UnitedHealthcare Vision Plan

http://www.myuhcvision.com/fedvip

2011

UnitedHealthcare Vision Plan Description

Who may enroll in this plan:
All Federal employees and annuitants in the United States and International who are eligible to enroll in the Federal Employees Dental and Vision Insurance Program

Enrollment Options for this Plan:

- High Option – Self Only
- High Option – Self Plus One
- High Option – Self and Family
- Standard Option – Self Only
- Standard Option – Self Plus One
- Standard Option – Self Plus Family

FEDVIP
Federal Employees
Dental And Vision Insurance Program

Authorized for distribution by the:

United States
Office of Personnel Management

Center for
Retirement and Insurance Services
http://www.opm.gov/insure

Introduction

On December 23, 2004, President George W. Bush signed the Federal Employee Dental and Vision Benefits Enhancement Act of 2004 (Public Law 108-496). The Act directed the Office of Personnel Management (OPM) to establish supplemental dental and vision benefit programs to be made available to Federal employees, annuitants, and their eligible family members. In response to the legislation, OPM established the Federal Employees Dental and Vision Insurance Program (FEDVIP). OPM has contracted with dental and vision insurers to offer an array of choices to Federal employees and annuitants.

This brochure describes the benefits of UnitedHealthcare Vision Plan under UnitedHealthcare Vision Plan's (formerly Spectera) contract OPM-06-00060-7 with OPM, as authorized by the FEDVIP law. The address for our administrative office is:

UnitedHealthcare Vision

Liberty 6, Suite 100

6220 Old Dobbin Lane

Columbia, MD 21045

1-866-249-1999

www.myuhcvision.com/fedvip

This brochure is the official statement of benefits. No oral statement can modify or otherwise affect the benefits, limitations, and exclusions of this brochure. It is your responsibility to be informed about your benefits.

If you are enrolled in this Plan, you are entitled to the benefits described in this brochure. If you are enrolled in Self Plus One, you and your designated family member are entitled to these benefits. If you are enrolled in Self and Family coverage, each of your eligible family members is also entitled to these benefits. You and your family members do not have a right to benefits that were available before January 1, 2011 unless those benefits are also shown in this brochure.

UnitedHealthcare Vision Plan is responsible for the selection of in-network providers in your area. Contact us at 1-866-249-1999 or TTY 1-800-524-3157- for the names of participating providers or to request a provider directory. You may also request or view the most current directory via our web site at www.myuhcvision.com/fedvip. Continued participation of any specific provider cannot be guaranteed. Thus, you should choose your plan based on the benefits provided, not for a specific provider's participation. When you phone for an appointment, please remember to verify that the provider is currently in-network. If your provider is not currently participating in the provider network, you may nominate him or her to join. Nomination forms are available on our web site, or call us and we will have a form sent to you. You cannot change plans outside of Open Season because of changes to the provider network.

Provider networks may be more extensive in some areas than others. We cannot guarantee the availability of every specialty in all areas. If you require the services of a specialist and one is not available in your area, please contact us for assistance.

This UnitedHealthcare Vision Plan and all other FEDVIP plans are not a part of the Federal Employees Health Benefits (FEHB) Program.

Table of Contents

FEDVIP Program Highlights 3
- A Choice of Plans and Options 3
- Enroll Through BENEFEDS 3
- Dual Enrollment 3
- Coverage Effective Date 3
- Pre-Tax Salary Deduction for Employees 3
- Annual Enrollment Opportunity 3
- Continued Group Coverage After Retirement 3

Section 1 Eligibility 4
- Federal Employees 4
- Federal Annuitants 4
- Survivor Annuitants 4
- Compensationers 4
- Family Members 4
- Not Eligible 4

Section 2 Enrollment 5
- Enroll Through BENEFEDS 5
- Enrollment Types 5
- Dual Enrollment 5
- Opportunities to Enroll or Change Enrollment 5
- When Coverage Stops 7
- Continuation of Coverage 7
- FSAFEDS/High Deductible Health Plans and FEDVIP 8

Section 3 How You Obtain Benefits 9
- Identification Cards/Enrollment Confirmation 9
- Where You Get Covered Care 9
- Plan Providers 9
- In-Network 9
- Out-of-Network 9
- First Payor 9
- Coordination of Benefits 10
- Limited Access Areas 10

Section 4 Your Cost for Covered Services 11
- Copayment 11
- Coinsurance 11
- Annual Benefit Maximum 11
- Lifetime Benefit Maximum 11
- In-Network Services 11
- Out-of-Network Services 11
- Limited Access Areas 11

