

## A look at your UC ClearVision<sup>™</sup> coverage

### SEE HEALTHY. LIVE HAPPY.

With UC ClearVision<sup>™</sup> from United Concordia Dental, you get personalized care from in-network vision doctors at an affordable cost. Plus, you get friendly member service from our partner VSP<sup>®</sup> Vision Care.

#### QUALITY VISION CARE YOU NEED.

You'll get great care from an in-network doctor, including a WellVision Exam<sup>®</sup>—an annual exam designed to detect eye and health conditions.

#### PROVIDER CHOICES YOU WANT.

It's easy to find a nearby in-network doctor. Maximize your plan with exclusive savings offers at Premier Program locations—including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.



#### PREFER SHOPPING ONLINE?

Go to [eyeconic.com](http://eyeconic.com)<sup>®</sup> and use your vision benefits to shop over 70 brands of contacts, eyeglasses and sunglasses.

#### VALUE AND SAVINGS YOU'LL APPRECIATE.

Save on eyewear and eye care when you see an in-network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

#### PROVIDER NETWORK:

VSP Choice

Log in to [vsp.com](http://vsp.com) to find an in-network provider based on your plan type.

Contact us: **800-877-7195** or [vsp.com](http://vsp.com)

PLAN 4		
BENEFIT	DESCRIPTION	COPAY
<b>YOUR COVERAGE WITH IN-NETWORK PROVIDERS</b>		
WellVision Exam	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every 12 months</li> </ul>	\$10
Prescription Glasses		\$10
Frames	<ul style="list-style-type: none"> <li>\$195 Featured Frame Brands allowance</li> <li>\$175 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$95 Costco<sup>®</sup> frame allowance</li> <li>Every 12 months</li> </ul>	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children up to age 18</li> <li>Every 12 months</li> </ul>	Included in Prescription Glasses
	<ul style="list-style-type: none"> <li>Impact-resistant lenses for adults</li> </ul>	Single vision \$31 Multi-vision \$35
Lens Enhancements	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every 12 months</li> </ul>	\$0 \$95–\$105* \$150–\$175*
Contacts (Instead of Glasses)	<ul style="list-style-type: none"> <li>\$175 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every 12 months</li> </ul>	Up to \$60*
Additional Savings	<b>Glasses and Sunglasses</b>	
	<ul style="list-style-type: none"> <li>Additional \$20 to spend on Featured Frame Brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any in-network provider within 12 months of your last WellVision Exam.</li> </ul>	
	<b>Routine Retinal Screening</b>	
	<ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>	
	<b>Laser Vision Correction</b>	
	<ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>	
<b>YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS</b>		
Get the most out of your benefits and greater savings with an in-network doctor. Call Member Services for out-of-network plan details.		
<small>VSP guarantees coverage from in-network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with UC ClearVision, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.</small>		

\*Amounts listed are not copays and represent additional out-of-pocket costs based on discounted services and materials and in-network providers and participating retail locations.

Benefits underwritten by United Concordia Insurance Company. Vision policies cover vision benefits only. Benefits administered by Vision Service Plan (in California, d/b/a VSP-Vision Service Administrator). Administrative and claims offices located at Vision Service Plan, Attention: Claims Services, P.O. Box 385018 Birmingham, AL 35238-5018 (phone: 800-877-7195). This policy has exclusions, limitations, and reduction of benefits which may affect benefits payable. For costs and complete details of the coverage, call your insurance agent or the company. Policies or their provisions may vary or be unavailable in some states. See the plan documents or your account representative for specific provisions and details of availability. References to "discounts" and "savings" refer to discounts on services and materials that may be available at retail locations or provider offices depending on affiliation status of provider.