



Solstice Vision Plan SV 1

Summary of Benefits

BENEFIT FREQUENCY

Comprehensive Exam(s)	Once every 12 months
Eyeglass Lenses	Once every 12 months
Frames	Once every 12 months
Contact Lenses instead of Eyeglasses	Once every 12 months
Retinal Screening	Not Covered

IN-NETWORK SERVICES

COPAYS

Exam(s)	\$10.00
Eyeglasses (lenses and frame)	\$10.00
Contact lenses instead of Eyeglasses	\$10.00
Retinal Screening	Not Covered

FRAME BENEFIT

Frame allowance	\$130.00
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LENS OPTIONS - (This list highlights the discounted cost on our most popular lens options. Exact pricing may vary; confirm cost with your provider prior to purchase.)

Tints, Standard Scratch-resistant Coating, Polycarbonate Lenses for Dependent Children (up to age 19)	
Standard Scratch Coating	\$0.00
Scratch Warranty	\$10.00
Tint	\$0.00
UV Coating	\$16.00
Photochromic	\$67.00
Anti-Reflective Tier I	\$30.00
Anti-Reflective Tier II	\$50.00
Anti-Reflective Tier III	\$75.00
Anti-Reflective Tier IV	\$95.00
Roll and Polish Edges	\$13.00
Progressive Tier I	\$55.00
Progressive Tier II	\$100.00
Progressive Tier III	\$150.00
Progressive Tier IV	\$200.00
Progressive Tier V	\$250.00
High Index (<1.66)	\$53.00
High Index (1.66-1.73)	\$63.00
Polycarbonate for Adults	\$33.00
Polycarbonate for Dependent Children	\$0.00

CONTACT LENS BENEFIT

Elective contact lenses	
Formulary contact lenses - The fitting/evaluation fees, contact lenses and up to two follow-up visits are covered in full after copay	If you choose disposable contacts, up to 4 boxes are included when obtained from an in-network provider
Non-Formulary contact lenses - An allowance is applied toward the purchase of contact lenses outside the Formulary. Contact lens copay is waived	\$130.00
Necessary contact lenses¹	Covered in full after copay (if applicable).

OUT-OF-NETWORK REIMBURSEMENTS (COPAYS DO NOT APPLY)

Exam(s)	Up to \$40.00
Frames	Up to \$45.00
Eyeglass lenses ²	Up to \$40.00 - \$80.00
Elective Contacts instead of Eyeglasses	Up to \$130.00
Necessary Contacts instead of Eyeglasses ¹	Up to \$210.00

1. Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with eyeglass lenses and/or frames; with certain conditions such as anisometropia, keratoconus, irregular corneal/astigmatism, aphakia, pathological myopia, aniseikonia, aniridia, facial deformity, or corneal deformity. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare vision confirming the reimbursement that UnitedHealthcare will make before you purchase such contacts.
2. Out-of-Network reimbursements for Eyeglass Lenses will vary by lens type: Single Vision up to \$40, Lined Bifocal and Progressive up to \$60, Trifocal up to \$80, Lenticular up to \$80.

IMPORTANT TO REMEMBER

IN-NETWORK

- Patient lens options which are not covered-in-full may be available at a discount at participating providers. Based on state guidelines, lens materials and options may not be available at these discounted prices at all provider locations. Please ask your provider for details.

CHOICE AND ACCESS OF VISION CARE PROVIDERS

Solstice Vision plans, powered by UnitedHealthcare, offer a vision program through national network including both private practice and retail chain providers. Please refer to your Certificate of Coverage for a full explanation of benefits. If this Benefit Summary conflicts in any way with the Policy issued to your employer, the Policy shall prevail.

In-Network Provider - Copays and non-covered patient options are paid to provider by program participant at the time of service.

Out-of-Network Provider - Participant pays all billed charges to the provider, and Solstice Vision plans, powered by UnitedHealthcare, reimburse the participant for services rendered up to the maximum allowance. Copays do not apply to out-of-network benefits. Receipts for payments should be submitted within 90 days after the date of service to the following address: P.O. Box 30978, Salt Lake City, UT 84130. If it was not reasonably possible to give written proof in the time required, the Company will not reduce or deny the claim for this reason. However, proof must be filed as soon as reasonably possible, but no later than 1 year after the date of service unless the Covered Person was legally incapacitated.

CUSTOMER SERVICE IS AVAILABLE TOLL-FREE AT (800) 638-3120

MONDAY - FRIDAY (FROM 8:00 A.M. - 11:00 P.M. ET), SATURDAY (FROM 9:00 A.M. - 6:30 P.M. ET)

DISCLAIMER

READ YOUR PLAN CAREFULLY - THIS BENEFITS SUMMARY PROVIDES A VERY BRIEF DESCRIPTION OF THE IMPORTANT FEATURES OF YOUR PLAN. THIS IS NOT THE INSURANCE CONTRACT. YOUR FULL RIGHTS AND BENEFITS ARE EXPRESSED IN THE ACTUAL PLAN DOCUMENTS THAT ARE AVAILABLE TO YOU UPON YOUR REQUEST TO US.

