

SECTION 4: CONTENT OF RESPONSES

This section outlines the elements requested in response to this RFI. After reviewing the responses, HCA may contact some or all vendors with follow up questions or with a request to make a presentation at HCA headquarters. HCA values a vendors' time, and does not want it spent on preparing an extensive response beyond what is necessary for the purposes of this process. HCA would prefer vendors submit a brief response to the questions rather than no response at all. For the purposes of this RFI, "Not applicable" or "No response" qualifies as a brief response.

Please respond to the questions below, specific to your organization's group vision insurance plan(s).

A. PLAN TYPE

1. Using the table provided below, please provide the aggregated numbers of your vision coverage as of January 1, 2018.

Product Type	Number of Accounts	Number of Subscribers	Number of Members
Self-insured	604	794,258	1,312,871
Fully-insured	103,907	6,332,824	9,821,783
Discount/Affinity Only	1	2,817,084	6,479,293
Totals	104,728	10,182,256	18,130,989

2. If offered, are your self-insured vision plans customizable?

Yes. All plans offered by UnitedHealthcare vision can be customized to meet client needs, including variable copays, material allowances, and lens option coverages.

3. How many vision plan contracts does your organization have in Washington State?

Our Vision business in the state of Washington includes 1,199 groups/contracts across all segments. Our March Vision Care acquisition has significant membership in Washington, totaling over 900,000 in the Medicaid space.

B. PLAN DESIGN

1. Describe your organization's benefit plan offerings and include covered services descriptions. Please provide your range of plans and rates.

Our comprehensive vision plans are designed to provide a covered-in-full eye exam and either eyeglasses or contact lenses (after any applicable copayments) when a member sees a participating network provider. Members who obtain services from a non-participating provider may submit a claim for reimbursement up to the out-of-network reimbursement amount specified on their schedule of benefits. A wide range of plan designs and copayments are available.

We maintain competitive formularies that provide access to the latest technologies for anti-reflective and progressive lenses, as well as contact lenses, including blue-light and UV protection options.

EYE EXAM

The comprehensive eye exam performed by network providers evaluates the eye for diseases of the visual system, such as glaucoma, cataracts, macular degeneration, diabetic retinopathy and hypertensive retinopathy. Standards are based on applicable guidelines of the American Optometric Association and individual states' standards of care.

EYEGLASSES

At network provider locations, eyeglasses are fully-covered after any applicable copayment. A single copayment covers both frames and lenses.

FRAMES

We do not limit members to a specific frame selection. Members may choose any frame available. If the price of the frame falls within the plan's frame allowance, it is covered in full. If the price exceeds the frame allowance, the member is responsible for the difference. Participating network providers may apply a discount of up to 30 percent to the difference unless prohibited by frame manufacturers.

COVERED LENSES & LENS OPTIONS

Our standard plan designs include coverage for single vision, lined bifocal, trifocal and lenticular lenses. Standard scratch coating (for everyone) and polycarbonate lenses for dependent children are offered at no cost. Other lenses and lens options (e.g., progressive or polycarbonate lenses or lens coatings) may be covered upon request.

CONTACT LENSES - TWO PLAN OPTIONS

PLAN OPTION 1

Members may purchase contact lenses in lieu of eyeglasses. If a member visits a network provider and chooses a lens from our selection lens list, the lenses, fitting/evaluation and up to two follow-up visits will be covered-in-full after any applicable copayment.

Our selection lens list offers members a greater selection than those of other major vision plans and includes some of the most popular brands on the market today

- CooperVision Biofinity®
- Alcon AIR OPTIX® AQUA
- Alcon DAILIES® AquaComfort Plus®
- CooperVision Avaira®
- Several Acuvue® lenses, including Acuvue Vita and Acuvue 1-Day Moist®

If a member chooses a non-selection lens, a contact lens allowance is applied toward the prescribed lenses at the time of purchase and the copayment does not apply. The member is responsible for the cost of the fitting/evaluation.

We cover a toric and a multifocal contact lens in addition to daily wear lenses.

PLAN OPTION 2

Members may purchase contact lenses in lieu of eyeglasses. At network provider locations, contact lenses are covered-in-full up to the quoted contact lens allowance. A separate allowance is applied to the cost of the fitting/evaluation. Members are responsible for any difference between the cost of the service and the applicable allowance.

DISCOUNTS ON NON-COVERED SERVICES

Our vision plan provides added value to members by offering discounts on the following non-covered services.

NON-COVERED LENS OPTIONS

At participating network provider locations, we offer price protection amounts on our most popular lens options. Most other non-covered lens options are offered with a minimum 20 percent discount off retail. Prices and availability may vary. Members should verify out-of-pocket costs with their provider.

Please refer to the electronic attachment titled "**Lens Options Flier.**"

ADDITIONAL MATERIALS DISCOUNT

At most network provider locations, members receive a 20 percent discount on an additional pair of glasses, sun wear, protective eyewear or contact lenses after their benefits have been exhausted. This is not an insured benefit, but rather a materials discount program between members and participating network providers. In some cases, at the provider's discretion, the member may receive a better discount.

The discount is extended to the member at the point of sale. There are no claim or reimbursement forms to complete. Members are responsible for all charges at the time of purchase and should contact their providers in advance of service to confirm participation and determine the discount offered.

CONTACT LENSES BY MAIL

Members may take advantage of a 10 percent discount on contact lenses when ordered by clicking on the **uhcontacts.com** link on **myuhcvision.com**. We ship directly to the member's home or office within three to five business days at standard shipping prices – or free for orders of \$99 or more. Members may also pay for faster shipping if needed. We also offer a convenient auto-ship program that members can use to have contact lenses shipped at a prescribed frequency.

Online orders are not covered under the plan's network benefit, so members typically use this service to refill contact lenses if they have exhausted the plan benefit for the period. Members may also use **uhcontacts.com** as a non-network option and submit their receipts for reimbursement after purchase.

LASIK

Members can obtain laser correction surgery at discounted prices through LCA-Vision's Laser Vision Network of America (LVNA), which includes 550+ laser vision providers nationwide. These providers are credentialed and recertified every three years by a NCQA-accredited Credentialing Verification Organization (CVO) that continually monitors and tracks dynamic data.

The following benefits are available from any LVNA provider:

- Free LASIK consultation
- 15 percent off the standard or 5 percent off of any promotional prices at all providers (providers' prices cannot exceed specific capped amounts after contracted discount is applied)
- Free enhancements for one year after initial treatment

Additional benefits are available to members who choose a *LasikPlus*: LVNA Featured Provider:

- Free pre-operative LASIK exam (in addition to the free LASIK consultation all providers offer)
- Special member prices from \$695¹ per eye to \$1,895 per eye
- Affordable financing offers
- Free enhancements for life on most treatments
- Multiple laser technologies including custom wavefront and blade free technology.

