

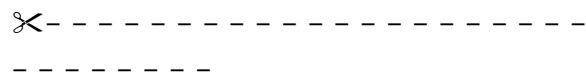
Vision Care

Your vision is important to your health. Whether it's 20/20 or less than perfect vision, everyone needs to receive regular vision care. The Vision Care Program is being offered as a part of our commitment to your well being.

Spectera's Vision Care Program provides affordable, quality vision care, nationwide. Through Spectera's provider network, you will receive a complete eye examination, as well as materials (if needed).

Carefully review the summary of your new Vision Care Program. Please, don't take chances with your most precious possession – the gift of sight. Take advantage of this very important benefit.

Vision Benefit Reference Card



Spectera Vision Program

Michigan Manufacturers Association

Exam once every 12 Months
Lenses once every 12 Months
Frame once every 12 Months
Contacts* once every 12 Months
*(in lieu of lenses & frames)

\$10 Exam Copay \$10 Material Copay

Network Benefits

When using a Network Provider, enrolled participants and eligible dependents are eligible for the following.

Examination: 100% covered once every 12 months. A comprehensive vision examination is provided by a network optometrist or ophthalmologist after a \$10 copay.

Eyewear: After the material copay, lenses are 100% covered every 12 months. After the material copay, frames within the Spectera selection or allowance are 100% covered every 12 months. The material copay is \$10. This applies to the entire purchase, not the lens and frame individually.

Lenses – If prescribed, a pair of single vision or standard multi-focal lenses.

Frames – Your choice from a wide selection of fashionable frames will be covered. If you select a frame from outside the Spectera selection, you will be given a \$50.00 wholesale frame allowance at our private practice providers and a \$100.00 retail frame allowance at our retail optical providers.

Contact Lenses – In lieu of lenses and a frame, you may select contact lenses. Spectera offers a wide variety of selection contact lenses from many leading manufacturers (over 75% of participants choose from the Spectera selection). Four boxes (12 pairs) of covered disposables are included when obtained from a Network Provider. A \$105 allowance will be applied toward the evaluation, fitting, and purchase of non-selection contact lenses once every 12 months. Please note: To receive the full 105 allowance, you must receive your exam, fitting and evaluation at the same provider.

Patient Options – Should you choose patient options not covered by the program such as tints, UV, and anti-reflective coating, you may be able to purchase these options at a discount. **Standard scratch coating is covered-in-full.**

Laser Eye Surgery – Spectera participants receive access to discounted refractive eye surgery procedures 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.

Non-Network Benefits

If you elect vision coverage and choose to use a non-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	\$45.00
Contact Lenses (in lieu of spectacle lenses and frames)	
Medically Necessary*	\$210.00
Elective	\$105.00

*If your contacts are medically necessary the provider must submit to Spectera for approval prior to dispensing the contact lenses.

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

Spectera Claims Department
P. O. Box 26618
Baltimore, MD 21207-6618

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

Spectera will reimburse you according to the schedule shown above.

If you have any questions or concerns about your vision options, please contact Spectera's Customer Service Center at:

1-800-638-3120
8:30 a.m. to 8:00 p.m. EST
www.spectera.com

Provider Locator

With Spectera, you are able to choose from network private practice providers and retail optical providers. Prior to enrolling in or using the Spectera vision care program, if you would like to identify a Network Provider, visit Spectera's web site www.spectera.com and provider locator or call Spectera's Provider Locator Service at 1-800-839-3242 and follow the voice prompts:

- Enter the primary insured's Social Security number
- Enter the ZIP code for the area you wish to check
- After each entry, the system will repeat what you have entered and ask that you "Press 1" if correct, or "Press 2" if incorrect
- The system will then identify up to three Network Providers in the requested ZIP code's area
- If you wish to hear the selections again, "Press 1". To enter another five-digit ZIP code, "Press 2"

Prior to using your benefits at a Network Provider, please call the provider and make an appointment. Please inform the provider that you are a Spectera participant.

Important to Remember

- Always identify yourself as a Spectera member when making your appointment. This will assist your provider in obtaining a claim authorization prior to your visit.
- Your \$105 contact lens allowance is applied to the fitting fee and evaluation as well as the purchase of contact lenses. For example, if the fitting fee and evaluation is \$33, you will have

\$72 towards the purchase of contact lenses. The allowance may be separated at some retail locations between the examining physician and the optical store. Toric, gas permeable, and bifocal contacts are examples of non-selection contacts which may result in come out of pocket expense.
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Important to Remember (continued)

- Receipts for services and materials purchased on different dates must be submitted together at the same time to receive reimbursement.
- Benefits for contact lenses are in lieu of a lens and frame. Your provider will help you determine which contact lenses are covered under your benefit.
- Benefits available every 12 or 24 months (depending on the benefit frequency) based on last date of service.
- Patient options such as UV coating, progressive lenses, etc., are not covered-in-full but are provided to Spectera members at a savings below usual and customary charges.

The following Services and Materials are excluded from coverage under the Policy:

1. Post cataract lenses;
2. Non-prescription items;

3. Medical or surgical treatment for eye disease, which requires the services of a physician;
4. Worker's Compensation services or materials
5. Services or materials which the patient, without cost, obtains from any governmental organization or program;
6. Services or materials which are not specifically covered by the Policy;
7. Sunglasses, plain or prescription;
8. Replacement or repair of lenses and/or frame which have been lost or broken;
9. Cosmetic extras, except as stated in the Policy's Table of Benefits.

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

VISION CARE BENEFITS



Spectera Corporate Headquarters
2811 Lord Baltimore Drive
Baltimore, Maryland 21244-2644
Customer Service: 800 / 638-3120
Provider Locator: 800 / 839-3242

WWW.SPECTERA.COM

*Underwritten by
UnitedHealthcare Insurance Company*



Premium Plus Plan