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 its 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, VPOL.13.TX or VPOL.18.TX and associated COC form number VCOC.INT.06.TX, VCOC.CER.13.TX or VCOC.18.TX. Plans sold in Virginia use policy form number VPOL.06.VA, VPOL.13.VA or VPOL.18.VA and associated COC form number VCOC.INT.06.VA, VCOC.CER.13.VA, or VCOC.18.VA. If you opt to receive vision care services or vision care materials that are not covered benefits under this plan, a participating vision care provider may charge you their normal fee for such services or materials. Prior to providing you with vision care services or vision care materials that are not covered benefits, the vision care provider will provide you with an estimated cost for each service or material upon your request. This cost may be higher than if you had received only covered vision services and you may incur additional out-of-pocket expenses. Eyewear materials may be ordered through our national lab network.

Lens Options

That save you money



This list features the discounted cost of our top lens options. There is a 20% minimum discount off retail price on most other lens options that are offered.* The sums displayed below are an additional cost of materials and exam copays (if applicable).

Coatings

Standard scratch coating	No charge
Scratch warranty	\$10
Tint	\$14
UV coating	\$16
Photochromic	\$67
Anti-reflective Tier I	\$30
Anti-reflective Tier II	\$50
Anti-reflective Tier III	\$75
Anti-reflective Tier IV	\$95

Lenses

Roll and polish edges	\$13
Progressive Tier I	\$55
Progressive Tier II	\$100
Progressive Tier III	\$150
Progressive Tier IV	\$200
Progressive Tier V	\$250

Materials

Standard scratch coating	\$53
Scratch warranty	\$63
Tint	\$33



Not all plans include the lens option or materials coverage

* Prices reflected are subject to change. Exact pricing may vary; confirm cost with your provider prior to purchasing. Product availability varies by provider.
**\$0 for dependent children.



Lens Options: Definitions and recommendation standards

Coatings

Standard scratch coating – Protects against scratches on your eyeglass lenses. This is included on the majority of lenses at no additional charge to you.

Anti-reflective (AR) coating – A coating that is added to lenses to reduce reflection, glare and smudges and help sharpen vision in all lighting conditions. Some AR lenses also filter blue light when you use electronic devices. There are 4 tiers of AR coatings available — each tier offers a different level of scratch and glare resistant protection, with Tier IV giving the highest level of protection, including features to help keep your glasses cleaner. Recommended for everyone; this is the second most popular item people add to their glasses.

UV coating – Offers protection for your eyes against UV light (sunlight that's harmful to you). Recommended for everyone.

Photochromic – Lenses that darken when they are exposed to unfiltered sunlight and lighten when indoors. Recommended for people who don't like switching between prescription glasses and prescription sunglasses.

Tint – Adds color to your lenses, most commonly to transform your prescription lenses into sunglasses. In addition to shading the eyes, tint can be used to reduce glare and improve contrast. Recommended for people who want their sunglasses to include their prescription.

Lenses

Progressive – Sometimes called “no-line bifocals” because they don't have bifocal or trifocal segment lines. Progressives are designed to help your eye transition between near and far distances, similar to what the eye does naturally. There are 5 tiers of progressive lenses on our lens options list. Each tier offers different levels of technology. Tier I is the most cost-conscious option, where Tier V has a more natural feel. Recommended for people who need bifocals but don't want visible lines in their glasses.

Digital device lenses* – Lenses specifically designed for users of digital devices such as computers, televisions, tablets and smartphones. They are a type of single-vision lens, similar to a progressive lens, that may help prevent eye strain. Digital device lenses also have properties that filter blue-light waves, and often require the addition of AR coating. Members receive a 20% discount at most providers. Discuss with your provider if these lenses may be right for you.

Materials

High-index lenses – These lenses are thinner than other lens materials, reducing lens weight and thickness. 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 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.

Polarized – Help filter reflected light that is traveling in a horizontal rather than vertical direction, providing additional glare reduction. Polarization is popular in sunglasses and available in many non-prescription sunglasses sold in stores. Members receive a 20% discount at most providers. Recommended for people who are light sensitive, spend lots of time driving, or enjoy water activities like skiing, boating and fishing.

Learn more



Questions on your plan? Contact our dedicated service team at 1-800-638-3120 or visit us online at **MySmile365**.

See your official vision plan documents for details.

*Digital device lenses may also be referred to as digital single vision or free-form single-vision lenses; however, not all digital or free-form single-vision lenses are digital device lenses.

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Solstice Vision Plans

Access to nationwide vision care

Maximize your savings by visiting a provider in our national best-in-class vision network. Your Solstice Vision plan uses the Spectera Vision Network of over **130,000 access points nationwide**. Spectera Vision Network offers you private practice providers, specialty online retailers, and all the major retail chains.

Take a gander at our retail connections:

WARBY PARKER

AMERICA'S BEST
CONTACTS & EYEGLASSES

sam's club

Visionworks

Walmart

1800 contacts

myeyedr.

GlassesUSATM
.com

TARGET[®]
Optical

For Eyes

EST. 1961
PEARLE VISION

LENSCRAFTERS[®]

Questions

Have questions about your vision benefits? Contact us at 1-800-638-3120 or visit us online at **MySmile365**.

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