HEARING AID DISCOUNTS

We offer our members access to preferred pricing on premium digital hearing aids through hi HealthInnovations™. Taking advantage of savings is simple. A member simply obtains a hearing test from a qualified professional (such as an audiologist, ear/nose/throat specialist or primary care physician), chooses a recommended hearing aid and places an order using a promotional code. Orders can be placed online at hiHealthInnovations.com or by calling the toll-free telephone number, (855) 523-93553.

1. Nearsighted better than -2 with astigmatism better than -1 and other restrictions may apply

RANGE OR RATES AND PLANS

Rates and plans are determined on a case-by-case basis.

2. Describe any member paid buy-up options offered by your organization.

Members who utilize network providers are responsible for paying the following up-front costs:

- Copayments (when applicable) for exams, lenses or contact lenses
- Any amounts over their frame or contact lens allowances, when applicable
- Any additional lens options out-of-pocket amounts, when applicable

Most network providers offer discounts on amounts over the allowance as well as additional price protected lens options, so members can be sure they are getting value for their money.¹

Members who visit a non-network provider pay the provider in full for all services and materials and submit an itemized copy of the receipt. We reimburse members according to the non-network schedule in the benefit summary shown in the level of benefits accompanying our rates. Copayments do not apply to non-network services.

1. Prices and availability may vary. Members should verify out-of-pocket costs with their provider.

3. Does your organization offer member discounts or affinity programs? If so, describe what the programs are, and what is included in them.

Yes. At most network provider locations, members receive a 20 percent discount on an additional pair of glasses, contact lenses, sun wear or protective eyewear. This is not an insured benefit, but rather a materials discount program between members and participating network providers. In some cases, at the provider's discretion, the member may receive a discount deeper than 20 percent.

The discount is extended to the member at the point of sale, and there are no claim forms or reimbursement forms to complete. Members are responsible for all charges at the time of purchase and should contact their providers in advance of service to confirm participation and to determine the discount offered.

CONTACT LENS DISCOUNTS

All plan members may take advantage of a 10 percent discount on contact lenses by ordering through our online contact-lens-by-mail program at our website, uhcontacts.com. We ship directly to the member's home or office within three to five business days at standard shipping prices – or free for orders of \$99 or more. Members may also pay for faster shipping if needed. For the most convenience, we also offer an auto-ship program that members can use to have contact lenses shipped at a prescribed frequency.

Online orders are not covered under the plan's network benefit, so members typically use this service to refill contact lenses if they have exhausted the plan benefit for the period.

LASER CORRECTION SURGERY

Our members can obtain laser correction surgery at discounted prices through LCA-Vision's Laser Vision Network of America (LVNA). When a member calls the LASIK line, the representative refers the member to a network doctor and offers to email the member a discount certificate and detailed instructions on how to receive the discount. We also provide the doctor with the patient's name by email. This process of reaching out to both the member and the doctor's office has proven effective in ensuring that the proper discount is given.

HEARING AID DISCOUNTS

UnitedHealthcare vision plan members have access to premium digital hearing aids at discounted prices.

Did you know?

One in eight Americans aged 12 and older have hearing loss.¹

Untreated hearing loss can affect relationships and contribute to serious conditions such as depression and dementia. It has also been linked to heart disease, diabetes and stroke.²

More than 28.8 million people with hearing loss can be helped by hearing aids.³

Taking advantage of savings is simple. A member simply obtains a hearing test from a qualified professional (such as an audiologist, ear/nose/throat specialist or primary care physician), chooses a recommended hearing aid and places an order using a promotional code. Orders can be placed online or by calling the toll-free telephone number.

¹ <https://www.nidcd.nih.gov/health/statistics/quick-statistics-hearing>

² <https://www.webmd.com/a-to-z-guides/hearing-loss-causes-symptoms-treatment#1>

³ *Better Hearing Institute; MarkeTrak VIII: 25-year Trends in the Hearing Health Mark; MarkeTrak VII: Obstacles to adult non-user adoption of hearing aids*

4. Is your eye exam covered annually or biennially? Describe any member cost shares for this service.

Our standard benefit plan covers an eye exam annually. The only cost would be any copayment included in the members plan.

5. What tests are included in the eye exam benefit?

The covered-in-full examination (after the copayment, when applicable) includes the following components:

- Complete medical and visual history
- General medical observation
- Visual acuities
- Pupil evaluation
- Ocular motility testing
- Binocular function testing
- Depth perception testing

- Color vision testing
- Keratometry
- Retinoscopy
- Refraction
- External examination of the eye
- Ophthalmoscope examination of the internal eye (includes a routine dilated exam)
- Gross visual fields (confrontation fields)
- Biomicroscopy
- Tonometry
- Diagnostic and treatment programs

6. Please describe how pediatric eye exams and hardware benefits are designed and factored in the overall plan designs, keeping in mind the Affordable Care Act (ACA) pediatric vision requirements.

All dependents receive the same plan design as the subscriber, including applicable copays for exams and allowances for materials. Certain lens options and contact lenses have been included in our formularies to accommodate the needs of younger members, including blue light options that protect against blue light emitted from digital devices. Polycarbonate lenses for dependent children are offered at no additional cost to the member to ensure they have access to the safest lenses that meet their lifestyle needs.

Essential Health Benefit (EHB) plans are typically included with medical coverage; however, we are able to quote EHB vision plans.

7. Describe your organization's range of deductibles.

Deductibles are only found within Essential Health Benefit (EHB) plans, in which case they coincide with the member's enrolled medical plan deductible if vision applies to the deductible for their particular plan. There are no deductibles found within our standard benefit offerings.

8. Does your organization pay claims based on a capped amount per member, or are your costs based on a per service fee schedule? Is this dependent on whether the plan is fully-insured or self-insured?

Claims are paid on a per service fee schedule basis. Members are often times given an allowance for materials as part of their plan design, but these allowances cover most or all of the cost of materials. This applies to both fully insured and self-funded plans that include a fixed fee schedule

9. If payment is based on a capped amount per member, does the capped amount renew annually or biennially?

Not applicable.

C. PROVIDER NETWORK

1. Describe how your organization determines who is in-network.

In order to be included in our network, providers must meet our quality and licensing standards. Each provider location must comply with the following criteria:

- Must be a licensed optometrist or ophthalmologist
- Must be in good standing with the appropriate state licensing board
- Must have professional malpractice insurance consistent with or exceeding state standards
- Must comply with state and federal regulatory requirements and applicable NCQA guidelines
- May not have any disciplinary proceedings pending against the practice or professional staff by any licensing authority
- Agree to extend the same level of courtesy to our member as is extended to any private patient being seen in that office
- Agree that when members receive non-covered lens options, they will be charged no more than the amounts indicated on the price protection lens options list (except where not permitted by state law)
- Agree that the office will be open a sufficient number of hours so members will not experience long waits for appointments
- Agree to cooperate with on-site visits and peer review, if appropriate
- Agree to provide complete vision care services consistent with established standards of practice

2. What vision provider types does your organization contract with?

Our vision network is comprised of 92 percent optometrists and 8 percent ophthalmologists.

