



Visit www.ncretiree.com for more detail.

ATTACHMENT L12

Vision

UnitedHealthcare

Why you should consider Vision Insurance:

Our eyes are really windows to our health, and an eye exam can help identify not only eye and vision issues, but systemic diseases like diabetes, hypertension, high cholesterol, cancer and more. Get your eye exam and stay healthy!



Annual eye exams help detect and monitor:

- Vision disorders (i.e. nearsighted, farsighted)
- Eye muscle coordination
- Eye diseases
- Warning signs or early identification of health conditions

There are two convenient ways to enroll.

1. Complete the attached enrollment form on page 17 and return to Pierce Insurance Agency in the provided self-addressed, postage paid envelope.
2. Enroll over the phone by calling 1-855-627-3847.

New enrollees will receive identification card(s) prior to the effective date of your coverage.

Cost

Your monthly costs for the vision plan are as follows.

(Rates guaranteed through December 31, 2014)

| UnitedHealthcare Vision Plans 2014 | | |
|------------------------------------|---------------------------------|-------------------------------|
| Plan Coverage Monthly Rates | Plan 1 Exam & Materials Plan | Plan 2 Materials Only Plan |
| Retiree | \$7.50 | \$5.23 |
| Retiree + 1 | \$15.18 | \$10.62 |
| Retiree & Family | \$17.05 | \$11.88 |

Vision Plan Features

- Visit any in-network provider of your choice
- You may have your eye exam at one location and take your prescription to an in-network retailer to fill
- No Waiting Period
- Dependents covered to age 26 (eligible until the day they turn 26)
- \$130 frame allowance for frames available at a retail provider
- Standard scratch coating and polycarbonate lenses covered in full

Frequency of Services

- Exam: Once every 12 months
- Lenses: Once every 12 months
- Frame: Once every 24 months
- Contact Lenses: Once every 12 months (contacts in lieu of lenses and frame)



Summary of Vision Plan Benefits

| Information | Plan 1 Exam and Materials Plan | | Plan 2 Materials Only Plan | |
|--|--|-----------------------------|--|-----------------------------|
| | In Network ¹ | Out of Network ² | In Network ¹ | Out of Network ² |
| Copayments | \$10.00 Exam Copayment \$10.00 Materials Copayment | Not Applicable | \$10.00 Materials Copayment | Not Applicable |
| Comprehensive Exam by an Ophthalmologist (MD) or Optometrist (OD) | Covered in Full (after copay) | Up to \$64.00 | Not Applicable | Not Applicable |
| Standard Lenses per pair | Covered in Full (after copay) | Up to \$40.00 | Covered in Full (after copay) | Up to \$40.00 |
| • Single Vision | Covered in Full (after copay) | Up to \$60.00 | Covered in Full (after copay) | Up to \$60.00 |
| • Lined Bifocal | Covered in Full (after copay) | Up to \$80.00 | Covered in Full (after copay) | Up to \$80.00 |
| • Lined Trifocal | Covered in Full (after copay) | Up to \$80.00 | Covered in Full (after copay) | Up to \$80.00 |
| • Lenticular | Covered in Full (after copay) | Up to \$80.00 | Covered in Full (after copay) | Up to \$80.00 |
| Frames - Standard | Up to \$130.00 (after copay) ³ in-network at a retail provider. | Up to \$50.00 | Up to \$130.00 (after copay) ³ in-network at a retail provider. | Up to \$50.00 |
| Contact Lenses (in lieu of lenses and frame) | Covered in Full (after copay) ⁴ | Up to \$125.00 | Covered in Full (after copay) ⁴ | Up to \$125.00 |
| • Cosmetic - Elective | Covered in Full (after copay) ⁵ | Up to \$210.00 | Covered in Full (after copay) ⁵ | Up to \$210.00 |
| • Necessary | | | | |
| Patient Lens Options | Covered in Full (after copay) • Standard Scratch Coating • Tints • UV Protective Lenses • Standard Progressives • Deluxe Progressive Lenses • Polycarbonate Lenses | No Coverage | Covered in Full (after copay) • Standard Scratch Coating • Tints • UV Protective Lenses • Standard Progressives • Deluxe Progressive Lenses • Polycarbonate Lenses | No Coverage |
| Laser Vision Correction | Discounts available through network providers. For additional information contact 1-800-980-2965 or visit www.myuhcvision.com | No Coverage | Discounts available through network providers. For additional information contact 1-800-980-2965 or visit www.myuhcvision.com | No Coverage |

