

Vision Care

Our Vision of Quality, Value and Service is 20/20.

- Group vision insurance plans with special pricing for MMA member employers
- Administrative convenience of packaged eligibility and billing with the other MMA ancillary group insurance products
- Flexible provider network with both private practice and retail optical providers including: DOC, Rx Optical, Kent Optical, Wal-Mart, SVS and Henry Ford Optimeyes
- Eye Exams covered-in-full
- Extensive frame benefit that covers nearly 70% of all frames on the market
- Unparalleled contact lens benefit
- Internet and 24-hour toll-free benefit access

PLAN OPTIONS:

	Frequency	Copays
Premium Plus	12/12/12	\$10 Exam, \$10 Materials
Premium	12/12/24	\$10 Exam, \$25 Materials

CLAIM FORMS & ID CARDS

No claim forms, no ID cards, and no paperwork! If you select a Spectera network provider, just make an appointment. The provider's office will verify eligibility and confirm your plan benefits. If you select an out-of-network provider, just send Spectera your itemized receipts with the primary insured's name and address, patient's name and date of birth, and the primary insured's Social Security number.

Spectera has nearly 40 years of experience in providing comprehensive, managed vision care services. Thousands of employers, including many Fortune 500 corporations, currently contract with Spectera, covering over 6.5 million people. To learn more about Spectera, visit our Web site at www.spectera.com.

www.spectera.com

VISION CARE BENEFITS



Comprehensive Vision Care Program

In-Network Benefits

When using a network provider, enrolled participants and eligible dependents are eligible for the following.

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

Eyewear: After your 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 or 24 months, depending on the plan you choose. This copay applies to the entire purchase, not the lens and frame individually.

Lenses - If prescribed, a pair of single or multi-focal (glass or plastic) spectacle lenses, including scratch coating.

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 frame allowance.

Contact Lenses - In lieu of lenses and frames, you may select contact lenses. Spectera covers a wide variety of contact lenses from many leading manufacturers (over 85% of participants choose from the Spectera Selection). Four boxes (12 pairs) of covered disposables are included when obtained from a network provider. A \$105 credit will be applied toward the evaluation, fitting, and purchase of Non-Selection contact lenses. Please note: To receive the full \$105 credit, 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, progressive lenses, UV, and anti-reflective coating, you will be able to purchase these options at a significant discount. This additional benefit may save you 20 to 40% off retail on cosmetic lens options and lens upgrades.

Laser Eye Surgery - Lasik Surgery discounts and free consultation from Spectera's national laser surgery partner, The Laser Center (TLC).

Provider Locator

With Spectera, you are able to choose from participating private practice and retail optical providers.

Prior to enrolling in or using the Spectera vision care plan, if you would like to identify a network provider, call Spectera's Provider Locator Service at 1-800-839-3242 and follow the voice prompts:

- Enter your Social Security number.
- Enter your ZIP code.
- 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 your 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.

This system will allow you to find providers in your area prior to enrolling in or to using the Spectera Vision Care Plan

OR

Visit Spectera's Web site and provider locator at www.spectera.com.

Out-of-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 you choose a non-network provider, you will need to send your itemized receipts with the plan participant's Social Security number and the patient's date of birth to:

Spectera
2811 Lord Baltimore Drive
Baltimore, MD 21244-2644
Attention: Claims Department

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. ET

www.spectera.com