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# Summary of Coverage

Employer: City of Dallas

Issue Date: 9/8/2008

Effective Date: 1/1/2009

UnitedHealthcare Vision has an extensive nationwide network of providers who provide quality eyecare and materials. This plan is designed to provide for regular eye examinations and benefits toward vision care expenses including glasses or contact lenses.

## Employees and Dependents

### Eligibility

Your eligibility under the vision care plan is the same as the eligibility under your health plan.

If you do not sign and return your form within 31 days of your Eligibility Date, you will have to wait until the next open enrollment period to enroll.

### Enrollment Procedure

You will be provided with an enrollment form to complete. This form will allow your employer to deduct your contributions from your pay. Be sure to sign and return your enrollment form within 31 days of your eligibility.

Your contributions toward the cost of coverage will be deducted from your pay and are subject to change. The rate of any required contributions will be determined by your employer. See your employer for details. If you are eligible for any coverage as a retired employee, your employer will advise you concerning the method and amount of any required contributions.

## Employees

### Effective Date of Coverage

Your coverage will take effect on the later of the following:

- ◆ Your Eligibility Date; or
- ◆ The date you return your signed enrollment form.

## **Dependents**

Coverage for your dependents is effective on the date your coverage takes effect, if you have enrolled for dependent coverage.

## **How The Plan Works**

### **Step One**

When you are ready to obtain vision care services, call your UnitedHealthcare Vision participating provider. If you need to locate a UnitedHealthcare Vision participating provider, visit UnitedHealthcare Vision's Web site at [www.myuhcvision.com](http://www.myuhcvision.com), or call UnitedHealthcare Vision's provider locator at (800) 839-3242.

### **Step Two**

When making an appointment, identify yourself as a UnitedHealthcare Vision member. The participating provider will also need the primary insured's unique identification number, and/or unique identification number, and the primary insured's group name. The participating provider will contact UnitedHealthcare Vision to verify that you are eligible for service and materials.

### **Step Three**

At your appointment, the participating provider will provide a routine eye examination and determine if eyewear is necessary. If so, the participating provider will coordinate the prescription with a UnitedHealthcare Vision-approved, contract laboratory. The participating provider will itemize any non-covered charges and have you sign a form to document that you received services. UnitedHealthcare Vision will pay the participating provider directly for covered services and materials.

You are responsible for paying the provider any applicable copayment(s), and any additional costs resulting from cosmetic options, or non-covered services and materials you have selected. Selecting a participating provider from UnitedHealthcare Vision's network assures direct payment to the provider for covered services, and helps to insure quality services and materials.

### **Services From a Non-Participating Provider**

You may select a non-participating provider for services. However, your reimbursement schedule may not provide full payment, nor can UnitedHealthcare Vision help to insure patient satisfaction, when services are obtained from a non-participating provider.

Follow these steps if you obtain services and/or materials from a non-participating provider:

- Pay the provider the full amount of the bill and request a copy of the bill that shows the amount of the eye examination, lens type, and frame.
- Send a copy of the itemized bill(s) to UnitedHealthcare Vision. The following information **must** also be included in your documentation.
- Primary Insured's name and mailing address;
- Primary Insured's unique identification number;
- Primary Insured's employer or group name; and
- Patient's name, relationship to member, and date of birth.

If you choose a **Out-of-Network Provider**, you will need to send your itemized receipts, with the primary-insured's unique identification number and the patient's name and date of birth to:

**UnitedHealthcare Vision Claims Department**  
**P. O. Box 30978**  
**Salt Lake City, UT 84130**  
**FAX: 248-733-6060**

Please note: Receipts for services and materials purchased on different dates must be submitted together at the same time to receive reimbursement.

### **Routine Vision Examination**

- Case History of Patient
- Examination for Eye Pathology and Abnormalities
- Visual Analysis (Refraction)
- Diagnosis and Prescription
- Visual Skill Testing

### **Spectacle Lenses and Frames**

## **Covered Benefits**

Eye examination: Once each 12 months\*  
Spectacle Lenses: Once each 12 months\*  
Frame: Once each 24 months\*  
*\*from your last date of service*

UnitedHealthcare Vision covers, in-full, a pair of standard single **vision lenses**, lined bifocal, or multifocal lenses, when received from a participating provider. UnitedHealthcare Vision's industry leading frame benefit applies to virtually all frames on the market today, and most of those are covered-in-full, without any additional cost to the member, other an applicable copay. Patient options, such as ultraviolet protection and progressive lenses, may be offered at a 20% to 40% discount, which results in substantial savings from usual and customary charges for the member.

## Contact Lenses

Elective or Necessary contact lenses may be provided instead of glasses.

## Elective Contact Lenses

UnitedHealthcare Vision covers a wide variety of contact lenses, in-full, when obtained from a participating provider location. If you elect contact lenses outside of UnitedHealthcare Vision's covered selection, you will receive an allowance of \$105 toward the usual retail cost of the dispensing, fitting and materials. Any amount over the allowance is the patient's responsibility.

The frequency for contacts is the same as spectacle lenses. Under this plan, if you elect contact lenses, you will be eligible for a frame 12 **months after** the last date of obtaining the contact lenses.

## Necessary Contact Lenses

Covered in full when prescribed by a participating provider for one of the following conditions:

- Following cataract surgery;
- To correct extreme vision problems that cannot be corrected with spectacle lenses;
- With certain conditions of anisometropia; or
- With certain conditions of keratoconus.

UnitedHealthcare Vision recommends that the participating provider verify that necessary contact lenses are appropriate before submitting the claim.