3. Does your organization use a tiered provider network? If yes, describe the different coverage levels.

We do not use a tiered network.

4. Is the network the same for both fully insured and self-insured plans?

Yes.

5. How do your organization's covered providers work with medical plans when services provided are covered under a medical plan and not a separate vision plan?

We encourage providers to communicate with the patient's primary care provider when there is an existing medical condition or when signs of a medical condition are discovered during the examination. We make it easy for eye care providers to refer patients to primary care providers and specialists for diagnosis and care, with comprehensive referral forms on our provider website combined with provider education and communication in how to use the forms.

6. Describe all the ways your organization allows members to submit claims for reimbursement.

At network provider locations, the member pays only his or her copayment (when applicable) – and for lens options, if any – at the time of service. The provider submits the claim either electronically or manually, and we pay the provider directly after the claim is processed.

At non-network locations, the member pays in full and submits the receipts and appropriate identifying information by mail or fax. We reimburse the member according to the non-network schedule shown in the level of benefits accompanying our rates.

7. Can a member purchase glasses or contact lenses from an out-of-network provider and submit a claim for reimbursement?

Yes. Members may purchase glasses or contact lenses from a non-network provider and submit claims for reimbursement. At non-network locations, the member pays in full and submits the receipts and appropriate identifying information by mail or fax. We reimburse the member according to the non-network schedule shown in the level of benefits accompanying our rates.

8. Describe how your organization pays out-of-network providers when:

a. The provider submits the claim

We do not pay non-network providers. The member pays in full and submits non-network claims for reimbursement.

b. The member submits the claim

We do not pay non-network providers. At non-network locations, the member pays in full and submits the receipts and appropriate identifying information by mail or fax. We reimburse the member according to the non-network schedule shown in the level of benefits accompanying our rates.

9. If prior authorization is required to schedule an examination with a network provider, what is the average wait time for an appointment with your organization's Washington network providers?

Prior authorization is never required for routine visions services at network or non-network locations.

A member who selects a network provider has only one responsibility: to identify herself or himself as a UnitedHealthcare vision plan member.

This means convenience and flexibility for your employees. With the vision provider being responsible for submitting vision claims to UnitedHealthcare, plan members can see a provider whenever convenient and not worry with prior authorizations. Network providers are always responsible for verifying eligibility before providing services.

At non-network provider locations, members pay in full and submit the claim to us for reimbursement according to the level of benefits attached with our rates.

We do not currently measure the average wait time for an appointment per provider but two to three days for private practice providers is common for routine vision services. Most retail locations offer walk-in appointments.

10. Complete Exhibit 1, County Coverage: Number of Contracted Providers by Provider Type, with the following information:

- **Column "c": the number of in-network ophthalmologists.**
- **Column "d": the number of in-network optometrists.**
- **Column "e": the number of in-network ophthalmologist and optometrist (those accounted for in columns c and d) offices that sell vision hardware (prescription lenses, frames, contact lenses) on site.**

- **Column “f”: the number of retail stores that sell vision hardware.**

Completed.

11. Provide a list of the States where your organization has contracted providers.

We have vision providers in all 50 states, and in the District of Columbia. We offer a national vision network.

12. Does your organization provide international coverage? If yes, please describe.

A member traveling or living abroad who has a United States home address may use non-network benefits to receive services. As with any non-network location, the member pays in full when services are received and then submits a receipt to us for reimbursement according to the non-network level of benefits shown with our rates.

D. CUSTOMER SERVICE

1. Does your organization have customer service centers dedicated to specific contracted clients? If not, would this be a possibility? If the answer to either question is yes, what are the minimum requirements that would make a contracted client eligible for a dedicated customer service center?

We do not provide dedicated or designated customer service representatives (CSRs) for each customer because we do not want to limit the number of CSRs available to our members. We provide training and intranet access of your specific plan design to all our CSRs.

All CSRs have online, immediate access to each member's unique plan information to ensure fast, accurate and efficient service to callers.

Our experience has shown that this staffing model provides efficient and seamless service to our members because it allows us to quickly and efficiently allocate resources in response to fluctuations in call volume.

We would be willing to discuss the possibility of a dedicated CSR team for the School Employee Benefits Board (SEBB). We would tailor our CSR program for SEBB based on your needs, and not a set of minimum requirements.

2. Does your organization have other dedicated staff for large contracted clients? If so, please describe.

Yes. For more than 50 years, we've been administering vision plans for groups of all types and sizes. Our customers include national and regional employers, multi-employer trust funds, insurance companies, third-party administrators, associations, unions and state and local governments.

We are accustomed to serving the diverse needs of groups comprised of as little as one member all the way up to groups with hundreds of thousands of members. We can tailor our service offering based on the needs of SEBB. During implementation, would work with SEBB to define and allocate resources as needed.

ACCOUNT MANAGEMENT TEAM

SEBB would be supported by an account management team (AMT). **Your AMT will help you and your employees with their day-to-day needs and long-term goals.** You will be supported by a multi-functional AMT well trained in your benefit program and cultural requirements. The AMT, led by the strategic account executive (SAE), contains representation from all disciplines specifically required to serve your needs.

The AMT assigned to your account delivers on our promise to maximize the investment that you make in health care. The team's top priority is building a successful partnership with you to address your overall goals and coordinate day-to-day activities. The AMT is your point of contact for all aspects of administration, claims, underwriting, contracts, eligibility, billing and reporting, and works to ensure that all of your needs are met. Specifically, your AMT will include the following key roles:

SAE – Local representative who owns the overall customer relationship

The SAE designs and executes a mutually agreed-upon business plan and coordinates the setup of the products and services selected. The SAE delivers reporting and analysis of financial, claim cost and utilization data and presents new product and service options, as well as annual renewal information. In summary, the SAE works to align the goals of the customer with the products and services we offer and oversees all service aspects of the customer's plan.

Implementation Manager (IM) – Centralized contact who manages the implementation process

The IM provides implementation oversight and coordination through the claim-ready effective date. The IM coordinates the implementation timeline, strategy, telephonic meetings and minutes with the goal of timely and accurate case implementation by the effective date. The IM reports to you regarding status of key milestone tasks to ensure effective coordination of all functional areas during the implementation.

Field Account Manager (FAM) – Local representative who manages the customer service relationship

During implementation, the FAM coordinates and conducts open enrollment meetings. In addition, the FAM trains you on the powerful online tools available to help you administer health benefits. The FAM meets regularly with the customer to discuss service trends and analysis.