Section 5 Vision Services and Supplies 12

Section 6 International Services and Supplies 16

Section 7 General Exclusions – Things We Do Not Cover 17

Section 8 Claims Filing and Disputed Claims Processes 19

Section 9 Definitions of Terms We Use in This Brochure 21

Stop Health Care Fraud! 22

Summary of Benefits 23
Rate Information 25

FEDVIP Program Highlights

A Choice of Plans and Options	You can select from several nationwide, and in some areas regional, dental Preferred Provider Organizations (PPO), and high and standard coverage options. You can also select from several nationwide vision plans. You may enroll in a dental plan or a vision plan, or both. Visit www.opm.gov/insure/dental or www.opm.gov/insure/vision for more information.
Enroll Through BENEFEDS	You enroll through the Internet at www.BENEFEDS.com. Please see Section 2, Enrollment, for more information.
Dual Enrollment	If you or one of your family members is enrolled in or covered by one FEDVIP plan, that person cannot be enrolled in or covered as a family member by another FEDVIP plan offering the same type of coverage; i.e., you (or covered family members) can not be covered by two FEDVIP dental plans or two FEDVIP vision plans.
Coverage Effective Date	If you sign up for a dental and/or vision plan during the 2010 Open Season, your coverage will begin on January 1, 2011. Premium deductions will start with the first full pay period beginning on/after January 1, 2011. You may use your benefits as soon as your enrollment is confirmed.
Pre-Tax Salary Deduction for Employees	Employees automatically pay premiums through payroll deductions using pre-tax dollars. Annuitants automatically pay premiums through annuity deductions using post-tax dollars.
Annual Enrollment Opportunity	Each year, an Open Season will be held, during which you may enroll or change your dental and/or vision plan enrollment. This year, Open Season runs from November 8, 2010 through December 13, 2010. You do not need to re-enroll each Open Season, unless you wish to change plans or plan options; your coverage will continue from the previous year. In addition to the annual Open Season, there are certain events that allow you to make specific types of enrollment changes throughout the year. Please see Section 2, Enrollment, for more information.
Continued Group Coverage After Retirement	Your enrollment or your eligibility to enroll may continue after retirement. You do not need to be enrolled in FEDVIP for any length of time to continue enrollment into retirement. Your family members may also be able to continue enrollment after your death. Please see Section 1, Eligibility, for more information.

Section 1 Eligibility

Federal Employees

If you are a Federal or U.S. Postal Service employee, you are eligible to enroll in FEDVIP, if you are eligible for the Federal Employees Health Benefits (FEHB) Program. Enrollment in the FEHB Program is not required.

Federal Annuitants

You are eligible to enroll if you:

- retired on an immediate annuity under the Civil Service Retirement System (CSRS), the Federal Employees Retirement System (FERS) or another retirement system for employees of the Federal Government;
- retired for disability under CSRS, FERS, or another retirement system for employees of the Federal Government.

You may continue your FEDVIP enrollment into retirement, if you retire on an immediate annuity or for disability under CSRS, FERS or another retirement system for employees of the Government, regardless of the length of time you had FEDVIP coverage as an employee. There is no requirement to have coverage for 5 years of service prior to retirement in order to continue coverage into retirement as there is with the FEHB Program.

Your FEDVIP coverage will end, if you retire on a Minimum Retirement Age (MRA) + 10 retirement and postpone receipt of your annuity. You may enroll in FEDVIP again when you begin to receive your annuity.

Survivor Annuitants

If you are a survivor of a deceased Federal/U.S. Postal Service employee or annuitant and you are receiving an annuity, you may enroll or continue the existing enrollment.

Compensationers

A compensationer is someone receiving monthly compensation from the Department of Labor's Office of Workers' Compensation Programs (OWCP) due to an on-the-job injury/illness who is determined by the Secretary of Labor to be unable to return to duty. You are eligible to enroll in FEDVIP or continue FEDVIP enrollment into compensation status.

Family Members

Eligible family members include your spouse and unmarried dependent children under age 22. This includes legally adopted children and recognized natural children who meet certain dependency requirements. This also includes stepchildren and foster children who live with you in a regular parent-child relationship. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support.

FEDVIP rules and FEHB rules for dependent children eligibility are **NOT** the same. For more information on family member eligibility, see the FEHB Handbook at www.opm.gov/insure/handbook or visit the website at http://www.opm.gov/insure/vision or contact your employing agency or retirement system.

Not Eligible

The following persons are not eligible to enroll in FEDVIP, regardless of FEHB eligibility or receipt of an annuity or portion of an annuity:

- Deferred annuitants
- Former spouses of employees or annuitants
- FEHB Temporary Continuation of Coverage (TCC) enrollees
- Anyone receiving an insurable interest annuity who is not also an eligible family member

Section 2 Enrollment

Enroll Through BENEFEDS

You must use BENEFEDS to enroll or change enrollment in a FEDVIP plan. BENEFEDS is a secure enrollment website (www.BENEFEDS.com) sponsored by OPM. If you do not have access to a computer, call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680 to enroll or change your enrollment.

If you are currently enrolled in FEDVIP and do not want to change plans, your enrollment will continue automatically. Please Note: your plans' premiums may change for 2011.

Note: You cannot enroll in a FEDVIP plan using the Health Benefits Election Form (SF 2809) or through an agency self-service system, such as Employee Express, PostalEase, EBIS, MyPay, or Employee Personal Page. However, those sites may provide a link to BENEFEDS.

Enrollment Types

Self Only: A Self Only enrollment covers only you as the enrolled employee or annuitant. You may choose a Self Only enrollment even though you have a family, however, your family members will not be covered under FEDVIP.

