



# See your way to a better Tomorrow.

SightAdvantage<sup>SM</sup> is vision insurance that fits your needs.

Underwritten by **UnitedHealthcare Insurance Company.**

Lisa notices she's having trouble reading road signs and remembers it's been a couple of years since she bought glasses. After finding an optometrist at [myspectera.com](http://myspectera.com), she takes advantage of the annual eye exam provided by her vision policy. He updates her prescription, and she chooses a pair of frames she likes for their professional style. After a copay to an in-network provider, her plan covers the frames and lenses.

### Save with in-network providers.

It's easy to find an in-network provider with over 64,000 access points including ophthalmologists, optometrists, retail chains and private practices.

#### How it works:

Materials	Cost as a Plan Member <sup>1</sup>	Average Cost without Coverage <sup>4</sup>
Examination	Covered-in-full, less \$10 copay <sup>2</sup>	\$ 89.00
Frames and Lenses <sup>3</sup>	Covered-in-full, less \$25 copay <sup>2</sup>	\$ 248.00
<b>Total cost in this example</b>	<b>\$ 35.00</b>	<b>\$ 337.00</b>

Annual eye exam

Covered glasses or contacts after copay

Access to discounted laser eye surgery and hearing aids

In-Network and Out-of-Network benefits

### Easy to understand, easy to use.

Here's how to use your SightAdvantage<sup>SM</sup> policy with in-network providers (see back for how to use out-of-network):

- **Register** – Register and print ID card at [www.myspectera.com](http://www.myspectera.com). The ID card is not required for service.
- **Find a provider** – The Provider Quick Search at [www.myspectera.com](http://www.myspectera.com), using your zip code, will list providers in your area and provide distance and door-to-door directions. Or call customer service at (800) 638-3120 for a provider near you.
- **Schedule an appointment** – Identify yourself as a Spectera vision plan member when making your appointment by providing name and date of birth. If asked for member ID number, use the number on your ID card or call customer service to request it.
- **Get your eye exam** – Your eye doctor will provide a comprehensive exam and prescribe corrective lenses if needed.<sup>5</sup>
- **Choose eye wear** – Your provider can help you choose and place an order depending on your plan benefits.

Marketed by



<sup>1</sup> Amounts are based upon visiting a network provider and choosing from the covered-in-full selection only.

Some items may require an additional charge

<sup>2</sup> Copay may vary; please refer to the rate insert for information.

<sup>3</sup> Contact lenses are offered instead of frames and lenses.

<sup>4</sup> Estimated costs provided by UnitedHealthcare Insurance Company; varies regionally.

<sup>5</sup> This policy does not cover illness or eye disorders.

If found, please discuss coverage with your major medical insurance provider.

## In-network benefits include:

**Examination** – a comprehensive vision examination by an in-network optometrist or ophthalmologist is covered in full after a copay every 12 months. Your benefit frequency is based on last date of service.

**Eye wear** – after a copay, corrective lenses are covered in full every 12 months and frames are covered in full every 24 months. If purchased at the same time, you pay only one copay.

- **lenses** – one pair of prescribed single vision or standard multi-focal lenses are covered. Standard scratch coating is covered. Cosmetic lenses not fully covered (such as tinted lenses, progressive lenses or lenses with UV or anti-reflective coating) may be significantly discounted. The Patient Options Benefit may save you money off of suggested retail prices on cosmetic lens options and lens upgrades. Additional pairs of glasses after the covered pair, including prescription sunglasses, are 20% off.
- **frames** – receive a \$130 frame allowance toward any frames at a private practice or retail chain provider.
- **contact lenses** – you may choose contact lenses instead of lenses and frames. The plan covers a wide variety, including up to four boxes of disposables (depending on prescription) when obtained from an in-network provider. A \$105 allowance every 24 months applies to an evaluation/fitting fee and the purchase of contacts outside the fully covered options. For example, if the evaluation/fitting fee is \$33, you can apply \$72 to the purchase of contact lenses. Some retailers may divide the allowance between the physician and the optical store. Toric, gas-permeable and bifocal contacts are not fully covered.

**Laser eye surgery** – discounted procedures from one of Laser Vision Network of America's 550 credentialed surgeons.

**Premium digital hearing aids** – preferred discounted pricing on high-quality hearing aids through hi HealthInnovations™.

## Get Out-of-Network Benefits

You may choose an out-of-network provider and be reimbursed without a copay:

Exam		Lenses		Contact Lenses	
Optometrist	\$40.00	Single vision	\$40.00	Elective	\$105.00
		Bifocal	\$60.00		
Ophthalmologist	\$40.00	Trifocal	\$80.00	Necessary	\$210.00
		Frame	\$45.00		

For out-of-network benefits, send the following to Spectera within 12 months of date of service or purchase:

Itemized receipts	Patient's name and date of birth	Complete home address
<b>Spectera, Attn: Claim Dept., P.O. Box 30978, Salt Lake City, UT 84130</b>		

*Submit receipts for out-of-network services and materials purchased on different dates at the same time.*

## Exclusions

Certain products and services are not covered by this policy, including post cataract lenses, non-prescription items, medical or surgical treatment for eye disease that requires the services of a physician, workers' compensation services or materials, services or materials that the patient obtains without cost from any governmental organization or program, services or materials that are not specifically covered by the policy, replacement or repair of lenses or frames that have been lost or broken, cosmetic extras (when not covered by the policy), any eye examination required by an employer as a condition of employment by virtue of a labor agreement, a government body or agency, missed appointment charges, applicable sales tax charged on services and procedures that are considered to be experimental, investigational or unproven.

The plan highlighted in this brochure has exclusions, limitations, reductions of benefits and terms under which the policy may be discontinued. For cost and complete details of coverage, contact your representative.

SightAdvantage<sup>SM</sup> is a service mark of Transamerica Life Insurance Company, all rights reserved.

SightAdvantage<sup>SM</sup> vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, CT, UnitedHealthcare Insurance Company of New York, located in Islandia, NY, or their affiliates.

Marketed by Transamerica Employee Benefits. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates.

Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX.

Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA.

**Up to date information regarding our compensation practices can be found in the Disclosures section of our website: [www.tebcs.com](http://www.tebcs.com).**