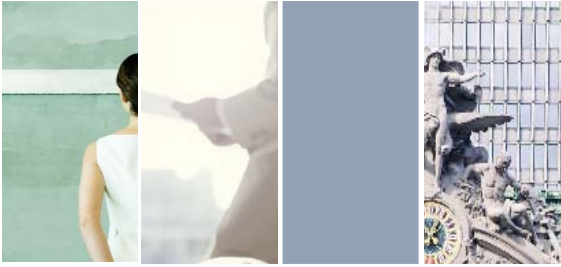


# CONFIDENT™



## VOLUNTARY VISION

CONFIDENT Voluntary Vision provides quality vision benefits at economical rates. The OptumHealth Vision network includes more than 26,000 private practice and retail chain providers. CONFIDENT Voluntary Vision can be purchased as a stand-alone product without CONFIDENT dental and is available to groups with as low as two enrolled lives.

Service Frequency	
Exam	12 months
Lenses	12 months
Frames	24 months
Copays	
	\$10 exam
	\$25 materials

Rates	
	Monthly Premium
Employee	\$7.65
Employee + Spouse	\$14.49
Employee + Child(ren)	\$15.23
Family	\$23.42

### Benefits\*

	In-Network	Out-of-Network
Eye Examination	100%	up to \$40.00
Standard Spectacle Lenses		
Single vision	100%	up to \$40.00
Bifocal	100%	up to \$60.00
Trifocal	100%	up to \$80.00
Lenticular	100%	up to \$80.00
Frames (see limits and exclusions)	100%	up to \$45.00
Elective Contact Lenses (see limits and exclusions)		
Covered-in-full contacts	100%	up to \$150.00
All other elective contacts	up to \$150.00	up to \$150.00
Necessary Contact Lenses	100%	up to \$210.00

### Limits and Exclusions:

1. In-Network Benefits - Exam and 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 OptumHealth reimburses the participant for services rendered up to the maximum allowance. There are no copays or deductibles.
3. Frame Benefit - This plan's generous frame benefit applies to virtually all the frames on the market today, and most of those are covered-in-full, with no additional cost to the member other than applicable copays. With OptumHealth's frame benefit, all frames with a \$50 wholesale cost or less are covered-in-full at private practice providers. The participant only pays the difference between the wholesale cost of the frame and the \$50 allowance. Plan participants receive a minimum \$130 frame allowance for frames purchased at retail chain providers.
4. Contact lenses are provided in lieu of spectacle lenses and frames. OptumHealth's contact lens benefit covers in-full (after applicable copay) the fitting/evaluation fees, contacts (disposable contacts/up to 6 boxes, depending on prescription and plan selected), and up to two follow-up visits. A \$150 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside of this plan's covered-in-full contacts (materials copay does not apply). Toric, gas permeable, and bifocal contacts are all examples of contacts that are outside of our covered-in-full selection.
5. Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: 1) following cataract surgery; 2) to correct extreme vision problems that cannot be corrected with spectacle lenses; 3) with certain conditions of anisometropia; 4) with certain conditions of keratoconus.

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