Self Plus One: A Self Plus One enrollment covers you as the enrolled employee or annuitant plus one eligible family member whom you specify. You may choose a Self Plus One enrollment even though you have additional eligible family members, but the additional family members will not be covered under FEDVIP.

Note: A Self Plus One enrollment option does not exist under the FEHB Program.

Self and Family: A Self and Family enrollment covers you as the enrolled employee or annuitant and all of your eligible family members. You must list all eligible family members when enrolling.

Dual Enrollment

If you or one of your family members is enrolled in or covered by one FEDVIP plan, that person cannot be enrolled in or covered as a family member by another FEDVIP plan offering the same type of coverage; i.e., you (or covered family members) can not be covered by two FEDVIP dental plans or two FEDVIP vision plans.

Opportunities to Enroll or Change Enrollment

Open Season

If you are an eligible employee or annuitant, you may enroll in a dental and/or vision plan during the November 8, through December 13, 2010 Open Season. Coverage is effective January 1, 2011.

During future annual Open Seasons, you may enroll in a plan, or change or cancel your dental and/or vision coverage. The effective date of these Open Season enrollments and changes will be set by OPM. If you want to continue your current enrollment, do nothing. Your enrollment carries over from year to year, unless you change it.

New hire/Newly eligible

You may enroll within 60 days after you become eligible as:

- a new employee;
- a previously ineligible employee who transferred to a covered position;
- a survivor annuitant, if not already covered under FEDVIP;
- an employee returning to service following a break in service of at least 31 days.

Your enrollment will be effective the first day of the pay period following the one in which BENEFEDS receives and confirms your enrollment.

Qualifying Life Event

A qualifying life event (QLE) is an event that allows you to enroll, or if you are already enrolled, allows you to change your enrollment outside of an Open Season.

The following chart lists the QLE's and the enrollment actions you may take.

Qualifying Life Event	From Not Enrolled to Enrolled	INCREASE: Enrollment Type	DECREASE: Enrollment Type	Cancel	CHANGE: from one plan to another
Acquiring an eligible family member	No	Yes	No	No	No
Losing a covered family member	No	No	Yes	No	No
Losing other dental/ vision coverage (eligible or covered person)	Yes	Yes	No	No	No
Moving out of regional plan's service area	No	No	No	No	Yes
Going on active military duty, non-pay status (enrollee or spouse)	No	No	No	Yes	No
Returning to pay status from active military duty (enrollee or spouse)	Yes	No	No	No	No
Annuity/ compensation restored	Yes	Yes	Yes	No	No
Transfering to an eligibile Federal position*	No	No	No	Yes	No

*Position must be in a Federal agency that provides dental and/or vision coverage with 50 percent or more employer paid premium.

The timeframe for requesting a QLE change is from 31 days before to 60 days after the event. There are two exceptions:

- There is no time limit for a change based on moving from a regional plan's service area; and
- You cannot request a new enrollment based on a QLE before the QLE occurs, except for enrollment because of the loss of dental or vision insurance. You must make the change no later than 60 days after the event.

Generally, enrollments and enrollment changes made based on a QLE are effective on the first day of the pay period following the one in which BENEFEDS receives and confirms the enrollment or change. BENEFEDS will send you confirmation of your new coverage effective date.

Once you enroll in a plan, your 60-day window for that type of plan ends, even if 60 calendar days have not yet elapsed. That means once you have enrolled in either plan, you cannot change or cancel that particular enrollment until the next Open Season, unless you experience a QLE that allows such a change or cancellation.

Canceling an enrollment

You may cancel your enrollment only during the annual Open Season. An eligible family member's coverage also ends upon the effective date of the cancellation.

Your cancellation is effective at the end of the day before the date OPM sets as the Open Season effective date.

When Coverage Stops

Coverage ends when you:

- no longer meet the definition of an eligible employee or annuitant;
- begin a period of non-pay status or pay that is insufficient to have your FEDVIP premiums withheld and you do not make direct premium payments to BENEFEDS;
- are making direct premium payments to BENEFEDS and you stop making the payments; or
- cancel the enrollment during Open Season.

Coverage for a family member ends when:

- you as the enrollee lose coverage; or
- the family member no longer meets the definition of an eligible family member.

Continuation of Coverage

Under FEDVIP, there is no 31-day extension of coverage. The following are also NOT available under FEDVIP:

- Temporary Continuation of Coverage (TCC);
- spouse equity coverage; or
- right to convert to an individual policy (conversion policy).

FSAFEDS/High Deductible Health Plans and FEDVIP

If you are planning to enroll in an FSAFEDS Health Care Flexible Spending Account (HCFSA) or Limited Expense Health Care Flexible Spending Account (LEX HCFSA), you should consider how coverage under a FEDVIP plan will affect your annual expenses, and thus the amount that you should allot to an FSAFEDS account. Please note that insurance premiums are not eligible expenses for either type of FSA.

Because of the tax benefits an FSA provides, the IRS requires that you forfeit any money for which you did not incur an eligible expense and file a claim in the time period permitted. This is known as the "Use-it-or-Lose-it" rule. Carefully consider the amount you will elect.

