

Vision Care

Your vision is important to your health. Whether your vision is 20/20 or less than perfect, 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 comprehensive vision 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.

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

800-638-3120
Monday through Friday 8:30 a.m. to 8:00 p.m. ET
Saturday 9:00 a.m. to 5:00 p.m. ET
www.spectera.com

Vision Benefit Reference Card

Spectera Vision Program

Group: Commonwealth of Kentucky

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

Network Benefits

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

Examination: After the exam copay of \$10, a comprehensive vision examination is covered-in-full once every 12 months when provided by a network optometrist or ophthalmologist.

Materials: After the materials copay of \$25, standard lenses are covered once every 12 months and frames from Spectera's selection are covered once every 24 months, or you may select contact lenses in lieu of lenses and frames once every 12 months.

Pair of Lenses - If prescribed, a pair of standard single vision or standard multi-focal lenses is covered-in-full.

Lens Options - Standard scratch-resistant coating is covered-in-full. Should you choose lens options not covered by the program, such as, but not limited to, progressive lenses, polycarbonate lenses, high index, tints, UV, and anti-reflective coating, you may be able to purchase these options at a discount.

Frames - Your choice from a wide selection of fashionable frames will be covered. If you select a frame outside of Spectera's covered-in-full selection, you will receive a \$50 wholesale frame allowance at private practice providers, or a minimum \$130 retail frame allowance at our retail chain providers.

Contact Lenses - In lieu of lenses and frames, you may select contact lenses. Spectera's covered contact lens benefit includes the fitting/evaluation fees, contact lenses, and up to two follow-up visits. If covered disposable contact lenses are chosen, up to four boxes (depending on prescription) are included when obtained from a network provider. It is important to note that Spectera's covered contact lenses may vary by provider. Should you choose contact lenses outside of the covered selection, a \$105 allowance will be applied toward the fitting/evaluation fees and purchase of contact lenses once every 12 months (materials copay does not apply). Toric, gas permeable, and bifocal contact lenses are examples of contact lenses that are outside of our covered contacts. Necessary contacts covered-in-full after applicable copay.

Refractive Eye Surgery - Spectera participants 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.

Out-of-Network Benefits

If you elect vision coverage and choose to use an 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

\$45.00

Contact Lenses (in lieu of spectacle lenses and frames)

Elective	\$105.00*
Necessary**	\$210.00

* 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; 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 choose 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

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

Spectera will reimburse you according to the schedule shown above.

Provider Locator

With Spectera, you are able to choose from network private practice providers and retail chain 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 unique identification 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 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 participant when making your appointment. This will assist your provider in obtaining a claim authorization number prior to your visit.
- Your \$105 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 \$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. Toric, gas permeable, and bifocal contacts are examples of contacts that are outside of our covered-in-full selection.

Important to Remember (continued)

- Receipts for services and materials purchased on different dates must be submitted at the same time to receive reimbursement.
- Benefits for contact lenses are in lieu of lenses and frames. 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.
- Lens 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, that requires the services of a physician
4. Worker's Compensation services or materials
5. Services or materials that the patient, without cost, obtains from any governmental organization or program
6. Services or materials that are not specifically covered by the Policy
7. Replacement or repair of lenses and/or frames that have been lost or broken
8. 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

Commonwealth of Kentucky



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Baltimore, Maryland 21244-2644
Customer Service: 800 / 638-3120
Provider Locator: 800 / 839-3242

www.spectera.com

*Underwritten by
United HealthCare Insurance Company*