Carpenter Contractors of America, Inc.

UnitedHealthcare®

Vision Benefit Summary

Customer Service: **800-638-3120**
Provider Locator: **800-839-3242**
www.myuhcvision.com

UnitedHealthcare Vision has been trusted for more than 40 years to deliver affordable, innovative vision care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible, diversified vision care network.

In-network, covered-in-full benefits (after applicable copay) include a comprehensive exam, eye glasses with standard single vision, lined bifocal, or lined trifocal lenses, standard scratch-resistant coating[1] and the frame, or contact lenses in lieu of eye glasses.

Copays for in-network services	
Exam	$10.00
Materials	$10.00
Benefit frequency	
Comprehensive Exam	Once per calendar year
Spectacle Lenses	Once per calendar year, includes second set of lenses
Frames	Once every two calendar years
Contact Lenses	Once per calendar year; includes second set of lenses
Frame benefit	
Private Practice Provider	$130.00 retail frame allowance
Retail Chain Provider	$130.00 retail frame allowance
Lens options	
Standard scratch-resistant coating – covered in full. Other optional lens upgrades may be offered at a discount. (Discount varies by provider.)	
Contact lens benefit	
Covered-in-full elective contact lenses[4] The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full (after copay). If you choose disposable contacts, up to 4 boxes are included when obtained from a network provider. **All other elective contact lenses** A $125.00 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside the covered selection (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 contact lenses**[3] Covered in full after applicable copay.	
Out-of-network reimbursements up to (Copays do not apply)	
Exam	$40.00
Frames	$45.00
Single Vision Lenses	$40.00
Bifocal Lenses	$60.00
Trifocal Lenses	$80.00
Lenticular Lenses	$80.00
Elective Contacts	$125.00
Necessary Contacts	$210.00
Laser vision benefit	
UnitedHealthcare Vision has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser vision correction providers. Members receive 15% off usual and customary pricing, 5% off promotional pricing at over 500 network provider locations and even greater discounts through set pricing at LasikPlus locations. For more information, call 1-888-563-4497 or visit us at www.uhclasik.com.	

Vision Insurance

Frequently Asked Questions

1. **Q: How do I verify my coverage and when I am eligible to receive benefits?**

   A: You may verify your eligibility and plan coverage either online at **myuhcvision.com** or by calling our customer care line at **1-800-638-3120**. Customer service department is open Monday through Friday, from 8 a.m. to 11 p.m. ET and Saturday, from 9 a.m. to 6:30 p.m. ET.

2. **Q: How do I find a provider in the vision network?**

   A: There are two ways for you to find a provider.
   1) Visit **myuhcvision.com** and use the "*Finding a Provider*" link
   2) Call customer service at **1-800-638-3120**

3. **Q: Can I go to a vision care provider outside of the UnitedHealthcare vision network?**

   A: You get the greatest cost savings with an in-network provider. If you'd prefer to see a provider outside of our network, most plans cover part of your exam and eyewear. You will be required to pay for your purchases at the time of service and request reimbursement from UnitedHealthcare. You can also check the out-of-network claims link located on the benefit information page at **myuhcvision.com** for more information. Please follow the directions listed under Question #16, "*How do I submit a claim?*"

4. **Q: How do I nominate a vision care provider?**

   A: You can nominate a provider by completing the Provider Nomination Form on **myuhcvision.com** or call customer service at **1-800-638-3120**. All nominated providers are subject to credentialing through our Quality Assurance Department.

5. **Q: How do I identify myself as a UnitedHealthcare vision participant?**

   A: When scheduling your appointment, tell the provider you have UnitedHealthcare vision coverage. Give your last name and date of birth. No ID card is necessary to use your vision benefit.

6. **Q: How do I get a vision ID card?**

   A: With our paperless benefits and claims, you do not need a vision ID card to use your benefits. However, if you'd like one, you can print one from **myuhcvision.com**. Once you've logged in, click on "*Print ID Card*" from the main dashboard page.

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13. Q: Can I purchase contact lenses at an out-of-network provider or mail order website?