Current FSAFEDS participants must re-enroll to participate in 2008. Please see www.fsafeds.com or call 1-877-FSAFEDS (372-3337) or TTY: 1-800-952-0450.

If you enroll or are enrolled in a high deductible health plan with a health savings account (HSA) or health reimbursement arrangement (HRA), you may use your HSA or HRA to pay for qualified dental/vision costs not covered by your FEHB and FEDVIP plans. You will be required to submit your claim on behalf of the UnitedHealthcare Vision Plan to the FSAFEDS Health Care Flexible Spending Account (HCFSA) or Limited Expense Health Care Flexible Spending Account (LEX HCFSA).

You do not need to include an EOB, but your claim must include acceptable evidence of your expenses. A cancelled check is not considered acceptable evidence

Acceptable evidence includes receipts which contain the following information:

- Type of service or product provided
- Date expense was incurred
- Person or organization providing the service and product
- Amount of expense

Section 3 How You Obtain Benefits

Identification Cards/ Enrollment Confirmation

Enroll online at www.benefeds.com. Upon confirmation of your enrollment, you will be sent a UnitedHealthcare Vision Plan identification card with your welcome packet.

Where You Get Covered Care

You may visit any provider in the UnitedHealthcare Vision network. Log on to www. myuhcvision.com/fedvip and select the provider locator option. You may also contact UnitedHealthcare Vision's 24-hour, toll-free Interactive Voice Response (IVR) system dedicated to Federal employees and annuitants at 1-866-249-1999 or TTY 1-800-524-3157. You may elect to visit any vision provider to utilize your benefit, even if they are not part of the UnitedHealthcare Vision provider network.

Plan Providers

We list plan providers on our Web site at www. myuhcvision.com/fedvip. In addition, you can call UnitedHealthcare Vision Plan's 24-hour, toll-free Interactive Voice Response (IVR) system dedicated to Federal employees and annuitants at 1-866-249-1999 or TTY 1-800-524-3157.

In-Network

Once you locate an in-network provider, call the provider directly to schedule your appointment. Identify yourself as having UnitedHealthcare Vision coverage and provide the primary insured's subscriber number and patient's name and date of birth. You can find participating providers at www.myuhcvision.com/fedvip.

Out-of-Network

If you choose to use an out-of-network provider, your reimbursement will not exceed the out-of-network maximums listed in this brochure. In order to receive reimbursement, please submit the itemized paid receipt(s), along with the primary insured's subscriber number and patient's name and date of birth to:

UnitedHealthcare Vision

Attention: Claims Department

P.O. Box 30978

Salt Lake City, UT 84130

It is important to note that you must pay the out-of-network provider in-full at the time of service, and then submit your receipt(s) to UnitedHealthcare Vision for reimbursement. 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 the date of service.

First Payor

When you visit a provider who participates with both, your FEHB plan and your FEDVIP plan, the FEHB plan will pay benefits first. The FEDVIP plan allowance will be the prevailing charge, in these cases. You are responsible for the difference between the FEHB and FEDVIP benefit payments and the FEDVIP plan allowance. UnitedHealthcare Vision is responsible for facilitating the process with the FEHB first payor.

The amount listed in the example below are for example purposes only and do not reflect your FEHB or UnitedHealthcare Vision benefits. The example does not include your co pay which you are responsible for paying.

Service	FEHB Pays	UnitedHealthcare Vision
Eye Exam $90	$20	$70
Frame $130	$0	$130
Lenses $60	$30	$30
Total $280	$50	$230

Your FEHB will pay $50.00 Your United Healthcare Vision will then pay $230 or up to the Plan allowance.

Coordination of Benefits

When you have vision coverage though a non-FEHB Plan and UnitedHealthcare Vision coverage under FEDVIP, UnitedHealthcare Vision is the primary payor and your non-FEHB plan is secondary.

We may request that you verify/identify your health insurance plan(s) annually or at time of service.

The amounts listed in example below are for example purposes only and do not reflect your non-FEHB or UnitedHealthcare Vision benefits. The example does not include your copay. You are responsible for paying your copay.

SERVICE	UNITEDHEALTHCARE VISION Plan In Network Provider	Non-FEHB
Eye Exam: $90	$90 (fully covered)	$0
Frame: $200	$130	$70
Lenses: $60	$60 (fully covered)	$0
Total: $350	$280	$70

UnitedHealthcare Vision will pay $280 or up to the plan allowance. Your non-FEHB Plan will pay $70

SERVICE	UNITEDHEALTHCARE VISION Plan Out of Network Provider	Non-FEHB
Eye Exam: $90	$40	$50
Frame: $200	$45	$0
Lenses: $60	$40	$20
Total: $350	$125	$70

UnitedHealthcare Vision will pay $125 or up to the plan allowance. Your FEHB Plan will pay $70.

Limited Access Areas

If you live in an area that does not have an UnitedHealthcare Vision provider located within 15 miles of your primary residence for urban ZIP codes, or 35 miles of your primary residence for rural ZIP codes, we will pay 100% of your plan allowance when you receive covered services from an out-of-network provider. Follow the out-of-network claims submission instructions in Section 8, “How to file a claim for covered services.”