Dedicated Client Service Manager (DCSM) - Centralized contact who resolves all day-to-day service inquiries

The DCSM uses the Integrated Service Experience Tool (ISET), a fully integrated claim, eligibility and customer specific benefit information system, to resolve day-to-day customer inquiries. Often able to address issues on the first contact, the DCSM also can route service matters to dedicated support areas and track them through to resolution. The DCSM works closely with the AM to ensure all of your service needs are addressed.

Extended Service Representatives – Centralized functional representatives to assist with your needs

Individuals from across our company work with your AMT to assist with administration or resolve issues, including: billing/banking analyst, case installation analyst, eligibility analyst, underwriter and claims analyst.

Throughout the year, the SAE and other AMT members use analytic tools to enhance program development and chart progress toward our agreed-upon goals. Through regular performance assessments, we ensure plans are meeting your business and financial objectives, and we partner with you to propose solutions as new needs emerge. **Our commitment is to partner with you to design a plan that works the way you and your employees do.**

3. Are your customer service centers specifically dedicated to either members or providers, or do they handle both?

We have toll-free telephone lines dedicated to serving members. We also provide a separate dedicated toll-free provider service line.

4. Are your customer service centers U.S. based? If so, where are they located? If they are not located in the U.S., where are they located?

Yes. All member calls for our vision plans are answered in San Antonio, Texas.

5. Please provide your customer service hours, including time zone.

Our customer service department is available 5 a.m. to 8 p.m. PT, Monday through Friday and 6 a.m. to 3:30 p.m. PT on Saturday.

6. How does your organization measure customer satisfaction, and how often is it measured? Provide any scores or results from the past two years.

Beginning in 2014, UnitedHealthcare commissioned a proprietary employer satisfaction study from a third-party research firm to track measure customer satisfaction.

The strongest performance areas as rated by customers in 2016 were:

- Employee satisfaction
- Emotional connection
- Network, Programs and Benefits
- Value and Cost

Below is a sample of “good” ratings related to the top performance areas. Good is defined by those giving a score of six to 10:

- Twenty-one percent of employers rated their employee satisfaction as Excellent
- Twenty-five percent said UnitedHealthcare helps them feel in control of their employees’ health benefits
- Twenty-eight percent said UnitedHealthcare “has their back”
- Thirty-five percent were extremely satisfied with overall benefit design
- Twenty-four percent rated competitive overall cost (cost relative to quality of products and services) as excellent
- Forty-eight percent strongly agreed that UnitedHealthcare has good choice of in-network doctors and hospitals
- Twenty-two percent rated strongly agreed that their premiums were competitive

SURVEY RESULTS FOR 2017

Beginning in 2014, UnitedHealthcare commissioned a proprietary employer satisfaction study from a third-party research firm to track and measure customer satisfaction.

The strongest performance areas in 2017 were:

- Ease of reaching sales/account rep
- Performance of sales/account rep when advising on changes to medical benefit design to better manage costs

School Employees Benefits Board (SEBB)

Request for Information:
Group Vision Insurance
Plans, RFI 2641

- Overall satisfaction with sales/account rep
- Choice of network doctors and hospitals
- Virtual Visits

Below is a sample of “good” ratings related to the top performance areas. Good is defined by those giving a score of six to 10:

- Ninety-four percent rated ease of reaching the sales/account rep as good
- Ninety-two percent rated the choice of doctors and hospitals as good
- Ninety-four percent rated their experience with the sales rep as good
- Eighty-nine percent rated virtual visits as good
- Ninety percent rated performance of sales/account rep when advising on changes to medical benefit design to better manage costs as good

J.D. Power 2017 Vision Plan Satisfaction ReportSM

“Highest in Customer Satisfaction with Vision Plans, 4 out of 5 Years in a Row.”



The report measured vision plan member satisfaction based on five key factors: coverage, cost, communications, customer service and claims and reimbursement.

UnitedHealthcare received the highest numerical score in the proprietary J.D. Power 2013-2015, 2017 Vision Plan Satisfaction ReportsSM. Report measures opinions of consumers with vision plans, includes four plans, and is based on responses from 1,312 consumers. Proprietary study results are based on experiences and perceptions of consumers surveyed October 2017. Your experiences may vary. Visit www.jdpower.com.

7. How does your organization work with vision providers who submit claims for services that are not covered under your vision plan, but may be covered under the member’s medical plan?

Should this occur, we would send the provider a letter asking them to submit the claim to the member’s medical carrier.

E. ADMINISTRATION

1. How do members order vision hardware through your organization’s online portal?

While members are not able to order vision hardware through myuhcvision.com, members are able to use their network benefits online at warbyparker.com and at all Warby Parker store locations. Benefits will be applicable to all prescription glasses and sunglasses that Warby Parker offers. The application of benefits to Warby Parker package pricing will allow for maximum member value. Members simply visit warbyparker.com/united, select UnitedHealthcare as their insurance provider and enter their member IDs and Dates of Birth to have their benefits automatically applied to the frame/lens selection in their cart. The site will display any applicable copayments and out-of-pocket costs.

2. **What documents can a member upload to the online portal?**

Not applicable.

3. **Can your organization receive premium payments directly from a member?**

Yes. We can provide a direct billing arrangement. Additional charges may apply.

4. **Please answer the following hypothetical questions regarding implementation, assuming HCA is a new client:**

a. **After being provided with a HIPAA 834 eligibility file, on average how long would it take to collaborate to build the group structure framework and data layouts, assuming there are six (6) subgroups (Reference Exhibit 2 – Group Structure Example)?**

The Automated Case Implementation (ACIS) structure has to be finalized in order to complete the eligibility file. The trial structure can be finalized and ACIS released within ten days of receiving customer structure requirements.

b. **After completion of the group structure framework and data layouts, on average how long would it take to program the groups into your organization's IT systems?**

The ACIS structure has to be finalized in order to complete the eligibility file. The trial structure can be finalized and ACIS released within ten days of receiving customer structure requirements.

c. **After completion of the programming, on average how long would it take your organization to test?**

On average it takes 8 to 12 weeks to test an eligibility file, depending on vender/customer response.