A: Instead of lenses and a frame, you may select contact lenses from an out-of-network provider or mail order website. We offer additional discounts when contact lenses are ordered online at **myuhcvision.com**. Your allowance for elective contacts will be paid to you once we receive your receipts for your total purchase. PLEASE NOTE: Receipts for services and materials purchased on different dates must be submitted together at the same time to receive reimbursement. Receipts must be submitted within 12 months of date of service to the following address: UnitedHealthcare vision, Attn. Claim Dept., P.O. Box 30978, Salt Lake City, UT 84130.

14. Q: What is the difference between necessary and elective contact lenses?

A: Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following post cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with spectacle lenses; with certain conditions such as keratoconus, anisometropia, irregular corneal/astigmatism, aphakia, facial deformity, or corneal deformity. If your provider considers your contacts necessary, please ask your provider to contact UnitedHealthcare confirming the necessary contact lenses process.

15. Q: What out-of-pocket expenses will I incur for Contact Lenses?

A: If you select contacts that are not from the UnitedHealthcare vision selection at an in-network provider, such as Gas Permeable or Bifocal contacts etc, your contact lens allowance will be subtracted from the total cost of the contact lens evaluation, fitting fee and contacts purchased and you will be responsible for the difference, (if any). You are responsible to pay for any additional boxes of contacts beyond your coverage limits. If the contact lenses you select are within the selection, you will only pay the material copay for the benefit described in your benefit summary document. As with non-selection contacts, you are responsible to pay for any additional boxes of contacts beyond your coverage limits. Please refer to "*View Benefits*" on **myuhcvision.com** for details about your coverage and any discounts that may apply.

When visiting an out-of-network provider, you pay the out-of-network provider in full for all services and materials received. You must submit all receipts for all services received in the same year at one time to UnitedHealthcare vision claim department. Please follow the directions listed under "*How do I submit a claim?*".

16. Q: How do I submit a claim?

A: Under UnitedHealthcare's vision program, you do not have to complete paperwork for in-network services. In-network providers are responsible for getting the eligibility pre-determination from UnitedHealthcare to perform covered services and provide eyewear.

You are only asked to submit receipts for out-of-network services - a Claim Form is not required. To access out-of-network benefits, simply pay the out-of-network provider in full for all services and materials received. You must submit all receipts for all services received in the same year together to UnitedHealthcare's vision claim department to maximize your reimbursement. Out-of-network reimbursements are processed within 30 days from the date we receive a complete request.

The following information must be attached to the receipts:

- Subscriber's unique identification number, name and home address
- Patient's name and date of birth

You may elect to fax this information or mail it to:

UnitedHealthcare vision Claims Department
P.O. Box 30978
Salt Lake City, UT 84130
Fax: 248-733-6060

UnitedHealthcare®

Vision

Vision Insurance

Popular contact lens brands to maximize your benefit

With your UnitedHealthcare vision benefit, contact lenses from the selection[1] below will maximize your contact lens benefit. Your eye doctor will find out which contact lenses are best for you.

Daily Wear
Alcon® DAILIES® AquaComfort Plus® (30 lenses per box)
Alcon DAILIES AquaComfort Plus Toric (30 lenses per box)
CooperVision® Proclear® 1 day (30 lenses per box)
Vistakon® 1•Day ACUVUE® Moist® (30 lenses per box)
Bi-Weekly Wear
Alcon FreshLook® Handling Tint (6 lenses per box)
CooperVision Avaira® (6 lenses per box)
CooperVision Biomedics 55 premier (6 lenses per box)
CooperVision Biomedics® XC (6 lenses per box)
Valeant® SofLens38 (6 lenses per box)
Vistakon ACUVUE 2 (6 lenses per box)
Monthly Wear
Alcon AIR OPTIX® AQUA (6 lenses per box)
CooperVision Biofinity® (6 lenses per box)
CooperVision Frequency® 55 (6 lenses per box)
CooperVision Frequency 55 Aspheric (6 lenses per box)
CooperVision Proclear® Sphere (6 lenses per box)
Valeant PureVision®2 (6 lenses per box)

[1] Contact lens selection list subject to change.

Contact lenses not appearing on the selection are considered non-selection, unless otherwise specified on the individual plan outline. An allowance is provided toward the fitting/evaluation fee and purchase of non-selection contacts.