## Options - Limitations

This plan is designed to cover your vision needs rather than cosmetic materials. If you select any of the following, you will be responsible for an additional charge:

- Blended lenses;
- Oversize lenses;
- Progressive multifocal lenses;
- Photochromic or tinted lenses other than Pink 1 or 2;
- Coated or laminated lenses;
- Cosmetic lenses;

- A frame that exceeds the plan allowance;
- Certain limitations on low vision care;
- Optional cosmetic processes; or
- UV protected lenses.

The following professional services or materials are not covered. Discounts may apply to some items.

- Orthoptics or vision training and any associated supplemental testing;
- Plano lenses (non-prescription)
- Two pair of glasses in lieu of bifocals;
- Lenses and frames furnished under this program which are lost or broken will not be replaced except at the normal intervals when services are otherwise available;
- Medical or surgical treatment of the eyes;
- Any eye examination, or any corrective eyewear, required by an employer as a condition of employment; or
- Corrective vision services, treatments, and materials of an experimental nature.

## General Claims Filing

**This is only a summary. For additional information, see your employer's benefits representative.**

In general, in-network providers handle the claims process for you. If you receive services and/or materials out-of-network, however, you will have to pay the provider and seek reimbursement through the claims process. Claims must be filed no later than 12 months from the date of service. Claims will generally be paid within 30 days of receipt. For reimbursement for out-of-network services, you must submit receipts to UnitedHealthcare Vision's Claims department via facsimile number 248-733-6060 or via mail to: Claims Department, P.O. Box 30978, Salt Lake City, UT, 84130. Receipts for services received together must be submitted together. Receipts for services and materials purchased on different dates must be submitted together.

## Denials

Telephone inquiries concerning claims should be directed to: UnitedHealthcare Vision Claims/ Appeals Department, 1-800-638-3120.

If a claim is partially paid, you will receive a written notice explaining how the claim was processed and giving notice of your appeal rights as to the unpaid portion. If a claim is denied in whole, a written Notice of Benefit Determination will be sent to you. This notice will include:

- The address and timeframe for submitting an appeal.
- A statement that an appeal must be submitted in writing, and any other information that should be included with the appeal request.
- A statement that you have a right to submit written comments, documents, records and other information relating to the claim.
- A statement that you will be provided, at no charge and upon request, reasonable access to and copies of all documents, records and other information relevant to the claim.
- A statement that you and the plan may have other voluntary dispute resolution options, such as mediation, and information about how to obtain information about such options.
- A statement that you have a right to bring a civil action under section 502(a) of ERISA following a denial of an appeal.
- A statement that you will be provided, at no charge and upon request, a copy of any specific internal rules, guidelines or protocols that were relied upon in denying the claim.
- A statement that you will be provided, upon request and at no additional charge, an explanation of any scientific or clinical basis for denying the claim.

## Appeals

You, or your duly authorized representative, may appeal the denial. Appeals should be submitted to:

**UnitedHealthcare Vision Claims Department**  
**P. O. Box 30978**  
**Salt Lake City, UT 84130**  
**FAX: 248-733-6060**

Appeals must be in writing and received by UnitedHealthcare Vision within 180 days after your receipt of the Notice of Benefit Determination. If this Notice is not received by you within 30 days of

submission of the original claim, you may submit an appeal within 180 days after this 30-day period has expired.

Appeals will be decided within 60 days after receipt by UnitedHealthcare Vision. If an appeal is denied, a written Notice of Benefit Appeal Determination will be sent to you.

This notice will include similar information as the Notice described in the Denials section above.

Telephone inquiries concerning appeals should be made to: UnitedHealthcare Vision Claims, Appeals Department, 1-800-638-3120.

## Questions

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under Employee Retirement Income Security Act of 1974 (ERISA) or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in the telephone directory or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Pension and Welfare Benefits Administration.



## SAMPLE ILLUSTRATION OF SAVINGS

Cost	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Monthly Premium	\$5.64	\$10.29	\$10.81	\$16.63
Annual Premium	\$67.68	\$123.48	\$129.72	\$199.56
Approx. Pre-tax Savings (20%)***	\$13.54	\$24.70	\$25.94	\$39.91
Annual Tax-Adjusted Premium	\$54.14	\$98.78	\$103.78	\$159.65
Plus Copays	\$35.00	\$70.00	\$105.00	\$140.00
<b>Total Cost to Employee</b>	<b>\$89.14</b>	<b>\$168.78</b>	<b>\$208.78</b>	<b>\$299.65</b>

Exam and Materials Covered by UnitedHealthcare Vision Plan	Estimated Cost Without a Vision Plan****	Less Employee Cost	Total Savings with UnitedHealthcare Vision
<b>Employee Only</b> Exam, Single Vision, & Covered-in-full frames	\$275.00	\$89.14	\$185.86
<b>Employee + Spouse</b> Exam, Single Vision, & Covered-in-full frames	\$550.00	\$168.78	\$381.22
<b>Employee + Child(ren)*</b> Exam, Single Vision, & Covered-in-full frames	\$825.00	\$208.78	\$616.22
<b>Employee + Family**</b> Exam, Single Vision, & Covered-in-full frames	\$1,100.00	\$299.65	\$800.35

\*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 4 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:

**UnitedHealthcare 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 UnitedHealthcare Vision confirming reimbursement that UnitedHealthcare 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.

UnitedHealthcare Specialty Benefits offers a broad array of specialty insurance products. UnitedHealthcare Vision is underwritten by United HealthCare Insurance Company or United HealthCare Insurance Company of New York.. UnitedHealthcare Specialty Benefits is a brand of UnitedHealth Group, a Fortune 21 company.