Section 4 Your Cost for Covered Services

This is what you will pay out-of-pocket for covered care:

Copayment

A copayment is a fixed amount of money you pay to the provider when you receive services.

Example: In our plan, you have an eye exam copay and a copay for eyewear materials (if needed). Both Standard Option members and High Option members pay $10 for an eye examination. For materials, Standard Option members have a $25 copay, while High Option members have a $10 materials copay. The materials copay is a single payment that applies to the entire purchase of eyeglasses (lenses and frames), or contacts in lieu of eyeglasses.

Coinsurance

Coinsurance is the percentage of billed charges that you must pay for your care. Coinsurance for your UnitedHealthcare Vision Plan only applies to coverage for low vision and vision therapy, and does not apply to any other portion of the UnitedHealthcare Vision benefit.

Example: For either low vision or vision therapy services, you will follow the out-of-network process and pay the provider in-full at the time of service. You then submit your receipts to our claims department, and will be reimbursed 75% of the billed charges, up to the lifetime benefit maximum for both vision therapy and low vision services.

Annual Benefit Maximum

For the UnitedHealthcare Vision Plan, you can receive an eye exam, frames, and lenses – or contact lenses in lieu of eyeglasses, once per year and other vision testing as described in Section 5, Vision Services and Supplies.

Lifetime Benefit Maximum

There is a lifetime maximum reimbursement of $1,000 for low vision and $1,000 for vision therapy services. There is also a lifetime maximum reimbursement of $1,500 for a prosthetic eye. There is no lifetime benefit maximum associated with any other portion of the UnitedHealthcare Vision Plan.

In-Network Services

When you receive services from an UnitedHealthcare Vision in-network provider, you are responsible only for the co-pays, coinsurance levels and amounts that exceed lifetime maximums as shown in Section 5, Vision Services and Supplies.

Out-of-Network Services

When visiting an out-of-network provider, pay the provider in-full at the time of service and you will be reimbursed up to the amounts indicated below:

Exam	$40	Lenticular Lenses	$80
Single Vision Lenses	$40	Frames	$45
Bifocal Lenses	$60	Elective Contact Lenses	$125
Trifocal Lenses	$80	Necessary Contact Lenses	$210

Limited Access Areas

When visiting an out-of-network provider, in a limited access area, pay the provider in-full at the time of service and you will be reimbursed up to the amounts indicated below:

Exam	$100	Lenticular Lenses	$150
Single Vision Lenses	$80	Frames	$130
Bifocal Lenses	$100	Elective Contact Lenses	$150
Trifocal Lenses	$135	Necessary Contact Lenses	$210

Section 5 Vision Services and Supplies

Important things you should keep in mind about these benefits:

Please remember that all benefits are subject to the definitions, limitations and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care or treatment of a covered condition and meet generally accepted protocols

Benefit Description	You Pay	
Diagnostic	**Standard Option**	**High Option**
92002-92004 New patient examination 92012-92014 Established patient examination One of either listed above in a 12 month period Receive a comprehensive eye examination from a state-licensed optometrist or ophthalmologist. An eye exam with refraction is a general evaluation of the complete visual system. This service includes: • Taking a complete medical and visual history • General medical observation • Visual acuities • Pupil evaluation • Ocular motility testing and binocular function tests • Color vision test • Keratometry • Retinoscopy • Refraction • External examination of the eye • Ophthalmoscope examination of the internal eye (includes a routine dilated eye exam) • Gross visual fields (confrontation fields) • Biomicroscopy • Tonometry • Initiation of diagnostic and treatment programs The comprehensive eye exam will evaluate the eye for diseases of the visual system, such as glaucoma, cataracts, macular degeneration, diabetic retinopathy, and hypertensive retinopathy.	$10 copay	$10 copay
Eyewear	**Standard Option**	**High Option**
Lenses (per pair, every 12 months as needed) – One pair of standard single vision, lined bifocal, lined trifocal, standard lenticular lenses is covered-in-full. V2100 - V2114 Single Vision V2200 - V2214 Bifocal V2300 - V2314 Trifocal	$25 copay	$10 copay

Eyewear - continued on next page

Benefit Description	You Pay	
Eyewear (cont.)	**Standard Option**	**High Option**
V2115 - V2117 Lenticular - Single Vision	$25 copay	$10 copay
V2215 - V2217 Lenticular - Bifocal		
V2315 - V2317 Lenticular - Trifocal		
Frames - *It is important to note that the materials copay is a single payment that applies to the entire purchase of eyeglasses (lenses and frames), or contacts in lieu of eyeglasses.*	$25 copay	$10 copay
(one every 12 months as needed) – Receive a $50 wholesale frame allowance (approximate retail value of $120 to $150) at private practice providers, or a $130 frame allowance at retail chain providers.		
V2020 Covered Frame		
V2025 Non-Covered Frame		
Covered Patient Options		
Standard scratch-resistant coating	Nothing	Nothing
Polycarbonate	Nothing	Nothing
Tinted lenses, solid	$13.00	Nothing
UV Coating	$16.00	Nothing
V2781 Standard Basic Progressive	$70.00	$25.00 copay
Covered in full Contact Lenses – The fitting/evaluation fees, contacts (including disposables), and up to two follow-up visits are covered (after applicable copay) for many of the most popular brands on the market. If covered disposable contact lenses are chosen, up to 4 boxes (depending on prescription) are included when obtained from a network provider. It is important to note that UnitedHealthcare Vision's covered-in-full contact lenses may vary by provider.	$25 materials co pay; up to 4 boxes of disposables *(depending on prescription, if disposable contacts are chosen)*	$10 materials co pay; up to 4 boxes of disposables *(depending on prescription, if disposable contacts are chosen)*
All other Contact Lenses – A $125 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 contacts are examples of contacts that are outside of our covered-in-full selection.	All charges over the $125 allowance	All charges over the $125 allowance
Necessary contact lenses*:	$25 materials copay	$10 materials copay