Contact lens Selection list does not apply at Costco, Walmart or Sam's Club locations. The non-selection allowance will be applied toward the fitting/evaluation fee and purchase of all contacts at Costco, Walmart and Sam's Club.

The eye doctor's prescribed wearing schedule may effect replacement frequency.

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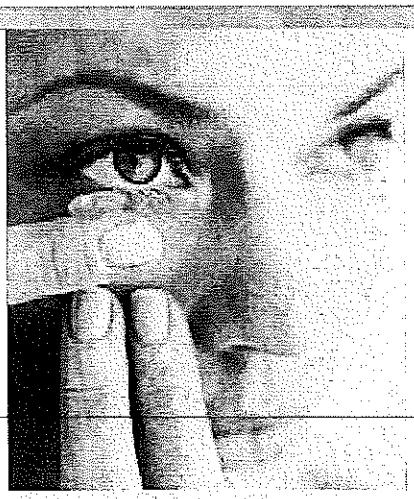

Additional discounts or manufacturers' rebate savings may be available on contact lenses. Check with your network vision provider.

Effective date:
April 1, 2015

Note: Not all plans include contact lens coverage. For more COVERAGE DETAILS see your official vision plan documents.

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UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. 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.

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How to use your vision care benefits

Step 1. Review Your Plan benefits

Review your plan benefits for details on your plan design and any applicable copays. You can find this in the Benefits section of **myuhcvision.com**.

Step 2. Find a provider

You may easily locate providers near you by selecting the **Providers** option from the top menu on our website.

Step 3. Schedule your appointment

Once you chose a provider, call to schedule your appointment. Tell them you are a UnitedHealthcare vision plan member, give the primary insured's last name, patient's name and date of birth. If asked for member ID number, please provide that as well, it is located on your ID card below. To help the provider process your service through insurance you can take this ID card to your appointment.

Step 4. Get Your Eye Exam

Your eye doctor will give you a complete eye exam. This exam includes a case history and an exam for eye illness and vision impairment. If you need glasses or contact lenses, your provider will determine your specific prescription. If an illness or eye disorder is found you may be referred to your health plan for medical eye coverage.

Step 5. Choose your eyewear

If prescription eyewear is necessary, your provider will help you with your selection and order your prescription. Prescription eyewear includes eyeglasses and/or contacts depending on your plan coverage. If you have any questions or concerns about your glasses or contacts let your provider know. They are there to help you both during and after your appointment.

Out-of-network benefits*

You get the greatest cost savings with an in-network provider. If you'd prefer to see a provider outside of our network, most plans cover part of your exam and eyewear. You will be required to pay for your purchases at the time of service and request reimbursement from UnitedHealthcare. You can also check the out-of-network reimbursement link located on the My Benefits page **myuhcvision.com** for more information.

Questions?

Your satisfaction is very important to us — please call us with any questions you may have and to share your feedback by calling our toll-free number: **1-800-638-3120**.

UnitedHealthcare®

Member Name:

Member ID:

Group Name: Carpenter Contractors of America

Member Web: myuhcvision.com

Customer Service: 1-800-638-3120

Vision Identification Card

Seal here

Vision Care Benefits

Exam Copay: $10

Material Copay: $10

Submit Out-of-Network Claims to:
UnitedHealthcare Vision Claims Department
P.O. Box 30978
Salt Lake City, UT 84130

Note to Providers:
For more information about this UnitedHealthcare vision plan, please visit us online at **www.spectera.com** or call **1-800-638-3120.**

UnitedHealthcare®

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. 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.

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Carpenter Contractors of America, Inc.

Group Vision Plan

Vision Insurance

Carrier: UHC
Effective: 01/01/15 through 12/31/15
Website: www.myuhcvision.com
Phone: 800.638.3120

By using eye doctors in the vision network, you can save money on eye exams, glasses, contact lenses and laser surgery.

Vision Plan Details:	Frequency	In-Network	Out-of-Network
Eye Exam	Every 12 months	$10 copayment	$40 max allowance
Materials	Every 12 months	$10 copayment	Allowance varies
Frames	Every 24 months	$130 allowance	$80 max allowance
Elective Contacts	Every 12 months	$125 Allowance	$125 max allowance

How to use your vision care benefits

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Step 2. Find a provider
You may easily locate providers near you by selecting the **Providers** option from the top menu on our website.

