

**WELCOME TO UNIVIEW VISION!**

Good news—your vision plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what's covered, your discounts, and much more!



# UniView Vision<sup>SM</sup>



**Your UniView Vision network**

UniView Vision offers you one of the largest vision care networks in the industry, with a wide selection of experienced ophthalmologists, optometrists, and opticians. UniView Vision's network also includes convenient retail locations, many with evening and weekend hours, including LensCrafters<sup>SM</sup>, Target Optical, JCPenney Optical, Sears Optical and most Pearle Vision locations. Best of all – when you receive care from a UniView Vision participating provider, you receive the greatest benefits and money-saving discounts.

**Out-of-network services**

Did we mention we're flexible? You can choose to receive care outside of the UniView Vision network. You simply get an allowance toward services and you pay the rest. (Network benefits and discounts will not apply.) Just pay in full at the time of service and then file a claim for reimbursement.

## YOUR UNIVIEW VISION PLAN AT-A-GLANCE

**VISION CARE SERVICES**

Annual routine eye exam including dilation and refraction as needed. *(once every 12 months)*

**Eyeglass frames**

Once every **24 months** you may select any eyeglass frame and receive the following allowance toward the purchase price:

**Eyeglass lenses (Standard)**

You may receive any one of the following lens options *(once every 12 months)*:

- Standard single vision lenses *(1 pair)*
- Standard bifocal lenses *(1 pair)*
- Standard trifocal lenses *(1 pair)*

**Eyeglass lens upgrades**

When receiving services from a UniView Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost.

**Lens Options**

- UV Coating
- Tint *(Solid and Gradient)*
- Standard Scratch-Resistance
- Standard Polycarbonate
- Standard Progressive *(add-on to bifocal)*
- Standard Anti-Reflective Coating
- Other Add-ons and Services

**Contact lenses**

Prefer contact lenses over glasses? You may choose to receive contact lenses instead of eyeglasses and receive an allowance toward the cost of a supply of contact lenses. *(once every 12 months)*

- Elective Conventional Lenses
- Elective Disposable Lenses
- Non-Elective Contact Lenses

*Your contact lens allowance must be used at the time of initial service. Any remaining amount over the allowance may apply toward the contact lens fitting fee. No amount over the allowance may be carried forward to subsequent materials in the same or the following calendar year.*

IN-NETWORK	OUT-OF-NETWORK
\$15 copay	Up to \$35
\$130 retail allowance	Up to \$45
\$15 copay, then covered in full	Up to \$25
\$15 copay, then covered in full	Up to \$40
\$15 copay, then covered in full	Up to \$55
<b>Member cost for upgrades</b>	Discounts on lens upgrades are not available out-of-network
\$15.00	
\$15.00	
\$15.00	
\$40.00	
\$65.00	
\$45.00	
20% retail discount	
\$130 retail allowance, then 15% off the remaining balance	Up to \$105
\$130 retail allowance	Up to \$105
Covered In full	Up to \$210

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## DISCOUNTS

### Savings on additional eyewear and accessories

After you use your initial frame or contact lens allowance, you can take advantage of discounts on additional prescription eyeglasses, conventional contact lenses, and eyewear accessories courtesy of UniView Vision network providers.

#### UNIVIEW VISION ADDITIONAL SAVINGS

##### Additional Pair of Complete Eyeglasses

##### Contact Lenses

*(Discount applied to materials only)*  
Conventional

##### Eyewear Accessories

Includes some non-prescription sunglasses, lens cleaning supplies, contact lens solutions and eyeglass cases, etc.

#### MEMBER SAVINGS

Up to  
40% discount off retail\*

15% off retail price

20% off retail price

\*Items purchased separately are discounted 20% off the retail price.  
UniView Vision's Additional Savings Program is subject to change without notice.

## Laser vision correction surgery

Glasses or contacts may not be the answer for everyone. That's why we offer further savings with discounts on refractive surgery. Pay a discounted amount per eye for LASIK Vision correction. For more information, go to Healthy Extensions on [UniCare.com](http://UniCare.com) and select vision care.

## USING YOUR UNIVIEW VISION PLAN

The UniView Vision network is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care physician from your medical network. Your out-of-pocket expenses related to the vision benefits do not count toward your annual out of pocket limit and are never waived, even if your annual out-of-pocket limit is reached.

## ADMINISTRATION

Please call UniView Vision at (888) 884-8428 if you have questions about your vision benefits or need to locate a provider.

Out-of-Network Claims should be submitted to:

UniView Vision, Out-of-Network Claims  
P.O. Box 8504  
Mason, Ohio 45070-7111

## LIMITATIONS & EXCLUSIONS

The following are examples of services, supplies and charges not covered by UniView Vision:

- Orthoptics or vision training and any supplemental testing; Plano (non-prescription) lenses; or two pair of eyeglasses in lieu of bifocals or trifocals.
- Any injury or illness covered under Workers' Compensation or similar law, or which is work related.
- Provider's Charge in excess of Benefit Allowance for services and materials.
- Lost or broken lenses or frames, unless the Member has reached his or her normal interval for services when seeking replacements.
- Examination or materials received from a vision or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust or similar person or group.
- Experimental or non-conventional treatments or devices.
- Safety eyewear.
- Medical or surgical treatment of the eyes.

**THIS IS NOT A CONTRACT.** It is an overview of your benefits and exclusions. If there are discrepancies between this Summary of Benefits and the coverage document, the coverage document will govern.