University System of Georgia | Vision Proposal
Effective Date: August 1, 2015

Vision Services		V1006			
Legal Entity		**UnitedHealthcare Insurance Company Primary Plan**			
		In Network	Out of Network		
Plan Options					
Contribution		Voluntary			
Product Type		Exam with Materials			
Network Type		Full Network			
Exam Co-pay		$10	Not Applicable		
Material Co-pay (Frames/Spectacle Lenses or Contact Lenses)		$25	Not Applicable		
Service Frequency					
Exams/ Lenses/ Frames/Contacts		12/12/12/12			
Eye Examination					
Exam		100%	Up to $40		
Lenses					
Single Vision		100%	Up to $40		
Lined Bifocal		100%	Up to $60		
Lined Trifocal		100%	Up to $80		
Lenticular		100%	Up to $80		
Frames					
Retail Frame Allowance		Up to $130	Up to $45		
Discount on Frame Overage at participating providers		30%	Not Applicable		
Elective Contact Lenses					
Covered Selection Contacts		Up to 4 boxes	Up to $105		
Non-Selection Contacts		Up to $105	Up to $105		
Necessary Contact Lenses		100%	Up to $210		
Lens Options					
Covered-in-full Lens Options		Standard Scratch-Resistant Coating	Not Applicable		
Non-covered Lens Options		Price Protection available for non-covered lens options ranging from 20-60% off retail pricing at participating providers.			
Value Services					
Laser Vision Discount		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.			
Plan Year Rates*					
Student		$118.24			
Student + Spouse		$224.22			
Student + Child(ren)		$262.97			
Student + Family		$369.84			
Participation Requirements		No Participation Requirement			
Dependent Children Coverage		To Age 26			
Contract Basis		Fully Insured			
Exclusions and Limitations		Standard			
Broker Commissions		10%			
Rate Guarantee		12 Months			

*Entire plan year premium must be paid at enrollment

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.

General Assumptions

- Rates assume no changes in legislation or regulation that affects the benefits payable, eligibility or contract.

- Rates assume standard administrative services including Claims & Data processing, Enrollment & Billing, Customer Service, Case Management, Provider Relations, and Reporting

- Assumed contract situs is Georgia.

- Employees must be U.S. citizens or residents regularly working and living in the U.S. Coverage for U.S. citizens working outside of the U.S. must be approved in writing by us. Approval depends on locale and length of assignment.

- Employer's assumed primary business is classified as 8221 SIC Code.

- Rates may increase on renewal in accordance with the terms of the policy.

Vision Assumptions

Rates are valid for 90 days from 2/27/2015 or 08/1/2015, whichever is sooner.

The Dental and/or Vision premium includes expenses related to state & federal taxes, fees, and assessments. It may also include additional new taxes, fees and assessments from the Affordable Care Act.

Quote assumes a complete product replacement.

Rates listed above are not included in quoted Medical rates (if applicable).

Rates listed above assume plan designs quoted. Rates may change, if plan design changes.

Please note that the summary of benefits in this document provides a brief description of coverage. State mandates may preclude certain benefit plan design features. This is not a policy, certificate of insurance or coverage document. For complete details on coverage, exclusions, limitations and the terms under which coverage may continue, please contact your sales representative.