Eyewear - continued on next page

Benefit Description	You Pay	
Eyewear (cont.)	**Standard Option**	**High Option**
* 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 of anisometropia; with certain conditions of keratoconus. **If your provider considers your contacts necessary, your provider must contact UnitedHealthcare Vision concerning the reimbursement that UnitedHealthcare Vision will make before you purchase such contacts.**	$25 materials copay	$10 materials copay

Other Vision Testing – A reimbursement for services that typically goes beyond what is covered by a routine vision examination. **Plan pays:**

92060	Special Eye Evaluation	$85
92065	Orthoptics &/or Pleoptics Evaluation/Training	$60
92070	Fit Contacts for Treatment of Disease	$114
92100	Serial Tonometry Exam(s)	$60
92120	Tonography & Eye Evaluation	$45
92130	Tonography with Water Provocation	$45
92136	Ophthalmic Biometry by Partial Coherence Interferometry	$220
92140	Proactive Tests for Glaucoma	$60

Low Vision – Reimbursement for low vision services to ensure members are equipped to cope with visual impairment. **The low vision coverage has a lifetime maximum reimbursement of $1,000, in which we would pay 75% of the claim (member responsible for 25% coinsurance).**

99242	Office consultation for a new or established patient. Usually the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99243	Office consultation for a new or established patient. Usually the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family
99244	Office consultation for a new or established patient. Usually the presenting problem(s) are of moderate to high severity.
92354	Fitting of spectacle mounted low vision aid; single element system
92355	Fitting of telescopic or other compound system
V2600	Hand held low vision aids and other nonspectacle aids
V2610	Single lens spectacle mounted low vision aids
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes, and compound microscopic lens system

Vision Therapy – Reimbursement for therapeutic services, **up to a lifetime maximum of $1000 in which we would pay 75% of the claim (member responsible for 25% coinsurance).**

99242	Office consultation for a new or established patient. Usually the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99243	Office consultation for a new or established patient. Usually the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family
99244	Office consultation for a new or established patient. Usually the presenting problem(s) are of moderate to high severity.
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation

Prosthetic Eye – Claims are submitted following the out-of-network procedure and there is a **one time reimbursement for the cost of a prosthetic eye, up to $1,500.**

V2620/ V2632	Prosthetic eye
92335	Prescription of ocular prothesis (artificial eye) and direction of fitting and supply by independent technician with medical supervision
92330	Prescription fitting and supply of ocular prosthesis (aritifical eye) with medical supervision of adaptation
V2623	Prosthetic eye plastic custom
V2629	Prosthetic eye other type

United Healthcare Vision participants receive access to discounted refractive eye syrgery fromThe Laser Eye Network of America(LVNA). FEDVIP memebers can choose from more than 400 locations nationwide to receive either a 15% discount off the usual and customary price of 5% off a promotional price. Select providers are available in over 70 locations across the U.S. and offer FEDVIP members even greater discounts via preferred set prices beginning at $695 per eye. Call 1-888-563-4497 or visit www.uhclasik.com for more information and to locate a provider near you.

Section 6 International Services and Supplies

If you live outside of the United States and Puerto Rico, you are still entitled to the benefits discribed in this brochure. Unless otherwise noted in this section, the same definitions, limitations and exclusions also apply.

International Claims Payment

When visiting an international provider, you will pay the provider in-full at the time of service, and you will be reimbursed up to the amounts shown below. Reimbursement will be converted from foreign currency into U.S. dollars.

Exam	$80	Lenticular Lenses	$130
Single Vision Lenses	$60	Frames	$110
Bifocal Lenses	$80	Elective Contact Lenses	$130
Trifocal Lenses	$115	Necessary Contact Lenses	$200

Finding an International Provider

You may chose any vision care provider.

Filing International Claims

Submit the itemized paid receipt(s), along with the primary insured's unique identification number and patient's name and date of birth, to:

UnitedHealthcare Vision

Attention: Claims Department

P.O. Box 30978

Salt Lake City, UT 84130

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 the date of service.

Customer Service Website and Phone Numbers

Contact us at 1-866-249-1999 or TTY 1-800-524-3157. You can also go to our Web site at www.myuhcvision.com/fedvip.

