

UnitedHealthcare Specialty Benefits Vision

**Region 1 – California, Illinois, Indiana,
Kentucky, Massachusetts, Missouri,
New York, North Carolina, Ohio,
Oklahoma, Rhode Island**

Small Business Vision Rates (2-99 Lives)

Rates effective through December 31, 2010

- Our network includes both private practice and retail chain providers.
- We have been providing vision care benefits for over 40 years.
- We insure more than 18 million members and contract with over 31,000 vision providers.

Vision plan benefits

Benefits	Network*	Out-of-Network
Eye Examination	100%	Up to \$40
Spectacle lenses		
Single vision	100%	Up to \$40
Bifocal	100%	Up to \$60
Trifocal	100%	Up to \$80
Lenticular	100%	Up to \$80
Frames		
Covered-in-full frames	100%	Up to \$45
Wholesale Allowance**	Up to \$50	
Retail Allowance**	Up to \$130	
Elective contact lenses***		
Covered-in-full contacts	100%	Up to \$105
All other elective contacts	Up to \$105	Up to \$105
Necessary contact lenses	100%	Up to \$210

* After applicable copay

** Wholesale allowance is applicable on non-selection frames at in-network private practice providers (approximate retail value \$120-\$150.) Retail allowance is applicable on non-selection frames at in-network retail providers. Copay does not apply.

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

Facts you should know about vision

Studies confirm the universal need for a comprehensive vision care program:

- 75% of adults use some form of vision correction.¹
- Nearly 90 percent of those who use a computer as little as three hours a day suffer vision problems associated with computer eye strain.²
- Consumer interest in their eye health is strong. Consider that while only six out of 10 people need vision correction, more than eight out of 10 say a vision plan is important to them.³
- An estimated \$35 billion is lost each year due to vision disorders in people over age 40, including \$8 billion from productivity losses.⁴

1 2008 US Optical Retailer Report and Directory

2 Vision in Business, 2007

3 2008 Consumer Perceptions of Managed Vision Care. Jobson Research

4 Forbes.com, HealthDay News, December 11, 2006

UnitedHealthcare Specialty Benefits: delivering more – for less

Our vision plans provide customers:

- Extensive national network of private practice and retail providers
- Benefits covered-in-full, for eye exams, eyeglasses, and contact lenses
- Contact lenses available from many leading manufacturers
- Spectacle lenses include standard scratch-resistant coating at no extra charge
- Discounts on mail order contacts, via convenient online shopping or toll free calls
- Access to discounted laser eye surgery procedures
- Reduced out-of-pocket expenses for non-covered options

We are committed to administrative ease providing:

- Simplified administrative platform
- Comprehensive online services
- Convenient member services

Our Packaged Savings® program allows you to buy more:

- You can receive employee savings each month if you purchase employer paid Vision, or other specialty products, along side our UnitedHealthcare medical benefit plan
- The more products purchased, the more savings received!

Packaged Savings® not available in all states.



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Vision Rates – Region 1: California, Illinois, Indiana, Kentucky, Massachusetts, Missouri, New York, North Carolina, Ohio, Oklahoma, Rhode Island

Plan number	Plan Information			Vision Rates			
	Contribution	Exam/Lenses*/ Frames (months)	Copay	Employee	Employee+ Spouse	Employee+ Child(ren)	Employee+ Family
V0001	Employer paid	12/12/12	\$10/\$10	\$10.03	\$17.04	\$17.55	\$25.07
V0005	Voluntary	12/12/12	\$10/\$10	\$13.11	\$25.57	\$26.88	\$37.37
V0009	Buy Up	12/12/12	\$10/\$10	\$10.03	\$20.55	\$21.56	\$31.08
V0017	50% Employer-paid	12/12/12	\$10/\$10	\$10.75	\$22.05	\$23.12	\$33.34
V0002	Employer paid	12/12/12	\$10/\$25	\$8.57	\$14.56	\$14.99	\$21.41
V0006	Voluntary	12/12/12	\$10/\$25	\$11.11	\$21.65	\$22.77	\$31.65
V0010	Buy Up	12/12/12	\$10/\$25	\$8.57	\$17.56	\$18.42	\$26.55
V0018	50% Employer-paid	12/12/12	\$10/\$25	\$9.17	\$18.80	\$19.72	\$28.43
V0025	Employer paid	12/12/12	\$15/\$30	\$7.61	\$12.94	\$13.32	\$19.03
V0031	Voluntary	12/12/12	\$15/\$30	\$9.87	\$19.25	\$20.24	\$28.14
V0036	Buy Up	12/12/12	\$15/\$30	\$7.61	\$15.61	\$16.37	\$23.60
V0048	50% Employer-paid	12/12/12	\$15/\$30	\$8.16	\$16.73	\$17.55	\$25.30
V0003	Employer paid	12/12/24	\$10/\$10	\$8.93	\$15.18	\$15.63	\$22.33
V0007	Voluntary	12/12/24	\$10/\$10	\$10.09	\$19.68	\$20.69	\$28.76
V0011	Buy Up	12/12/24	\$10/\$10	\$8.93	\$18.31	\$19.20	\$27.69
V0019	50% Employer-paid	12/12/24	\$10/\$10	\$9.39	\$19.25	\$20.19	\$29.11
V0004	Employer paid	12/12/24	\$10/\$25	\$7.60	\$12.92	\$13.30	\$19.00
V0008	Voluntary	12/12/24	\$10/\$25	\$8.66	\$16.89	\$17.76	\$24.69
V0012	Buy Up	12/12/24	\$10/\$25	\$7.60	\$15.58	\$16.34	\$23.56
V0020	50% Employer-paid	12/12/24	\$10/\$25	\$8.02	\$16.45	\$17.25	\$24.87
V0026	Employer paid	12/12/24	\$15/\$30	\$6.72	\$11.43	\$11.76	\$16.80
V0043	Voluntary	12/12/24	\$15/\$30	\$7.85	\$15.30	\$16.09	\$22.36
V0037	Buy Up	12/12/24	\$15/\$30	\$6.72	\$13.78	\$14.45	\$20.84
V0049	50% Employer-paid	12/12/24	\$15/\$30	\$7.12	\$14.59	\$15.30	\$22.06

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

Participation and Contribution Requirements:

<p>Employer Paid: 75 – 100% employer contribution for both employees & dependents</p> <p>At least 75% participation of eligible employees less valid waivers, not to fall below 50% of total eligible employees.</p>	<p>Buy-up: 75 – 100% employer contribution for employees. No employer contribution requirements for dependents</p> <p>At least 75% participation of eligible employees less valid waivers, not to fall below 50% of total eligible employees.</p>
<p>Voluntary: 0 – 49% employer contribution for employees. No employer contribution requirements for dependents</p> <p>Two eligible, only 1 to enroll</p>	<p>50/50: 50 – 74% employer contribution for employees. No employer contribution requirements for dependents</p> <p>At least 75% participation of eligible employees less valid waivers, not to fall below 50% of total eligible employees.</p>

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

For group quote with additional tier structures, situs states or plan designs, please contact your UnitedHealthcare Specialty Benefits Account Executive.

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 Benefit's underwriting guidelines and final enrollment. The insurance Policy, not general rates and descriptions on this rate sheet, will form the contract between the insured and the insurance company, and the Certificate of Coverage issued to the subscriber will provide the legal description of coverage.

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

Insurance underwritten by United HealthCare Insurance Company or its affiliates. UnitedHealthcare VisionSM benefits and administrative services provided by or through Spectera, Inc., United HealthCare Insurance Company or their affiliates. Benefits options may vary by state or group size.

