth Vision has an alliance with the Laser Vision Network of America to provide you with access to discounted laser vision correction procedures. To find a participating laser vision correction surgeon in your area, visit our Web site at www.myoptumhealthvision.com, or call 1.866.921.2042.

Did You Know?

- 11.7 million or 22 percent of Americans admit to needing some type of vision correction and not doing anything about it.¹
- Every year, vision disorders account for more than \$8 billion in lost productivity, and uncorrected vision can decrease employee performance by as much as 20 percent.²
- Nearly 90 percent of those who use a computer at least three hours a day suffer vision problems associated with computer eye strain.³



Here's How to Use Your Benefits:

Step 1. Review Your Customized Benefits

Carefully review your customized benefits to determine your program design and applicable copays. A copy of your benefits brochure may be obtained from your benefits representative, or you can access our Web site, www.myoptumhealthvision.com, to obtain specifics of your program.

Step 2. Find a Provider

You may easily locate providers by logging on to www.myoptumhealthvision.com and selecting the provider locator option. You may also contact OptumHealth Vision's 24-hour, toll-free Interactive Voice Response (IVR) system at 1.800.839.3242 to locate a provider near you.

Step 3. Schedule Your Appointment

Once you've chosen an OptumHealth Vision provider, call the provider to schedule your appointment. Let your provider know you have coverage, and give your primary insured's unique identification number and the patient's name and date of birth.

Step 4. Receive Your Eye Exam

The network provider, a state-licensed optometrist or ophthalmologist, will perform a complete eye examination, including a case history of the patient, an examination for eye pathology and abnormalities, visual analysis (refraction), confrontation visual fields testing, condition diagnosis and prescription determination.

Step 5. Choose Your Eyewear

If prescription eyewear is necessary, your OptumHealth Vision provider will assist with your selection and order your prescription. Your OptumHealth Vision provider will call you when your eyewear arrives. Eyewear is dispensed at the provider's office to ensure optical accuracy and proper fit.

How to File an Out-of-Network Claim

If you choose to use an out-of-network provider, you still receive a great benefit. You will be reimbursed up to the out-of-network maximums listed on your Benefit Summary. In order to receive reimbursement, all you need to do is submit the itemized paid receipt(s), along with the primary insured's unique identification number and patient's name and date of birth, to the following address:

OptumHealth Vision
P.O. Box 30978
Salt Lake City, UT 84130
Attention: Claims Department

To contact OptumHealth Vision's Customer Service department, call toll-free 1.800.638.3120, or TDD 1.800.524.3157 for the hearing impaired.

Please note: Receipts for services and materials purchased on different dates must be submitted at the same time to receive reimbursement. Receipts must be submitted within 12 months from the date of service.

¹ VCA VisionWatch 3/07

² Archives of Ophthalmology 124: 2006

³ 'Computer Vision Syndrome:' American Optometric Association. Accessed on Jan. 17, 2007 at: www.aoa.org.

The Convenience and Value are Easy to See

- Well-balanced nationwide network of private practice and retail chain providers
- Evening and weekend hours available through retail chain providers
- Generous frame benefits at our network providers apply to virtually all of the frames on the market today, and many of those are covered in full, with no additional cost to you, other than applicable copay
- Innovative contact lens benefit covers in full (after applicable copay) the fitting/evaluation fees, contact lenses (including disposables), and up to two follow-up visits for many of the most popular contacts available
- 24-hour, toll-free phone number and Internet benefit access
- Materials Guarantee Policy
- Low out-of-pocket costs

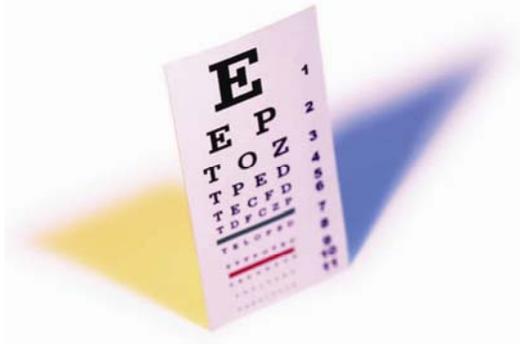
Please Note: If there are differences in this document and the Group Policy, the Group Policy is the governing document. This insurance plan has been authorized by the Group Insurance Board for the purpose of permitting premium collection through payroll deductions under authority granted by § 40.03 (6) (b) and pursuant to §20.921 (1) (a) 3. State Statute. The criteria the Board uses involves meeting several requirements which include, but are not limited to: documentation of financial stability, demonstration of a reasonable ratio of claims paid to the premium level, authority to conduct business in the State of Wisconsin, agreeing to conditions for the rate-making process and other administrative conditions. Employee Trust Funds (ETF) staff and the Board's actuary review proposals for participation prior to Board approval. However, the Board does not require competitive bids nor a benefit comparison with similar products from other vendors. **Authorization for payroll deduction should not be construed as an endorsement of this plan by either the Group Insurance Board or the Department of Employee Trust Funds.** Premiums will be deducted from your paycheck on a pre-tax basis automatically, unless you file an Employee Reimbursement Accounts (ERA) Program Automatic Premium Conversion Waiver form (ET-2340) with your payroll office when you sign up for this benefit. Remember that the copays and other expenses for vision care that are not paid for by this benefit plan may be reimbursed through your ERA Medical Reimbursement Account.

OptumHealth | Optimizing Health and Well-Being | www.optumhealth.com

OptumHealth Vision products are underwritten by the following entities: United HealthCare Insurance Company and United HealthCare Insurance Company of New York.

