SPECTERA®

A UnitedHealth Group Company

State of Wisconsin

- Exam Every 12 Months - $10 Exam Copay
- Spectacle Lenses or Contacts Every 12 Months
  Frames Every 24 Months (not available if you get contacts) -
  $25 Materials Copay

Benefits	Network[1]	Out-of-Network[2]
Eye Examination	100%, after a $10 Copay	up to $40.00
Standard Spectacle Lenses (Patient options are extra, see patient options sheet)	After a $25 Copay	
Single Vision	100%	up to $40.00
Bifocal (Lined)	100%	up to $60.00
Trifocal (Lined)	100%	up to $80.00
Lenticular	100%	up to $80.00
Frames	100%, Within Allowances[3]	up to $45.00
Elective Contact Lenses[4]		
Covered-in-full contacts	100%, up to 4 Boxes	up to $105
All other elective contacts	Up to $105	up to $105
Necessary Contact Lenses[5]	100%	up to $210.00

Please refer to the additional materials for more information.

1) Network Benefits – Spectera currently has providers nationwide, with over 600 private practice and retail providers in Wisconsin.

2) Out-of-Network Benefits – The plan participant pays the cost of the exam and materials to the non-network provider and Spectera reimburses the participant for services rendered up to the maximum allowance. There are no copays or deductibles.

3) Frame Benefit - Over 60% of all frames on the market today are covered-in-full by Spectera's frame benefit (after applicable copay). With Spectera's frame benefit, all frames up to a $50 wholesale cost (around $130 - $150 retail value) are fully covered at **private practice** providers. You can purchase any frame that exceeds the plan allowance at a significant discount from any network provider. Plan participants receive a minimum $130 frame allowance for frames purchased at retail chain providers.

4) Contact lenses are provided in lieu of spectacle lenses and frames. Spectera's contact lens benefit fully covers (after applicable $25 copay) the fitting/evaluation fees, contacts (disposable contacts/up to 4 boxes, depending on prescription), and up to 2 follow-up visits. A $105 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside of Spectera's fully covered contacts (materials copay does not apply). Toric, gas permeable, and bifocal contacts are all examples of contacts that are outside of our fully covered selection.

5) Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: following cataract surgery, to correct extreme vision problems that cannot be corrected with spectacle lenses, with certain conditions of anisometropia, and with certain conditions of keratoconus.