F. MISCELLANEOUS

1. **What feedback or advice do you have for HCA as it considers procurement of a group vision insurance plan?**

We have significant advantages over our competitors, which include the following:

- **Experience**—We have more than 50 years serving a diverse customer base including small and large businesses from every sector—corporate, union, healthcare coalitions, government agencies, school districts and more. Please refer to the electronic attachment titled "**Why UnitedHealthcare Vision.**"
- **Value**—Our plan designs are designed to eliminate or minimize member out-of-pocket expenses. Exams and eyeglasses or contact lenses are covered-in-full within benefit specifications when a member sees a participating network provider. Plan design vary but typically include low or no copayments. We also offer price protection for non-covered lens options and discounts on additional non-covered materials/services, laser vision correction, mail order contact lens refills and exclusive pricing on hearing aids.
- **Network Access**—Our network provides members with access to a diverse national network comprising 84,975 retail, private practice/independent, optometrist and ophthalmologist access points. We only count credentialed optometrists and ophthalmologists; we do not inflate network totals by counting non-credentialed, optician-only locations. We also accept provider nominations. Please refer to the electronic attachment titled "**Vision Provider Network Flier.**"

- **Warby Parker** - In January 2018, we added Warby Parker to our retail provider network, which marks the first time Warby Parker is accepting vision insurance. Warby Parker offers UnitedHealthcare vision members unique savings through their lens package which includes: Progressive lenses, Anti-Reflective, Coating, UV coating and Hi-Index lenses included at the cost of the materials copay! Members can access this benefit at any Warby Parker retail location or by accessing: www.warbyparker.com/united.
 - **Conflict Free**—We focus on the member, and maintain arms-length contracting relationships with providers. We're not tied to one manufacturer, retail chain or provider group, and our plans do not incorporate frame towers or steerage toward certain brands.
 - **Ease of Use**—Network providers submit claims on behalf of members. No forms, vouchers or ID cards are needed. Members who prefer to have an ID card may generate a personalized card on our website or access it via their mobile device at any time. Customer Service Representatives (CSRs) are available to assist members six days a week, and our member website and IVR give members the ability to check eligibility status and locate a provider 24 hours a day, seven days a week. Please refer to the electronic attachment titled "**Vision Member Welcome Brochure.**"
 - **Health Connection**—Using the power of information and innovative thinking to help employers, providers and individuals make better health care decisions. Our Bridge2Health program places the member at the center of a coordinated care community, promoting health and wellness engagement leading to better health. Please refer to the electronic attachment titled "**Vision Bridge2Health Flier.**"
2. **Please provide contact information (name, email, and phone number) for staff that HCA can follow up with for questions pertaining to this RFI.**
- Jeff Akers, RHU, REBC, CLU, ChFC
- Vice President, Public Sector and Labor & Trust
- UnitedHealthcare
- Office: (503) 603-7147
- Mobile: (503) 575.5040
- Email: Jeffrey.Akers@uhc.com

School Employees Benefits Board (SEBB)

Request for Information:
Group Vision Insurance
Plans, RFI 2641

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Care24 [®]	OptumHealth Financial Services [®]	Spectera [®]	UnitedHealthcare [®] Employer & Individual
Consumer Activation Index [®]	OptumInsight [®]	Symmetry [®]	UnitedHealthcare [®] Global
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Employer eServices [®]	ParentSteps [®]	United eServices [®]	UnitedHealthcare [®] Medicare & Retirement
eSync [®]	Passport Connect [®]	UnitedHealth Allies [®]	UnitedHealthcare MedicareRx [®]
eSync Platform [®]	PlanBien [®]	UnitedHealth Basics [®]	UnitedHealthcare Navigate [®]
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Adobe [®]	Gaiam [®]	iPhone [®] (iOS)	Nutrisystem [®]
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Pay less for your lenses.

This list highlights the discounted cost on our most popular lens options. Most other lens options are offered with at least a 20 percent discount off of retail.¹ The prices shown below are a separate and additional cost to your materials and exam copays (if applicable).

Type

Coatings

Standard Scratch Coating	No charge
Scratch Warranty	\$10
Tint	\$14
UV Coating	\$16
Photochromic	\$67
Standard Anti-Reflective Coating	\$40
Premium Anti-Reflective Coating	\$80
Platinum Anti-Reflective Coating	\$90

Lenses

Roll and Polish Edges	\$13
Standard Progressive	\$70
Deluxe Progressive	\$110
Premium Progressive	\$150
Platinum Progressive	\$250

Materials

High Index (≤ 1.66)	\$53
High Index (1.67–1.73)	\$63
Polycarbonate ²	\$33



Not all plans include lens option or materials coverage. For more coverage details, see your official vision plan documents.

¹ Prices reflected are subject to change. Check with your provider. May not apply at some locations

² \$0 for dependent children

This glossary is to help you understand the types of coatings, lenses and materials that are listed as your lens options.

Coatings

Standard Scratch Coating: Protects against scratches on your eyeglass lenses. This is offered to you at no additional charge. Recommended for everyone.

Tint: Helps to reduce glare, and improve contrast. Recommended for people who play sports, and those who want to see with better contrast.

UV Coating: Offers protection for your eyes against UV light (sunlight that's harmful to you). Recommended for people who spend a lot of time outdoors.

Photochromic: Lenses that darken when they are exposed to certain kinds of light, and lighten when indoors. Recommended for people who spend a lot of time outside, or around snow or water and don't like switching between prescription glasses and prescription sunglasses.

Anti-Reflective Coating: Lenses that are coated on both sides to reduce glare that help sharpen vision in all lighting conditions. They also help to reduce glare when you use a computer. There are three levels of anti-reflective coatings available — standard, premium and platinum. Standard offers a base level of scratch and glare resistance, with platinum giving the highest level of protection. Recommended for people who use a computer for work, or who spend a lot of time driving at night.

Lenses

Roll and Polish Edges: Helps to reduce the appearance of the thickness of lenses and provides an improved appearance of the edges. Recommended for people who have thick lenses, but want to make them appear thinner.

Progressive: Sometimes called “no-line bifocals” because they don't have bifocal or trifocal segment lines. Let you switch between near and far distance vision easily. There are four levels of progressive lenses on our lens options list — standard, deluxe, premium and platinum. Each tier offers different levels of quality — standard has the base level, where platinum has the highest level of quality. Recommended for people who need bifocals but don't want visible lines in their glasses.

Materials

High Index Lenses: These lenses are thinner than other lens materials, reducing the weight and reducing thickness of the lenses. Recommended for people with higher prescriptions who want thinner, lighter lenses.

Polycarbonate: Made from a thinner, lighter material that offers better impact resistance than regular plastic lenses. Polycarbonate lenses also offer increased ultraviolet protection for your eyes. Polycarbonate lenses for dependent children are offered to you at no additional charge. Recommended for children, or people who play sports.



The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call 1-800-638-3120, TTY 711.

ATENCIÓN: Si habla español (Spanish), hay de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請致電：1-800-638-3120, TTY 711。

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.



Vision

The Bridge2Health difference

Integrated Vision

Helping you achieve better employee health
and a healthier bottom line.



A better approach to employee health.

Benefits designed to strengthen your business.