Section 7 General Exclusions – Things We Do Not Cover

The exclusions in this section apply to all benefits. We do not cover the following:

- Any vision service or treatment not specifically listed as a covered service;
- Services and treatment which are experimental or investigational;
- Services and treatment which are for any illness or bodily injury which occurs in the course of employment if benefits or compensation is available, in whole or in part, under the provision of any legislation of any governmental unit. This exclusion applies whether or not you claim the benefits or compensation;
- Services and treatment for which the cost is later recovered in a lawsuit or in a compromise or settlement of any claim, except where prohibited by law;
- Services and treatment incurred after the termination date of your coverage unless otherwise indicated;
- Services and treatment not meeting accepted standards of vision practice;
- Services and treatment resulting from your failure to comply with professionally prescribed treatment;
- Telephone consultations;
- Any charges for failure to keep a scheduled appointment;
- Any services that are strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances;
- Services or treatment provided as a result of intentionally self-inflicted injury or illness;
- Services or treatment provided as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation, or participating in a riot, rebellion or insurrection;
- Office infection control charges;
- Charges for copies of your records, charts or x-rays, or any costs associated with forwarding/mailing copies of your records, charts or x-rays;
- State or territorial taxes on vision services performed

The following services and materials are excluded from coverage under the policy:

- Post cataract lenses;
- Non-presciption 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, without cost, obtains from any governmental organization or program;
- Services or materials that are not specifically covered by the policy;
- Replacement or repair of lenses and/or frames that have been lost or broken;
- Cosmetic extras, except as stated in the policy's table of benefits.

This plan is designed to cover your vision needs rather than cosmetic materials. If you select any of the following, you will be responsible for an additional charge: Cosmetic lenses.

The following professional services or materials are not covered:

- Plano lenses (non-prescription)
- Two pairs of glasses, in lieu of bifocals

- Lenses and frames furnished under this program which are lost or broken will not be replaced except at the normal intervals when services are otherwise available;
- Medical or surgical treatment of the eyes, except where specifically shown as a covered expense;
- Any eye examination, or any corrective eyewear, required by an employer as a condition of employment;
- Corrective vision services, treatments, and materials of an experimental nature.

Section 8 Claims Filing and Disputed Claims Processes

How to File a Claim for Covered Services

You do not need to file a claim when you visit a network provider. However, if you visit an out-of-network provider submit the itemized paid receipt(s), along with the primary insured's unique identification number and the patient's name and date of birth to:

UnitedHealthcare Vision

Attention: Claims Department

P.O. Box 30978

Salt Lake City, UT 84130

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 the date of service.

Deadline for Filing Your Claim

Receipts for out-of-network service must be submitted within 12 months of the date of service

Disputed Claims Process

Follow this disputed claims process, if you disagree with our decision on your claim or request for services. **The FEDVIP law does not provide a role for OPM to review disputed claims.**

Disputed Claim Steps:

1. Ask us in writing to reconsider our initial decision. You must:

Submit your appeal in writing to:

UnitedHealthcare Vision Claims Department

P.O. Box 30978,

Salt Lake City, UT 84130

Attention: Claims Appeals

Appeal requests must be in writing and received by UnitedHealthcare Vision within 180 days after your receipt of the Notice of Benefit Determination. Should you not receive the Notice of Benefit Determination within 30 days of submission of the original claim, you may submit your appeal within 180 days after this 30-day period has expired.

2. We have 60 days from the date we received your request to decide on your appeal. If an appeal is denied, a written Notice of Benefit Appeal Determination will be sent to you.

3. If the dispute is not resolved through the reconsideration process, you may request a review of the denial. You must submit your request for a reconsideration denial review in writing to:

UnitedHealthcare Vision

Atten: Reconsideration Review

P.O. Box 30978

Salt Lake City, UT 84130

Reconsideration review requests must be in writing and received by UnitedHealthcare Vision within 60 days after your receipt of the Notice of Benefit Appeal Determination.

4. If you do not agree with our final decision, you may request an independent third party, mutually agreed upon by us and OPM, review the decision.

The decision of the independent third party is binding and is the final review of your claim.

5. You cannot bring judicial action prior to exhausting the administrative review process outlined above. You cannot sue OPM, the independent third party reviewer or any other entity. If you prevail in court, you can only recover the amount of benefits in dispute.

Section 9 Definitions of Terms We Use in This Brochure

Annuitants	Federal retirees (who retired on an immediate annuity), and survivors (of those who retired on an immediate annuity or died in service) receiving an annuity. This also includes those receiving compensation from the Department of Labor's Office of Workers' Compensation Programs, who are called compensationers. Annuitants are sometimes called retirees.
BENEFEDS	The enrollment and premium administration system for FEDVIP.
Benefits	Covered services or payment for covered services to which enrollees and covered family members are entitled to the extent provided by this brochure.
Annual Benefit Maximum	The maximum annual benefit that you can receive per person.
Enrollee	The Federal employee or annuitant enrolled in this plan.
FEDVIP	Federal Employees Dental and Vision Insurance Program.
Low vision	Visual impairment where the person retains some usable vision.
Orthoptics	An ophthalmic field pertaining to the evaluation and treatment of patients with disorders of the visual system with an emphasis on binocular vision and eye movements.
Plan Allowance	The amount we use to determine our payment for certain vision care services, such as the frame allowance and contact lens allowance, as well as for out-of-network services.
Pleoptics	The study and treatment of defects in binocular vision resulting from defects in the optic musculature or of faulty visual habits. It involves a technique of eye exercises designed to correct the visual axes of eyes not properly coordinated for binocular vision.
You	Enrollee or eligible family member.
Vision Therapy	Therapeutic services used to treat common vision problems.
We/Us	UnitedHealthcare Vision

Stop Health Care Fraud!