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OptumHealth Vision has been trusted for more than 40 years to deliver affordable, innovative vision care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible, diversified vision care network.



Covered in Full (after applicable copays)
In-Network Benefits:

- Comprehensive Exam
- Lenses
 - Standard Single Vision
 - Standard Lined Bifocal
 - Standard Lined Trifocal
- Lens Options
 - Standard Scratch Resistant Coating
- Frame
- Contact Lenses (in lieu of eyeglasses)
 - Elective
 - Necessary^

Copays for in-network services

Comprehensive Exam	\$	10.00
Materials	\$	25.00

Rates

Employee Only	\$	5.83
Employee + Spouse	\$	11.34
Employee + Child(ren)	\$	11.88
Employee + Family	\$	17.82

Benefit Frequency

Comprehensive Exam	12 months
Spectacle Lenses	12 months
Frames	24 months
Contact Lenses	12 months

Out of Network Reimbursement

Network Copays do not apply

Comprehensive Exam	\$	40.00
Lenses		
Single Vision	\$	40.00
Bifocal	\$	60.00
Trifocal	\$	80.00
Lenticular	\$	80.00
Frames	\$	45.00
Contact Lenses in lieu of eyeglasses		
Elective	\$	105.00
Necessary ^	\$	210.00

You do not need to submit a claim for In-Network benefits. However, you must submit a claim to OptumHealth Vision for benefit reimbursement for Out-of -Network services.

Frame Benefit

Private Practice Provider- \$50 wholesale allowance
 (approximate retail value of \$120-\$150)
 Retail Chain Provider- \$130 retail frame allowance

Network Contact Lens Benefit

Covered-in-full contact lenses in lieu of eyeglasses. The covered-in-full contact lens benefit at network providers includes the fitting/evaluation, contacts, and two follow-up visits (after \$25 copay). For those who choose disposable lenses, up to 4 boxes are included when obtained from a network provider.

Laser Vision Benefit

OptumHealth Vision has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser correction providers. 1-877-28-SIGHT

SAMPLE ILLUSTRATION OF SAVINGS

Cost	Employee Only	Employee + Spouse	Employee + Child(ren) [*]	Employee + Family ^{**}
Monthly Premium	\$5.83	\$11.34	\$11.88	\$17.82
Annual Premium	\$69.96	\$136.08	\$142.56	\$213.84
Approx. Pre-tax Savings (20%) ^{***}	\$13.99	\$27.22	\$28.51	\$42.77
Annual Tax-Adjusted Premium	\$55.97	\$108.86	\$114.05	\$171.07
Plus Copays	\$35.00	\$70.00	\$105.00	\$140.00
Total Cost to Employee	\$90.97	\$178.86	\$219.05	\$311.07

Exam and Materials Covered by OptumHealth Vision Plan	Estimated Cost Without a Vision Plan ^{****}	Less Employee Cost	Total Savings with OptumHealth Vision
Employee Only Exam, Single Vision, & Covered-in-full frames	\$275.00	\$90.97	\$184.03
Employee + Spouse Exam, Single Vision, & Covered-in-full frames	\$550.00	\$178.86	\$371.14
Employee + Child(ren)[*] Exam, Single Vision, & Covered-in-full frames	\$825.00	\$219.05	\$605.95
Employee + Family^{**} Exam, Single Vision, & Covered-in-full frames	\$1,100.00	\$311.07	\$788.93

^{*}For purposes of this calculation, Employee + Child(ren) is calculated with three (3) members.

^{**} For purposes of this sample calculation, Employee + Family is calculated with four (4) members.

^{***}Actual tax savings will depend upon your individual tax bracket.

^{****}Approximate retail value illustrated: Exam & Refraction (\$65), Single Vision Lenses (\$80), and Frames (\$130). Average retail costs may vary by provider.

Important to Remember:

- Benefits available every 12 or 24 months (depending on the benefit frequency), based on last date of service.
- Your \$105 contact lens allowance is applied to the fitting/evaluation fees as well as the purchase of contact lenses. For example, if the fitting/evaluation fee is \$30, you will have \$75 towards the purchase of contact lenses. The allowance may be separated at some retail chain locations between the examining physician and the optical store. If you choose disposable contacts, you may receive up to xx boxes of disposable contacts (depending on prescription). Toric, gas permeable, and bifocal contacts are all examples of contacts that are outside of our covered-in-full selection.
- Lens Options such as progressive lenses, polycarbonate lenses, tints and anti-reflective coating may be available at a discount.
- Out-of-Network Reimbursement: 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 date of service to the following address:
OptumHealth Vision Attn. Claim Dept. P.O. Box 30978 Salt Lake City, UT 84130

^ Medically necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following 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 OptumHealth Vision confirming reimbursement that OptumHealth Vision will make before you purchase such contacts.

Please note: Please consult the applicable policy/certificate of coverage for a full description of benefits, including exclusions and limitations. If there are differences in this document and the Group Policy, the Group Policy is the governing document.

The following services and materials are excluded from coverage under the Policy: Post cataract lenses; Non-prescription items; Medical or surgical treatment for eye disease that 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 frames that have been lost or broken; Cosmetic extras, except as stated in the Policy's Table of Benefits.

OptumHealth Specialty Benefits offers a broad array of specialty insurance products, OptumHealth Vision is underwritten by United HealthCare Insurance Company or United HealthCare Insurance Company of New York.. OptumHealth Specialty Benefits is a brand of UnitedHealth Group, a Fortune 25 company.