

UnitedHealthcare Specialty Benefits[®] Vision

**Zone 1 - California, Illinois, Indiana,
Kentucky, Massachusetts,
Missouri, New York, Ohio,
Oklahoma, Rhode Island**

Small Business Vision Rates (2-99 lives)

- Our network includes both private practice and retail chain providers.
- We have been providing vision care benefits for over 45 years.
- We insure more than 22 million members and contract with over 31,000 vision providers.

For effective dates through September 30, 2011

Benefits	Network*	Out-of-network
Eye Examination	100%	Up to \$40
Eyeglass lenses		
Single vision	100%	Up to \$40
Bifocal	100%	Up to \$60
Trifocal	100%	Up to \$80
Lenticular	100%	Up to \$80
Frames		
Retail Allowance**	Up to \$130	Up to \$45
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

** Additional 30% discount off frame cost above the allowance at participating network providers. Additional frame allowances available based on plan design.

*** Covered-in-full contact lenses in lieu of eyeglasses. The covered-in-full contact lens benefit at network providers includes fitting/evaluations, contacts, and two follow-up visits after copay. Higher contact lens allowances are available with select plans. For those who choose disposable lenses, the number of boxes allowed is based on the contact lens allowance outlined in the plan grid on the following page. When obtained from a network provider, up to 4 boxes are included for \$105 and \$125 contact lens allowances, and up to 6 boxes for \$150 contact lens allowances based on the prescription and plan selected.

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

1 2008 US Optical Retailer Report and Directory

2 Vision in Business, 2007

3 2008 Consumer Perceptions of Managed Vision Care. Jobson Research

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.

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 and associated COC form number VCOO.INT.06.TX.

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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 after applicable co-pay
- Contact lenses available from many leading manufacturers
- Eyeglass 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 vision correction 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:

Customers may receive an administrative credit on their monthly invoice through UnitedHealthcare's Packaged Savings[®] program when they purchase or renew eligible Specialty products with their medical.

Per employee per month administrative savings automatically apply based on the number of enrolled medical subscribers and will continue as long as eligible medical and specialty benefits remain in force. The more coverages purchased, the more credits applied. Please refer to Packaged Savings collateral for program terms and conditions.

Packaged Savings[®] not available in all states or for all group sizes.



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Missouri, New York, Ohio,
Oklahoma, Rhode Island**

Small Business Vision Rates (2-99 lives)

For effective dates through September 30, 2011

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

Plan Number	Contribution	Exam/Lenses*/ Frames (months)	Copay	Frame Allowance	Contact Lens Allowance	Covered Lens Options	Employee	Employee + Spouse	Employee + Child (ren)	Employee + Family
VL004	Employer paid	12/12/24	\$10/\$25	\$100	\$105	n/a	\$7.18	\$12.20	\$12.56	\$17.94
VH088	Employer paid	12/12/24	\$15/\$30	\$150	\$125	n/a	\$7.28	\$12.38	\$12.74	\$18.20
VH369	Employer paid	12/12/24	\$15/\$30	\$150	\$125	POLY	\$7.57	\$12.87	\$13.25	\$18.93
V1004	Employer paid	12/12/24	\$10/\$25	\$130	\$105	n/a	\$7.71	\$13.11	\$13.50	\$19.28
VH106	Employer paid	12/12/24	\$10/\$25	\$150	\$150	n/a	\$8.39	\$14.27	\$14.69	\$20.99
VH361	Employer paid	12/12/24	\$10/\$25	\$150	\$105	POLY	\$8.39	\$14.27	\$14.69	\$20.99
VL022	Employer paid	12/12/24	\$0/\$0	\$100	\$105	n/a	\$10.15	\$17.26	\$17.76	\$25.38
V1022	Employer paid	12/12/24	\$0/\$0	\$130	\$105	n/a	\$10.91	\$18.54	\$19.09	\$27.27
V1043	Voluntary	12/12/24	\$15/\$30	\$130	\$105	n/a	\$7.96	\$15.53	\$16.33	\$22.70
VL008	Voluntary	12/12/24	\$10/\$25	\$100	\$105	n/a	\$8.18	\$15.95	\$16.77	\$23.32
VH089	Voluntary	12/12/24	\$15/\$30	\$150	\$125	n/a	\$8.50	\$16.58	\$17.43	\$24.23
V1008	Voluntary	12/12/24	\$10/\$25	\$130	\$105	n/a	\$8.79	\$17.15	\$18.02	\$25.06
VH370	Voluntary	12/12/24	\$15/\$30	\$150	\$125	POLY	\$8.84	\$17.24	\$18.12	\$25.19
VH008	Voluntary	12/12/24	\$10/\$25	\$150	\$105	n/a	\$9.20	\$17.94	\$18.86	\$26.22
VH107	Voluntary	12/12/24	\$10/\$25	\$150	\$150	n/a	\$9.57	\$18.66	\$19.61	\$27.27
VH362	Voluntary	12/12/24	\$10/\$25	\$150	\$105	POLY	\$9.57	\$18.66	\$19.61	\$27.27
V1007	Voluntary	12/12/24	\$10/\$10	\$130	\$105	n/a	\$10.24	\$19.97	\$21.00	\$29.19
V1006	Voluntary	12/12/12	\$10/\$25	\$130	\$105	n/a	\$11.27	\$21.98	\$23.11	\$32.12
VL012	Buy-Up	12/12/24	\$10/\$25	\$100	\$105	n/a	\$7.18	\$14.71	\$15.43	\$22.25
V1012	Buy-Up	12/12/24	\$10/\$25	\$130	\$105	n/a	\$7.71	\$15.81	\$16.58	\$23.91
VH012	Buy-Up	12/12/24	\$10/\$25	\$150	\$105	n/a	\$8.07	\$16.55	\$17.35	\$25.02
VL010	Buy-Up	12/12/12	\$10/\$25	\$100	\$105	n/a	\$8.09	\$16.58	\$17.39	\$25.08
V1010	Buy-Up	12/12/12	\$10/\$25	\$130	\$105	n/a	\$8.69	\$17.82	\$18.69	\$26.95
VH010	Buy-Up	12/12/12	\$10/\$25	\$150	\$105	n/a	\$9.10	\$18.65	\$19.56	\$28.20

* 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, not to fall below 50% of total eligible employees.

Buy-up: 75 – 100% employer contribution for employees. No employer contribution requirements for dependents

At least 75% participation of eligible employees less valid waivers, not to 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 structures, situs states or plan designs, please contact your UnitedHealthcare Specialty Benefits Account Executive.

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