

HOW TO USE YOUR BENEFITS

Step 1. Review Your CONFIDENT Vision Benefits

Carefully review your benefits and applicable copays.

Step 2. Find a Conveniently-Located Provider

You may easily locate providers by logging on to www.spectera.com and selecting the provider locator option. You may also contact Spectera's 24-hour, toll-free Interactive Voice Response (IVR) system at 1.800.839.3242 and follow the prompts to locate the provider nearest you.

Step 3. Schedule Your Appointment

Once you've chosen a provider, simply call the provider directly to schedule your appointment. Provide the primary insured's unique identification number and patient's name and date of birth and identify yourself as having Spectera coverage.

Step 4. Your Eye Exam

The network provider, a state-licensed optometrist or ophthalmologist, will perform a complete eye examination, which includes a case history of the patient, an examination for eye pathology and abnormalities, visual analysis (refraction), diagnosis and prescription and visual field testing

Step 5. Your Eyewear

If prescription eyewear is necessary, your provider will assist with your selection and order your prescription. Your provider will telephone 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 elect vision coverage and 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:

Spectera, Inc.
P.O. Box 30978
Salt Lake City, UT 84130
Attention: Claims Department

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

NETWORK BENEFITS

Examination (\$10 copay, once every 12 months): Receive a comprehensive eye examination from a state-licensed optometrist or ophthalmologist, covered-in-full, after exam copay.

Materials (\$25 copay): The materials copay is a single payment that applies to the entire purchase of eyeglasses (lenses and frames), or contacts in lieu of eyeglasses.

| | |
|---|---|
| Pair of Lenses (once every 12 months) | If prescribed, one pair of standard single vision or standard multi-focal lenses is covered-in-full. |
| Lens Options | Standard scratch-resistant coating is covered-in-full. Lens options not covered by the plan, such as progressive lenses, polycarbonate lenses, high index, tints, UV, and anti-reflective coating, may be available at a discount. |
| Frames (once every 24 months) | Receive a \$50 wholesale frame allowance applied toward the wholesale price of a frame at private practice providers, or a \$130 retail frame allowance at retail chain providers. |
| Contact Lenses in Lieu of Eyeglasses (once every 12 months) | <p>Covered-in-full elective contact lenses: The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered-in-full (after copay). If you choose disposable contacts, you may receive up to six boxes of disposable contacts (depending on prescriptions). Spectera's covered contact lenses may vary by provider.</p> <p>All other elective contact lenses: A \$150 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside the covered selection (materials copay does not apply). Toric, gas permeable, and bifocal contact lenses are examples of contact lenses that are outside of our covered contacts.</p> <p>Necessary contact lenses: Covered-in-full after applicable copay.</p> |

Refractive Eye Surgery

You may receive access to discounted refractive eye surgery from numerous provider locations throughout the United States. To find a participating laser eye surgeon in your area, visit our Web site at www.spectera.com or call 1.877.28.SIGHT.

OUT-OF-NETWORK BENEFITS

If you choose out-of-network provider, you will be reimbursed up to:

| | |
|-----------------|---------|
| Exam | |
| Optometrist | \$40.00 |
| Ophthalmologist | \$40.00 |

| | |
|---------------|---------|
| Lenses | |
| Single vision | \$40.00 |
| Bifocal | \$60.00 |
| Trifocal | \$80.00 |
| Lenticular | \$80.00 |

| | |
|---------------|---------|
| Frames | |
| All | \$45.00 |

| | |
|------------------------|------------|
| Contact Lenses* | |
| Elective | \$150.00** |
| Necessary*** | \$210.00 |


*Contact lenses are in lieu of eyeglasses (lenses and frames).

**Less any network fitting/evaluation fee.

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

If you visit an **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: **Spectera Claims Department**
P.O. Box 30978
Salt Lake City, UT 84130

Cut out the Vision Benefit Reference Card below and bring it with you to all eyecare appointments.

| | |
|---|----------------------|
|  | |
| Exam | once every 12 months |
| Lenses | once every 12 months |
| Frames | once every 24 months |
| Contacts* | once every 12 months |
| *(in lieu of lenses & frames) | |
| \$10 Exam Copay | \$25 Materials Copay |

UNIQUE IDENTIFICATION NUMBERS

Your **unique identification number** can be obtained from either your employer or your human resources manager. Be sure to fill out the Vision Benefit Reference Card at the bottom of this page. Cut it out, and carry it with you to vision care appointments. You will be asked to provide this number any time you:

1) Schedule an Appointment.

When you call to schedule an eyecare appointment, you will be asked to provide the primary insured's unique identification number along with the patient's name and date of birth. Be sure to identify yourself as having Spectera coverage.

2) Submit a Claim for Out-of-Network Coverage.

If you visit an 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:

Spectera Claims Department
P.O. Box 30978
Salt Lake City, UT 84130

DID YOU KNOW?

*Routine eye exams provide an opportunity for spotting systemic health problems, such as diabetes, hypertension, multiple sclerosis, brain tumors, lupus, AIDS, osteoporosis, rheumatoid arthritis, and Grave's disease.**

**Employee Benefit News, April 15, 2005*

EASY BENEFIT ACCESS

Our vision plan enables you to visit any provider you choose, but you maximize your savings when you visit a network provider.

To locate a network provider, go to:

www.spectera.com

Click on the Provider Locator, select your search options and choose a provider near you. The online Provider Locator offers door-to-door directions to your selected network provider's office. Other services, such as tracking claim status, order tracking and answers to frequently asked questions are available online.

You may also find a network provider through Spectera's Interactive Voice Response (IVR) system; just call **1.800.839.3242** and follow the voice prompts.

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

IMPORTANT TO REMEMBER

Your \$150 contact lens allowance is applied to the fitting/evaluation fee and the purchase of contact lenses. For example, if the fitting/evaluation fee is \$30, you will have \$120 toward the purchase of contact lenses. The allowance may be separated at some retail chain locations between the examining physician and the optical store.

Vision benefits are available every 12 or 24 months (depending on the benefit frequency), based on last date of service.

Please note: If there are any differences in this document and the Group Policy, the Group Policy is the governing document.

Underwritten by United HealthCare Insurance Company



You should **See**
what you're
missing.

CONFIDENTIAL
by cbg

Cut out the Vision Benefit Reference Card below and bring it with you to all eyecare appointments.

Check with your employer or human resources manager to obtain your **Unique Identification Number**, and write that number below. Bring this card with you to all appointments.

Employee Name _____

Unique ID # _____

Customer Service: 1.800.638.3120 / Provider Locator: 1.800.839.3242
TDD for Hearing Impaired: 1.800.524.3157



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TDD for Hearing Impaired: 1.800.524.3157
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www.spectera.com