Bridge2Health is UnitedHealthcare's integrated approach to improving employee health. We offer a broad portfolio of benefits, including medical, dental, vision, disability and critical illness. Our wide range of data allows us to generate a more complete profile of our members' health needs so we can help them achieve better health overall. And when your employees are healthier, your business can be too – **with lower costs, less absenteeism and greater productivity.**



Bridge2Health vision by the numbers:

- We monitor 23 chronic conditions, including four that may **affect up to 28%** of your employees: diabetes, hypertension, high cholesterol and vascular disease¹
- Our reminder phone calls have been shown to **improve exam adherence to 50%** versus 3% for postcard programs²
- Diabetes management programs that reduce blood glucose levels can **save \$1,200 to \$1,872 per patient per year**³



Bridge2Health.

We empower our members by providing information, resources and support so they can make better decisions that may lead to better outcomes.

A model designed to improve employee health.

The eyes are the only place on the body to offer a non-invasive view of the blood vessels. That means a comprehensive exam reveals information about a patient's overall health, as well as their vision. By making these connections, Bridge2Health stands apart from more limited benefit models⁴:

- **More proactive** – Our providers look for warning signs of diabetes, hypertension, high cholesterol, vascular disease and more
- **More cost-effective** – When chronic diseases are identified early, members are encouraged to seek appropriate care to help them better manage their condition
- **More data-driven** – Our proprietary eSync PlatformSM maintains both vision and medical data, so we can identify opportunities for members to improve their health
- **More complete** – We cover a range of vision benefits, from preventive care for everyday eye health to proactive outreach for chronic conditions



Get the full value of Bridge2Health by integrating UnitedHealthcare medical and vision benefits.

Bridge2Health provides vision education – including health and wellness articles, videos and webinars – to all plan members at no extra cost. Companies with 100 or more employees can truly maximize the power of Bridge2Health by purchasing both medical and vision coverage from UnitedHealthcare.

Compare the difference between what you get with Bridge2Health versus other major vision plans:

UnitedHealthcare advantage		Other major vision plans	
Automatic monitoring and disease management (DM) referral	★★★	Send diagnosis files via email	☆
Integrated medical, vision and DM care	★★★	Care not integrated	—
23 condition categories monitored	★★★	Zero to eight conditions monitored	☆
Dilated eye exam recommendations	★★★	No dilated eye exam recommendations	—
Telephonic reminders for six conditions	★★★	Some send postcards to diabetics	☆
Eye exam information in online health record	★★★	Eye exam information in online health record	☆

★★★ Leader

☆ Minimal capability

— No capability

A better strategy for better health.

Bridge2Health is designed to benefit your business by actively engaging your employees in their own health and wellness.

- **Better information** – We educate our members so they can better understand their personal health issues
- **Better decisions** – With better information, members and providers can make better choices for chronic and everyday care
- **Better health** – The result is better employee health, which can lead to a more productive workforce – and stronger profits for your company



Questions?

To learn more, contact your broker, consultant or UnitedHealthcare representative.

uhc.com/B2HVision



¹UnitedHealthcare "Patient by Condition" report for past 12 months, based on 4 million members.

²UnitedHealthcare Specialty Benefits internal study based on a sample of 10,000 members in each group, 2009, supplemented with current Specialty Benefits dental program data.

³Cranor et al., The Asheville Projects: Long-Term Critical and Economic Outcomes of a Community Pharmacy Diabetes Care Program. JAPHA 2003.

⁴To be eligible, employers must have both medical and vision coverage through UnitedHealthcare and have 100 or more employees. Employers must opt in and have an annual exam benefit to receive targeted outreach services.

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.



Welcome to your vision plan.

Get the most out of your benefits.



Thank you for choosing
a vision plan from
UnitedHealthcare.
We're here to help
make your health care
experience easier.

**This guide will help
you understand:**

- What your vision plan covers.
- How to use your plan.
- Ways to save money.

Need help?



Visit myuhcvision.com.

Log in to your member website
for 24/7 access to personal details
about your vision plan.

Have a UnitedHealthcare health plan?

Access both your vision and health plan
benefits on myuhc.com®. You can also
search providers and access your Vision
ID Card on your mobile device with the
UnitedHealthcare Health4Me® app.



**Call toll-free.
1-800-638-3120, TTY 711.**

If you don't have computer access,
need language assistance or can't
find answers, call us Monday through
Friday, 7 a.m. to 10 p.m. CT or
Saturday 8 a.m. to 5:30 p.m. CT.

Find out what your vision plan covers.

Eye exam.

Your plan includes a fully covered exam. A copay
may apply.

Your plan uses Spectera Eyecare Networks, a national
network of eye doctors, which includes optometrists and
ophthalmologists. They are located at both private practice
and retail settings. Network eye doctors can help save
you money.

Frame allowance.¹

When you use a network provider, you have an allowance
you can use to help buy any frame your eye doctor offers.

Contact lens benefit.¹

You get contact lenses, a fitting and up to two follow-up
visits. Choose from popular brands, including some that
are fully covered.

Lens options.¹

Popular lens options are available to you at price-protected
amounts. Plus, standard scratch coating and polycarbonate
lenses for dependent children are available at no cost.

Additional pairs of glasses.

Certain providers will offer a 20% discount on additional
pairs of eyeglasses, including prescription sunglasses.

**Log in to myuhcvision.com
to see your vision plan documents
and complete coverage details.**

Take steps to protect your eyes.

1

Find an eye doctor in your network.²

Choose from local and national network providers in Spectera Eyecare Networks. Here are just some of the well-known retail locations in your network:

Log in to myuhcvision.com to search by provider name, specialty or location.

AMERICA'S BEST CONTACTS & EYEGLASSES

COSTCO
OPTICAL

EYEGLASS WORLD

For Eyes
by GrandVision

 Visionworks

WARBY PARKER

No network eye doctor in your area?

If there aren't any network providers within 30 miles of where you live or work, you may be able to see an out-of-network provider with network benefits. Log in to myuhcvision.com to learn more.



2

Schedule your annual eye exam.

Regular visits to an eye doctor can help keep your eyes healthy and improve your overall health.

If you get headaches, eyestrain or blurry vision, it may be time for new glasses. In some cases, medications can cause these issues, but symptoms may be a sign of a more serious problem. An eye exam can help find any underlying causes.

Get a complete eye exam.

A dilated exam lets your doctor look inside your eye and check your eye health. The exam can also show early signs of illness, even before other parts of your body are affected.

At your appointment, be sure to:

- State that you have vision insurance with UnitedHealthcare.
- Give your name and date of birth, or
- Show your vision ID card so the provider can verify your benefits.

Use your ID card.

You don't need your ID card to use your benefits, but it can help your eye doctor know how to bill for services. Access your ID card from your computer or mobile device at myuhcvision.com.



3

Discover more ways to save by using myuhcvision.com.

Laser vision correction.

Save money at more than 550 Laser Vision Network of America locations.³

Contact lenses.