VISION

Exam and Materials Plan / Materials Only Plan

1. Network Benefits: Materials copays and patient options are paid to the network provider by the plan participant.
 2. Out-of-Network Benefits: The plan participant pays full fee to the provider and UnitedHealthcare Vision reimburses the member for services rendered up to maximum allowance. There are no copays or deductibles.
 3. Frame Benefit: UnitedHealthcare Vision's frame benefit applies to virtually all of the frames on the market today, and most of those are covered in full, with no additional cost to the member, other than applicable co-pay. With UnitedHealthcare Vision's frame benefit, all frames with a \$50.00 wholesale cost or less are covered in full at private practice providers. For any frame with a wholesale cost greater than \$50.00 at private practice providers, the member only pays the difference between the wholesale cost of the frame and the \$50.00 allowance. Plan participants receive a \$130.00 retail frame allowance for frames purchased at retail chain providers, and for any frame above \$130.00, the member will only pay the difference.
 4. Contact Lens Benefit: Contact lenses are provided in lieu of eyeglasses (lenses and frame). UnitedHealthcare Vision's contact lens benefit covers in-full (after applicable copayment) the fitting/evaluation fees, contacts (including up to four boxes of disposables, depending on prescription), and up to two follow-up visits. An allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside of UnitedHealthcare Vision's covered-in-full contacts (materials copay does not apply). Toric, gas permeable and bifocal contact lenses are all examples of contacts that are outside of our covered-in-full selection.
 5. Necessary contact lenses are determined at the eye care 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 an out-of-network provider considers contacts necessary, members should ask their out-of-network provider to contact UnitedHealthcare Vision concerning the reimbursement that UnitedHealthcare Vision will make before they purchase such contacts.



Visit www.ncretiree.com for more detail.

Vision: Frequently Asked Questions UnitedHealthcare

1. How long am I enrolled?

You will be continuously enrolled unless you are notified of a change by UnitedHealthcare Vision, or you personally cancel your coverage in writing to:

Pierce Insurance Agency, Attn: NCRS, P.O. Box 727, Farmville, NC 27828 or Fax: 1-252-753-5941

2. If my spouse is still working and has a vision plan, can that spouse still be enrolled under the Retirees' vision plan?

Yes, your spouse can be enrolled through the Retirees' vision plan and have dual coverage. Coordination of benefits will apply.

3. How do I identify myself as a UnitedHealthcare Vision member utilizing a network provider?

When contacting a network provider to make your appointment, simply give the provider the subscriber's unique identification number, the patient's name and date of birth and identify yourself as a member of the UnitedHealthcare Vision Plan. The network provider will verify your eligibility and coverage with UnitedHealthcare Vision prior to your scheduled appointment.

4. What if my provider is not in-network?

If your provider is not in-network please call UnitedHealthcare Vision customer service at 1-800-980-2965.

Your Customer Service Representative will assist you with finding a UnitedHealthcare Vision in-network provider.

5. How do I know if my provider participates with UnitedHealthcare Vision?

To verify if your provider participates with UnitedHealthcare Vision, ask your provider or contact UnitedHealthcare Vision at 1-800-980-2965 before services are performed.

You may also nominate your provider by calling UnitedHealthcare Vision, 1-800-980-2965 or visiting the UnitedHealthcare Vision website at www.myuhcvision.com and completing a Provider Nomination Form.

6. How do I file my out-of-network claims?

For all out-of-network vision claims 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 the address below. You do not need a claim to submit receipts for reimbursement UnitedHealthcare Vision, P.O. Box 30978, Salt Lake City, UT 84130 or Fax to: 1-248-733-6060

Featured Services on the Special Website for NC Retirees

www.myuhcvision.com

- Look up providers • View eligibility • View benefit summary
- Obtain claim information and provider nomination form

The vision product is underwritten by UnitedHealthcare Insurance Company. Our vision product is administered by Spectera, Inc. *Pierce Insurance Agency, Inc. is a licensed insurance agent in North Carolina that has been authorized to arrange this coverage, but it is not part of the North Carolina State Government or its retirement systems.