Step 3. Schedule your appointment
Once you chose a provider, call to schedule your appointment. Tell them you are a UnitedHealthcare vision plan member, give the primary insured's last name, patient's name and date of birth. If asked for member ID number, please provide that as well, it is located on your ID card below. To help the provider process your service through insurance you can take this ID card to your appointment.

Step 4. Get Your Eye Exam
Your eye doctor will give you a complete eye exam. This exam includes a case history and an exam for eye illness and vision impairment. If you need glasses or contact lenses, your provider will determine your specific prescription. If an illness or eye disorder is found you may be referred to your health plan for medical eye coverage.

Step 5. Choose your eyewear
If prescription eyewear is necessary, your provider will help you with your selection and order your prescription. Prescription eyewear includes eyeglasses and/or contacts depending on your plan coverage. If you have any questions or concerns about your glasses or contacts let your provider know. They are there to help you both during and after your appointment.

Out-of-network benefits*
You get the greatest cost savings with an in-network provider. If you'd prefer to see a provider outside of our network, most plans cover part of your exam and eyewear. You will be required to pay for your purchases at the time of service and request reimbursement from UnitedHealthcare. You can also check the out-of-network reimbursement link located on the My Benefits page **myuhcvision.com** for more information.

Questions?
Your satisfaction is very important to us — please call us with any questions you may have and to share your feedback by calling our toll-free number:

UnitedHealthcare

Member Name:
Member ID:
Group Name: Carpenter Contractors of America
Member Web: myuhcvision.com
Customer Service: 1-800-638-3120

Vision Identification Card

Vision Care Benefits
Exam Copay: $10
Material Copay: $10

Submit Out-of-Network Claims to:
UnitedHealthcare Vision Claims Department
P.O. Box 30978
Salt Lake City, UT 84130

Note to Providers:
For more information about this UnitedHealthcare vision plan, please visit us online at **www.spectera.com** or call **1-800-638-3120.**

NOTE: This Benefits Summary is merely intended to provide a brief overview of the Company's employee benefit programs. Employees should review the Company's employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. The Company reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any

Assurance
Inspiring trust and confidence.

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Vision Plan Out-of-Network Claim Form

Please complete the employee and patient information

Today's Date	Date of Service
Employee's Name	Employee's Unique Identification Number

Address where check should be mailed

Address

City	State	ZIP

Patient's Name	Patient's Relationship to Employee (check one) ○ Self ○ Dependent	Patient's Date of Birth

Please complete services and materials received. You must provide the costs paid. Costs paid must match submitted receipt(s).

Please Note: Receipts must be submitted together at the same time for services and materials purchased (even if purchased on different dates) to receive reimbursement. You will receive a one-time reimbursement based on your service frequency in your FEDVIP vision care plan.

Exam

○ **Eye / Vision Exam** **Paid: $**

Complete below for glasses	OR...	Complete below for contacts
Glasses		**Contacts**
○ Frames Paid: $		○ Contact Fitting / Exam Paid: $
Glasses Lens Type (Check only one)		○ Contact Lenses Paid: $
○ Single-vision lenses Paid: $		Note: Contact fitting fees must accompany contact lenses purchased.
○ Bi-focal lenses Paid: $		
○ Tri-focal lenses Paid: $		If service(s) received from an in-network provider, please include provider's National Provider Identification Number (NPI):
○ Lenticular lenses Paid: $		
Employee Signature		**Date**

Please return this form with a copy of your paid, itemized receipt to:

UnitedHealthcare Vision
ATTN: Claims Department
P.O. Box 30978
Salt Lake City, UT 84130
Fax: (248) 733-6060

Questions? You can call our Customer Service Department at (866) 249-1999

Maryland Residents: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota Residents: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Nevada Residents: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under state or federal law, or both, and may be subject to civil penalties.

New Hampshire Residents: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey Residents: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed $5,000 and the stated value of the claim for each such violation.

Ohio Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Residents: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Residents: Willfully falsifying material facts on an application or claim may subject you to criminal penalties.

Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas Residents: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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