

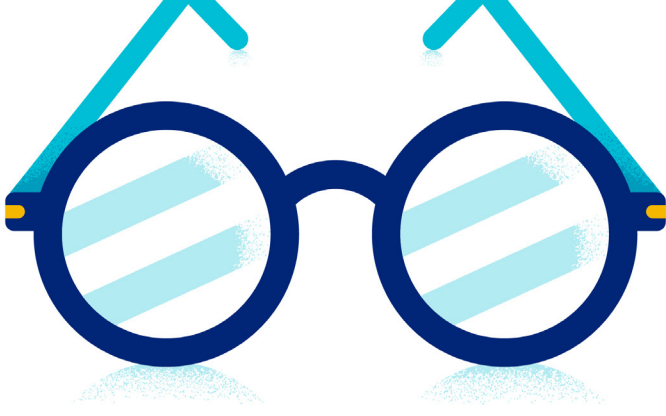
Welcome to your UnitedHealthcare vision plan



Trinity Health members will see substantial value-adds to their vision benefits in 2024, with a money-saving contact lens formulary option, added benefits for those with increased vision care needs — young children and pregnant or breastfeeding women — and more!

| | Standard Plan | | Enhanced Plan | |
|--|--|-------------|--|-------------|
| Service Frequency | Exam - Once per calendar year Lenses - Once per calendar year Frame - Once per calendar year Contacts* - Once per calendar year | | Exam - Once per calendar year Lenses - Once per calendar year Frame - Once per calendar year Contacts* - Once per calendar year | |
| Second Exam and Materials for Pregnant or Breastfeeding Women and Children (ages 0-12) | Members who have a prescription change of 0.5 diopter or more in a plan year are eligible for a replacement frame and lenses at the same benefit level as the initial frame and lenses. Not applicable for Exam Core or Exam with Discounted Material Plans | | Members who have a prescription change of 0.5 diopter or more in a plan year are eligible for a replacement frame and lenses at the same benefit level as the initial frame and lenses. Not applicable for Exam Core or Exam with Discounted Material Plans | |
| Exam Co-pay | \$10 | | \$0 | |
| Materials Co-pay | \$0 | | \$0 | |
| | In Network | Non-Network | In Network | Non-Network |
| Eye Exam | 100% | Up to \$75 | 100% | Up to \$75 |
| Single Vision Lenses | 100% | Up to \$40 | 100% | Up to \$40 |
| Lined Bifocal Lenses | 100% | Up to \$60 | 100% | Up to \$60 |
| Lined Trifocal Lenses | 100% | Up to \$80 | 100% | Up to \$80 |
| Lenticular | 100% | Up to \$80 | 100% | Up to \$80 |
| Retail Frame Allowance | Up to \$175 | Up to \$45 | Up to \$200 | Up to \$45 |
| Discount on Frame Overage* | 30% | N/A | 30% | N/A |
| Contact Lens Benefit – members choose one of the following options in lieu of eyeglasses: | | | | |
| - Covered Selection | Up to 6 boxes | N/A | Up to 6 boxes | N/A |
| - Disposable Lenses | \$175 | \$175 | \$200 | \$200 |
| - Medically Necessary | 100% | 100% | 100% | 100% |

*In lieu of eyeglasses.



Lens Options Price Protection

The list below outlines the maximum out of pocket charge a member may pay for non-covered lens options at participating network providers.

| | Standard Plan | Enhanced Plan |
|-----------------------------|---------------|---------------|
| Standard Scratch Warranty | \$10 | \$10 |
| Tint | \$14 | \$14 |
| UV Coating | \$16 | \$0 |
| Photochromic (up to age 19) | \$0 | \$0 |
| Tier 1 Anti-Reflective | \$30 | \$0 |
| Tier 2 Anti-Reflective | \$50 | \$0 |
| Tier 3 Anti-Reflective | \$75 | \$0 |
| Tier 4 Anti-Reflective | \$95 | \$0 |
| Roll and Polish Edges | N/A | \$13 |
| Tier 1 Progressive | \$55 | \$0 |
| Tier 2 Progressive | \$100 | \$0 |
| Tier 3 Progressive | \$150 | \$0 |
| Tier 4 Progressive | \$200 | \$0 |
| Tier 5 Progressive | 250 | \$0 |
| High Index < 1.66 | \$53 | \$53 |
| High Index 1.66 - 1.73 | \$63 | \$63 |
| Polycarbonate | \$0 | \$0 |



This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of coverage, contact UnitedHealthcare Insurance Company. 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. The contracting entity for Spectera Eyecare Networks is Spectera, Inc. 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.