Order contact lenses at uhccontacts.com online for 10% off.

You can also save on hearing aids!

Buy high-quality digital hearing aids, starting at \$699 each, through hi HealthInnovations®.



¹ Plans may vary. Check your coverage at myuhcvision.com to verify benefits.

² Not all providers participate in all plans. Check with your provider before using your benefits. Warby Parker added to the network effective January 2018.

³ Network location count as of October 1, 2017.

The company does not treat members differently because of sex, age, race, color, disability or national origin. If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator, UnitedHealthcare Civil Rights Grievance, P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call 1-800-638-3120, TTY 711. You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

You have the right to get help and information in your language at no cost. To request an interpreter, call the toll-free member phone number listed on your health plan ID card, press 0. TTY 711.

Tiene derecho a recibir ayuda e información en su idioma sin costo. Para solicitar un intérprete, llame al número de teléfono gratuito para miembros que se encuentra en su tarjeta de identificación del plan de salud y presione 0. TTY 711

您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥打您健保計劃會員卡上的免付費會員電話號碼，再按 0。聽力語言殘障服務專線 711

Quý vị có quyền được giúp đỡ và cấp thông tin bằng ngôn ngữ của quý vị miễn phí. Để yêu cầu được thông dịch viên giúp đỡ, vui lòng gọi số điện thoại miễn phí dành cho hội viên được nêu trên thẻ ID chương trình bảo hiểm y tế của quý vị, bấm số 0. TTY 711

귀하는 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 통역사를 요청하기 위해서는 귀하의 플랜 ID카드에 기재된 무료 회원 전화번호로 전화하여 0번을 누르십시오. TTY 711

May karapatan kang makatanggap ng tulong at impormasyon sa iyong wika nang walang bayad. Upang humiling ng tagasalin, tawagan ang toll-free na numero ng telepono na nakalagay sa iyong ID card ng planong pangkalusugan, pindutin ang 0. TTY 711

The *hi HealthInnovations*® hearing program is provided through UnitedHealthcare, offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific hearing aid discounts. This is not an insurance nor managed care product, and fees or charges for services in excess of those defined in program materials are the member's responsibility. UnitedHealthcare does not endorse nor guarantee hearing aid products/services available through the hearing program. This program may not be available in all states or for all group sizes. Components subject to change.

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.

Вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы подать запрос переводчика позвоните по бесплатному номеру телефона, указанному на обратной стороне вашей идентификационной карты и нажмете 0. Линия TTY 711

لك الحق في الحصول على المساعدة والمعلومات بلغتك دون تحمل أي تكلفة. لطلب مترجم فوري، اتصل برقم الهاتف المجاني الخاص بالأعضاء المدرج ببطاقة مُعرّف العضوية الخاصة بخطةك الصحية، واضغط على 0. الهاتف النصي (TTY) 711

Ou gen dwa pou jwenn èd ak enfòmasyon nan lang natifnatal ou gratis. Pou mande yon entèprèt, rele nimewo gratis manm lan ki endike sou kat ID plan sante ou, peze 0. TTY 711

Vous avez le droit d'obtenir gratuitement de l'aide et des renseignements dans votre langue. Pour demander à parler à un interprète, appelez le numéro de téléphone sans frais figurant sur votre carte d'affilié du régime de soins de santé et appuyez sur la touche 0. ATS 711.

Você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para solicitar um intérprete, ligue para o número de telefone gratuito que consta no cartão de ID do seu plano de saúde, pressione 0. TTY 711

Masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Po usługi tłumacza zadzwoń pod bezpłatny numer umieszczony na karcie identyfikacyjnej planu medycznego i wcisnij 0. TTY 711

Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um einen Dolmetscher anzufordern, rufen Sie die gebührenfreie Nummer auf Ihrer Krankenversicherungskarte an und drücken Sie die 0. TTY 711

ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳をご希望の場合は、医療プランのIDカードに記載されているメンバー用のフリーダイヤルまでお電話の上、0を押してください。TTY専用番号は 711です。

شما حق دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید. برای درخواست مترجم شفاهی با شماره تلفن رایگان قید شده در کارت شناسایی برنامه بهداشتی خود تماس حاصل نموده و ۰ را فشار دهید. TTY 711

Hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per richiedere un interprete, chiama il numero telefonico verde indicato sulla tua tessera identificativa del piano sanitario e premi lo 0. Dispositivi per non udenti/TTY: 711

There's always a provider in sight because there's a large vision network.

Finding a provider you can trust and who meets your lifestyle, eye care and eyewear needs is easy with UnitedHealthcare.

With our large national eye care network, Spectera Eyecare Networks, you can choose to get more personalized care from a private practice. Or, take advantage of the convenience retail chains offer with evening and weekend hours. Either way, we're focused on providing you with a better eye care experience.

Well-known practices and brands in our large national network:

- 20/20 Vision Center
- 3 Guys Optical
- AccurateOptical
- All About Eyes
- Allegany Optical
- America's Best
- Bard Optical
- BJ's Optical
- Boscov's Optical
- Clarkson Eyecare
- Co/Op Optical
- Cohen's Fashion Optical
- Costco Optical
- Crown Vision Center
- Dr. Tavel Family Eye Care
- Eye Boutique
- EyeCare Associates
- Eye Express
- Eye Care Center
- Eyeglass World
- EyeMart Express
- Eyetique
- For Eyes
- General Vision Services
- H. Rubin Vision Centers
- Henry Ford OptimEyes
- Horizon Eye Care
- Houston Eye Associates
- JCPenney Optical
- Midwest Vision Centers
- MyEyeDr
- National Optometry
- National Vision
- Nationwide Vision
- NUCROWN
- Optical Shop at Meijer

CONTINUED



Making it easier for you to find a provider.

To find the provider who best meets your needs, log in to myuhcvision.com or call **1-800-638-3120**.

Some providers or locations may not participate in your plan.



**"Highest in Customer
Satisfaction with
Vision Plans"¹**

- Optyx
- Ossip Optometry
- Pearle Vision
- Rosin Eyecare
- RX Optical
- Sam's Club
- Schaeffer Eye Centers
- Sears Optical
- See Inc.
- Shawnee Optical
- Shopko
- Site for Sore Eyes
- Spex
- Standard Optical
- Stanton Optical
- Sterling Optical
- SVS Vision
- Target Optical
- Texas State Optical
- The Eye Gallery
- The Hour Glass
- Thoma & Sutton Eye Care
- Today's Vision
- Virginia Eye Institute
- Vision4Less
- Visionmart Express
- Visionworks
- Vision Source
- Vision Trends
- Vista Optical
- Walmart
- Warby Parker - New for 2018!
- Wisconsin Vision



Making it easier for you to find a provider.

To find the provider who best meets your needs, log in to myuhcvision.com or call **1-800-638-3120**. Some providers or locations may not participate in your plan.



