

**Pattonville School District Vision Renewal**  
Effective Date: October 1, 2016

Vision Services		V1075	
<b>Legal Entity</b>	UnitedHealthcare Insurance Company Alternate Plan		
	<b>In Network</b>	<b>Out of Network</b>	
<b>Plan Options</b>	Voluntary		
Contribution	Exam with Materials		
Product Type	Full Network		
Network Type	\$10	Not Applicable	
Exam Co-pay	\$10	Not Applicable	
Material Co-pay (Frames/Spectacle Lenses or Contact Lenses)	\$10	Not Applicable	
<b>Service Frequency</b>	12/12/24/12		
Exams/ Lenses/ Frames/Contacts	100%	Up to \$40	
<b>Eye Examination</b>	100%	Up to \$40	
Exam	100%	Up to \$40	
<b>Lenses</b>	100%	Up to \$60	
Single Vision	100%	Up to \$80	
Lined Bifocal	100%	Up to \$80	
Lined Trifocal	100%	Up to \$80	
Lenticular	Up to \$130	Up to \$45	
<b>Frames</b>	30%	Not Applicable	
Retail Frame Allowance	Up to 4 boxes	Up to \$125	
Discount on Frame Overage at participating providers	Up to \$125	Up to \$125	
<b>Elective Contact Lenses</b>	100%	Up to \$210	
Covered Selection Contacts	Standard Scratch-Resistant Coating	Not Applicable	
Non-Selection Contacts	Price Protection available for non-covered lens options ranging from 20-60% off retail pricing at participating providers.		
Necessary Contact Lenses	UnitedHealthcare is proud to add value to your vision care program by offering access to discounted laser vision correction procedures through Laser Vision Network of America (LVNA). Members receive a discount of 15% off standard prices or 5% off promotional prices with any in-network surgeon.		
<b>Lens Options</b>			
Covered-in-full Lens Options			
Non-covered Lens Options			
<b>Value Services</b>			
Laser Vision Discount			
<b>Assumed Enrollment and Rates</b>			
Employee	390	\$5.79	
Employee + Family	132	\$16.76	
	522		
Monthly Premium		\$4,470.42	
Annual Premium		\$53,645.04	
<b>Participation Requirements</b>	No Participation Requirement		
Dependent Children Coverage	To Age 26		
Contract Basis	Fully Insured		
Benefit Period Basis	Date of Service		
Exclusions and Limitations	Standard		
Broker Commissions	10%		
Rate Guarantee	36 months		

## Lens Option Price Protection

The list below outlines the maximum out of pocket charge a member may pay for particular non-covered lens options in-network, which reflect discounts of 20 to 60% of retail charges. In some cases members may pay less!

Type	Cost
Polycarbonate	\$30
Photochromic	\$65
Scratch Warranty	\$10
Edge Coat (Polished Edges)	\$13
High Index 1.60-1.67	\$60
Solid Tint	\$13
Gradient Tint	\$15
UV Coating	\$16
Standard Anti-Reflective Coating	\$40
Premium Anti-Reflective Coating	\$80
Platinum Anti-Reflective Coating	\$90
Standard Progressive	\$70
Deluxe Progressive	\$110
Premium Progressive	\$150
Platinum Progressive	\$250

*Prices reflected are subject to change.*