

Important to Remember

- Always identify yourself as a Spectera member when making your appointment. This will assist your provider in obtaining a claim authorization prior to your visit.
- In- or out-of-network - Benefits available every 12 or 24 months (depending on the benefit frequency), based on last date of service.
- Receipts for out-of-network services and materials purchased on different dates must be submitted together at the same time to receive reimbursement.
- Benefits for contact lenses are in lieu of lenses and frames. Your provider will help you determine which contact lenses are covered under your benefit.
- Toric, gas permeable, and bifocal contacts are all examples of non-covered contacts and are applied to the \$105 in-network non-covered contact lens allowance.
- Your \$105 contact lens allowance is applied to the fitting/evaluation fee as well as the purchase of contact lenses. For example, if the fitting/evaluation fee is \$35, you will have \$70 towards the purchase of contact lenses.
- Patient options such as UV coating, progressive lenses, etc., are not covered-in-full but may be provided to Spectera members at a substantial savings (20%-40%) below normal retail charges. Standard scratch-resistant coating is included.

Vision Care

Your vision is important to your health. Whether it's 20/20 or less than perfect vision, everyone needs to receive regular vision care. The Vision Care Plan is being offered as a part of our commitment to your well being.

Spectera's Vision Care Plan provides affordable, quality vision care, nationwide. Through Spectera's provider network, you will receive a complete eye examination, as well as materials (if needed).

Carefully review the summary of your new Vision Care Plan. Please, don't take chances with your most precious possession - the gift of sight. Take advantage of this very important benefit.

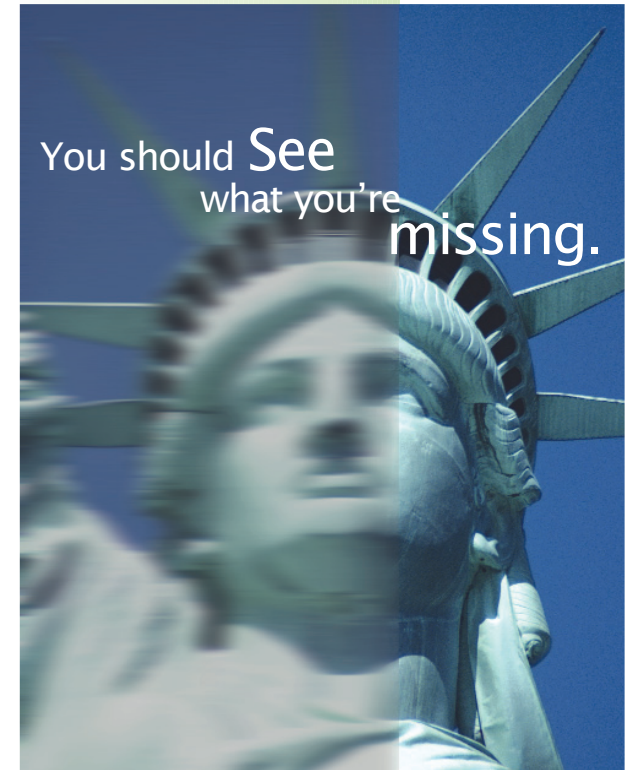
SPECTERA

 A UnitedHealth Group Company

2811 Lord Baltimore Drive
Baltimore, MD 21244
1-800-638-3895

www.spectera.com

COMPREHENSIVE VISION CARE PROGRAMS



GEORGIA
GMS
MERIT SYSTEM

SPECTERA

 A UnitedHealth Group Company

Network Benefits

When using a network provider, enrolled participants and eligible dependents are qualified for the following.

Examination

After the exam copay of \$10, a comprehensive vision examination is covered-in-full once every 12 months when provided by a network optometrist or ophthalmologist.

Materials

After the materials copay of \$20, standard lenses are covered once every 12 months and frames from Spectera's selection are covered once every 24 months, or you may select contact lenses in lieu of lenses and frames once every 12 months.

Pair of Lenses

If prescribed, a pair of standard single vision or standard multi-focal lenses is covered-in-full.

Frames

Your choice from a wide selection of fashionable frames will be covered. If you select a frame outside of Spectera's covered-in-full selection, you will be given a frame allowance. At retail chain providers, you will be able to choose from a wide variety of covered-in-full frames, or receive a discount off already reduced prices.

Contact Lenses

In lieu of lenses and frames, you may select contact lenses. Spectera's covered contact lens benefit includes the fitting/evaluation fees, contact lenses, and up to two follow-up visits. If covered disposable contact lenses are chosen, up to four boxes (depending on prescription) are included when obtained from a network provider. It is important to note that Spectera's covered contact lenses may vary by provider. Should you choose contact lenses outside of the covered selection, a \$105 allowance will be applied toward the fitting/evaluation fees and purchase of contact lenses once every 12 months (materials copay does not apply). Toric, gas permeable, and bifocal contact lenses are examples of contact lenses that are outside of our covered contacts. Necessary contacts covered-in-full after applicable copay.

Lens Options

Standard scratch-resistant coating is covered-in-full. Should you choose lens options not covered by the program, such as, but not limited to, progressive lenses, polycarbonate lenses, high index, tints, UV, and anti-reflective coating, you may be able to purchase these options at a discount.

Refractive Eye Surgery

Spectera participants receive access to discounted refractive eye surgery from numerous provider locations throughout the United States. To find a participating laser eye surgeon in your area, visit our Web site at www.spectera.com.



Out-of-Network Benefits

If you elect vision coverage and choose to use an out-of-network provider, you will be reimbursed up to:

Exam	
Optometrist	\$40.00
Ophthalmologist	\$40.00

Lenses	
Single vision	\$30.00
Bifocal	\$45.00
Trifocal	\$60.00
Lenticular	\$80.00

Frames	\$45.00
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Contact Lenses (in lieu of spectacle lenses and frames)	
Necessary	\$200.00
Elective	\$105.00

If you choose an out-of-network provider, you will need to send your itemized receipts with the plan participant's Social Security number and the patient's date of birth to:

Spectera
P.O. Box 26618
Baltimore, MD 21207-6618
Attention: Claims Department

Please note: Receipts for services and materials purchased on different dates must be submitted together at the same time to receive reimbursement.

If you have any questions or concerns about your vision options, please contact Spectera's Customer Service Center at:

1-800-638-3120
Monday - Friday 8:30 a.m. to 8:00 p.m. ET
Saturday 9:00 a.m. to 5:00 p.m. ET

www.spectera.com

Provider Locator

With Spectera, you are able to choose from participating private practice and retail chain providers.

Prior to enrolling in or using the Spectera vision care plan, if you would like to identify a network provider, call Spectera's Provider Locator Service at 1-800-839-3242 and follow the voice prompts:

- Enter your Social Security or unique identification number.
- Enter your ZIP code.
- After each entry, the system will repeat what you have entered and ask that you "Press 1" if correct, or "Press 2" if incorrect.
- The system will then identify up to three network providers in your area.
- If you wish to hear the selections again, press 1. To enter another five-digit ZIP code, press 2.

Prior to using your benefits at a network provider, please call the provider and make an appointment. Please inform the provider that you are a Spectera participant.

This system will allow you to find providers in your area prior to enrolling in or to using the Spectera Vision Care Plan

OR

Visit Spectera's Web site and provider locator at

www.spectera.com.