Fraud increases the cost of health care for everyone and increases your Federal Employees Dental and Vision Insurance Program premium.

Protect Yourself From Fraud – Here are some things that you can do to prevent fraud:

- Do not give your plan identification (ID) number over the telephone or to people you do not know, except to your providers, plan, BENEFEDS, or OPM.
- Let only the appropriate providers review your clinical record or recommend services.
- Avoid using providers who say that an item or service is not usually covered, but they know how to bill us to get it paid.
- Carefully review your explanation of benefits (EOB) statements.
- Do not ask your provider to make false entries on certificates, bills or records in order to get us to pay for an item or service.
- If you suspect that a provider has charged you for services you did not receive, billed you twice for the same service, or misrepresented any information, do the following:
  - Call the provider and ask for an explanation. There may be an error.
  - If the provider does not resolve the matter, call us at 1-866-249-1999 and explain the situation.
- Do not maintain as a family member on your policy:
  - Your former spouse after a divorce decree or annulment is final (even if a court order stipulates otherwise); or
  - Your child over age 22 (unless he/she is disabled and incapable of self-support).

If you have any questions about the eligibility of a dependent, please contact BENEFEDS.

Be sure to review Section 1, Eligibility, of this brochure, prior to submitting your enrollment or obtaining benefits.

You can be prosecuted for fraud and your agency may take action against you, if you falsify a claim to obtain FEDVIP benefits or try to obtain services for someone who is not an eligible family member or who is no longer enrolled in the plan.

Summary of Benefits

- **Do not rely on this chart alone.** This page summarizes specific expenses we cover; for more detail, please review the individual sections of this brochure.
- If you want to enroll or change your enrollment in this plan, please visit www.BENEFEDS.com or call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680.

High Option

Frequency: Exam every year; Lenses every year; Frames every year;

Contacts (in lieu of lenses and/or frames) every year

Copays: $10 Exam/$10 Materials

Benefits	**Network**	**Out-of-Network***
Eye Examination	100%	up to $40.00
Single Vision Lenses	100%	up to $40.00
Bifocal Lenses	100%	up to $60.00
Trifocal Lenses	100%	up to $80.00
Lenticular Lenses	100%	up to $80.00
Frames	100%	up to $45.00
Elective Contact Lenses		
Covered-in-full contacts All other elective contacts	100% up to $125	up to $125 up to $125
Necessary Contact Lenses	100%	up to $210.00

**The UnitedHealthcare Vision Plan pays up to the amounts shown when visiting an out-of-network provider.*

- ***Patient Options*** – Standard scratch-resistant coating, polycarbonate lenses, tinted lenses, and ultraviolet coating are covered. Other patient options may be offered at a 20% to 40% discount.
- **Please Note:** Out-of-pocket cost for basic progressive lenses will include an additional $25 copay. High-end progressive lenses will also include an additional out-of-pocket copay of $65.

Standard Option

Frequency: Exam every year; Lenses every year; Frames every year;

Contacts (in lieu of lenses and/or frames) every year

Copays: $10 Exam/$25 Materials

Benefits	Network	Out-of-Network*
Eye Examination	100%	up to $40.00
Single Vision Lenses	100%	up to $40.00
Bifocal Lenses	100%	up to $60.00
Trifocal Lenses	100%	up to $80.00
Lenticular Lenses	100%	up to $80.00
Frames	100%	up to $45.00
Elective Contact Lenses		
Covered-in-full contacts All other elective contacts	100% up to $125	up to $125 up to $125
Necessary Contact Lenses	100%	up to $210.00

**The United Healthcare Vision Plan pays up to the amounts shown when visiting an out-of-network provider.*

- ***Patient Options*** – Standard scratch-resistant coating, and polycarbonate lenses are covered for all plan designs. Other patient options, such as ultraviolet protection and anti-reflective coating may be offered at a 20% to 40% discount.
- **Please Note:** Out-of-pocket cost for basic progressive lenses will include an additional $70 copay.

Rate Information

Monthly Rates

High option Self Only	High option Self Plus One	High option Self and Family	Standard option Self Only	Standard option Self Plus One	Standard option Self and Family
$9.49	**$18.51**	**$27.58**	**$6.78**	**$13.27**	**$19.74**

BiWeekly Rate

High option Self Only	High option Self Plus One	High option Self and Family	Standard option Self Only	Standard option Self Plus One	Standard option Self and Family
$4.38	**$8.54**	**$12.73**	**$3.13**	**$6.12**	**$9.11**