¹ UnitedHealthcare received the highest numerical score in the proprietary J.D. Power 2013-2015, 2017 Vision Plan Satisfaction ReportsSM. Report measures opinions of consumers with vision plans, includes four plans, and is based on responses from 1,312 consumers. Proprietary study results are based on experiences and perceptions of consumers surveyed October 2017. Your experiences may vary. Visit www.jdpower.com.

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ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-800-638-3120, TTY 711.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請致電：1-800-638-3120, TTY 711。

Note: Our doctors may also refer to us as Spectera Eyecare Networks.

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Vision

Employer

Vision benefits

Why UnitedHealthcare Vision?

Vision care can be an integral part of your employees' overall health coverage. And, we can make it affordable for you. Choose the plan that works best for your business – and you'll help your employees significantly reduce their out-of-pocket vision expenses.

Vision benefits from UnitedHealthcare let you:

- Select the flexible plan option that delivers the right combination of affordability for your employees *and* your bottom line
- Access a large network of proven eye-health providers from across the country
- Benefit from integrated services that check for serious conditions
- Offer your employees the freedom to choose their treatment options and eyewear – all at considerable savings

With UnitedHealthcare Vision, your employees will save money. No matter the frames, styles or lenses they select, their out-of-pocket costs will be greatly reduced.

A network for every need

We can customize our provider network to better meet your needs. Give your employees the power of choice. Our network, including private practices and retail providers, extends to more than 53,000 access points across the country, providing plenty of personalized and convenient care options to choose from.

Flexible frame coverage²

We've got options, so everyone can get the frames they want. Our frame allowance can be used to fully cover many popular frames. For frames that cost more than the allowance, a discount is applied to the coverage, further reducing out-of-pocket costs.

Broad contact lens benefits²

Our Vision benefits cover in full, after applicable copayment, the fitting and evaluation fees, many popular brands of disposable and planned replacement contacts, and up to two follow-up visits. Or if an employee chooses a contact lens that is not covered in our plan, they can apply their allowance to the purchase of the contacts of their choice. Employees also receive savings when they use our online discount ordering program.



Did you know?

Eighty-four percent of people polled in a recent study said a vision plan is very or somewhat important to them.¹ So, by offering vision coverage, you may be increasing employee satisfaction and commitment.

Lens options

Employees participating in our vision program receive discounts on popular lens options like progressive lenses, high index lenses, anti-reflective coatings and more. Standard scratch-resistant coating is included at no charge.

Laser vision correction

Offer your employees access to discounted laser vision correction procedures through our partnerships with the Laser Vision Network of America and LasikPlus® Vision Centers.

Preferred Pricing on Hearing Aids

Employees can purchase high-quality, digital hearing aids at an affordable pricing, starting at \$649 each through *hi HealthInnovations™*. These hearing aids use advanced technology to enhance speech understanding and comfort.

Easy access to benefit information

With UnitedHealthcare, finding the right eye-health provider is easy. At myuhcvision.com, your employees can use our provider locator, get door-to-door directions, print a vision ID card, find answers to frequently asked questions and more – making it easy for your employees to find the information they need without coming directly to you.

From a company you trust

When you offer your employees UnitedHealthcare Vision, you're providing them with additional coverage that will save them money while contributing to their overall health. And because it's affordable, integrated and tightly managed, it's healthy for your bottom line, too. Ask your broker or UnitedHealthcare representative for more information. We look forward to serving you soon.

Vision care can affect overall wellness

Eye health is an excellent window into a person's overall health and wellness. Regular eye exams can detect early warning signs of Type 2 diabetes, hypertension, high cholesterol and vascular disease. Learn more about how our fully integrated services work.³



Contact Us Today

For more information about UnitedHealthcare Vision, contact your broker or UnitedHealthcare representative.



¹ Jobson Report, 2010 Consumer Perceptions of Managed Vision Care

² Benefit applies to frame or contact lenses. Frame discounts do not apply when prohibited by frame manufacturer.

³ AOA.org

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.

Exhibit 1 - County Coverage: Number of Contracted Providers by Provider Type

a. State	b. County Name	c. Number of Ophthalmologists	d. Number of Optometrists	e. Number of Ophthalmologist and Optometrist Offices that Sell Vision Hardware	f. Number of Retail Vision Hardware Stores
WA	Adams	0	1	1	1
WA	Asotin	0	3	2	2
WA	Benton	0	11	11	9
WA	Chelan	1	6	7	4
WA	Clallam	1	4	5	3
WA	Clark	23	78	98	29
WA	Columbia	0	0	0	0
WA	Cowlitz	0	6	5	3
WA	Douglas	0	2	2	1
WA	Ferry	0	0	0	0
WA	Franklin	0	5	5	1
WA	Garfield	0	0	0	0
WA	Grant	0	5	5	4
WA	Grays Harbor	0	3	3	1
WA	Island	0	0	0	0
WA	Jefferson	0	0	0	0
WA	King	31	167	169	84
WA	Kitsap	6	28	21	21
WA	Kittitas	0	0	0	0
WA	Klickitat	0	0	0	0
WA	Lewis	0	5	5	1
WA	Lincoln	0	0	0	0
WA	Mason	0	2	2	1
WA	Okanogan	0	1	1	1
WA	Pacific	0	2	2	0
WA	Pend Oreille	0	0	0	0
WA	Pierce	0	77	66	52
WA	San Juan	0	0	0	0
WA	Skagit	0	3	3	3
WA	Skamania	0	1	1	0
WA	Snohomish	23	77	95	38
WA	Spokane	1	99	90	68
WA	Stevens	0	1	1	1
WA	Thurston	5	34	38	26
WA	Wahkiakum	0	0	0	0
WA	Walla Walla	0	5	5	5
WA	Whatcom	2	16	14	11
WA	Whitman	0	5	5	5
WA	Yakima	1	16	14	13
OR	Clackamas	79	58	137	17
OR	Clatsop	2	13	14	2
OR	Columbia	0	1	1	0
OR	Gilliam	0	0	0	0
OR	Hood River	0	0	0	0
OR	Morrow	0	0	0	0
OR	Multnomah	126	214	335	45
OR	Sherman	0	0	0	0
OR	Umatilla	0	2	2	2
OR	Union	0	1	1	1
OR	Wallowa	0	0	0	0
OR	Wasco	0	0	0	0
OR	Washington	82	450	511	46
ID	Adams	0	0	0	0
ID	Benewah	0	0	0	0
ID	Bonner	0	1	1	1
ID	Boundary	0	0	0	0
ID	Idaho	0	0	0	0
ID	Kootenai	0	18	16	13
ID	Latah	0	0	0	0
ID	Lewis	0	0	0	0

ID	Nez Perce	0	4	4	3
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