

SEANC–State Employees Association of North Carolina

SEANC has partnered with Spectera Vision to deliver affordable, innovative vision care solutions. SEANC is proud to offer dual choice benefit plan designs to all SEANC members and their dependents. You must be a member of SEANC to enroll! For information on becoming a member, contact SEANC at 800-222-2758 or visit www.seanc.org.

Covered Benefits	In-Network Benefit Plan Options		
	Standard Plan	Enhanced Option 1	Enhanced Option 2
Exams	Once Every 12 Months		
	100% with a \$15 copay	100% with a \$15 copay	100% with a \$15 copay
Lenses	Once Every 12 Months		Once Every 24 Months
	\$15 copay (applied to lenses and frame); 100% coverage for single vision, lined bifocal, trifocal and lenticular lenses	\$25 copay (applied to lenses and frame); 100% coverage for single vision, lined bifocal, trifocal and lenticular lenses	\$25 copay (applied to lenses and frame); 100% coverage for single vision, lined bifocal, trifocal and lenticular lenses
Frames	Once Every 24 Months		
	\$15 copay (applied to lenses and frame); \$130 frame allowance at retail chain providers or private practice providers	\$25 copay (applied to lenses and frame); \$130 frame allowance at retail chain providers or private practice providers	\$25 copay (applied to lenses and frame); \$130 frame allowance at retail chain providers or private practice providers
Contact Lenses ^{1, 2}	Once Every 12 Months		Once Every 24 Months
	Elective: \$15 copay; allowance up to \$150	Elective: \$25 copay; allowance up to \$150	Elective: \$25 copay; allowance up to \$125
Cosmetic Lens Options	Scratch resistant coating	Scratch resistant coating, Standard and Deluxe Progressives, AR, Edge Coating, Transitions, Tints, Polycarbs, Photochromic, UV	Scratch resistant coating, Standard and Deluxe Progressives, AR, Edge Coating, Transitions, Tints, Polycarbs, Photochromic, UV

Covered-in-full elective 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 six boxes are included when obtained from a network provider (up to four are included for Enhanced Option 2).

All other elective contact lenses

An allowance is applied toward the fitting/evaluation fees and purchase of non-selection contact lenses (materials copay does not apply). Gas permeable and bifocal contact lenses are all examples of non-selection contacts.

Covered-in-full elective contact lens benefit does not apply at Costco, Walmart or Sam’s Club locations. The allowance for all other elective contact lenses will be applied toward the fitting/evaluation fee and purchase of all contacts.

Necessary contact lenses:

Covered-in-full (after applicable copay)

Benefits at an OUT-OF-NETWORK Provider

Please note: Receipts for services and materials purchased on different dates must be submitted together at the same time to receive reimbursement. Receipts must be submitted within 12 months of the date of service.

Exam	up to \$40	Lenticular Lenses:	up to \$80
Single Vision Lenses	up to \$40	Frames:	up to \$45
Bifocal Lenses	up to \$60	Contacts:	up to \$150 (elective) ³ , up to \$125 for Enhanced Option 2 (elective) ³
Trifocal Lenses	up to \$80	Contacts:	up to \$210 (medical) ¹

1 Necessary contact lenses are determined at the provider’s discretion for one or more of the following conditions: Following post cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with spectacle lenses; with certain conditions such as keratoconus, anisometropia, irregular corneal/astigmatism, aphakia, facial deformity, or corneal deformity. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare Vision confirming reimbursement that UnitedHealthcare Vision will make before you purchase such contacts.

2 Your contact lens allowance is applied to the fitting/evaluation fees as well as the purchase of contact lenses. The allowance may be separated at some retail chain locations between the examining physician and the optical store.

3 The out-of-network reimbursement applies to materials only. The fitting/evaluation is not included.

Benefits available every 12 or 24 months (depending on the benefit frequency), based on last date of service.

At a participating network provider, you will receive a 20% discount on an additional pair of eyeglasses or contact lenses. This program is available after your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare Vision shall neither pay nor reimburse the provider or member for any funds owed or spent. Not all providers may offer this discount. Please contact your provider to see if they participate. Discounts on contact lenses may vary by provider. Additional materials do not have to be purchased at the time of initial material purchase. Additional materials can be purchased at a discount any time after the insured benefit has been used.

Please note: If there are differences in this document and the Group Policy, the Group Policy is the governing document.

Spectera® Vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form VPOL.06.TX and associated COC form number VCOC.INT06.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA.



Vision Plan Enrollment Form

1. Check the appropriate boxes

Coverage desired, monthly rates ¹		Effective Date:
Standard Plan Rates		<p>Applications received in the SEANC home office by the 10th of the month will be effective the 1st of the following month.</p> <p>These rates are effective until 9/30/2018.</p> <p>Forms may be faxed to SEANC office: 1-919-792-3321 or mailed to: ATTN: Insurance Department 1621 Midtown Place Raleigh, NC 27609</p> <p>You must be a member of SEANC to enroll.</p> <p>For more information on becoming a member, call 800-222-2758 or visit www.seanc.org.</p>
<input type="checkbox"/> Employee Only	\$6.74	
<input type="checkbox"/> Employee + One	\$12.36	
<input type="checkbox"/> Employee + Family	\$20.93	
Enhanced Plan, Option 1		
<input type="checkbox"/> Employee Only	\$13.33	
<input type="checkbox"/> Employee + One	\$24.39	
<input type="checkbox"/> Employee + Family	\$41.34	
Enhanced Plan, Option 2		
<input type="checkbox"/> Employee Only	\$12.29	
<input type="checkbox"/> Employee + One	\$22.51	
<input type="checkbox"/> Employee + Family	\$38.14	

¹ Rates are in effect until 09/30/18

2. Employee Information (please print clearly):

Social Security Number: - -		SEANC#	
Your Name:	First Name	Middle Initial	Last Name
Birth Date:	/ /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partnership
Address:			
Home Phone: () -		Work Phone: () -	
Cell Phone: () -		Personal email address:	

3. List all eligible family members below (if electing dependent coverage): Adult dependent children up to age 26.

	First Name	Last Name	Birth Date	Gender
Spouse			/ /	<input type="checkbox"/> M <input type="checkbox"/> F
Child			/ /	<input type="checkbox"/> M <input type="checkbox"/> F
Child			/ /	<input type="checkbox"/> M <input type="checkbox"/> F
Child			/ /	<input type="checkbox"/> M <input type="checkbox"/> F
Child			/ /	<input type="checkbox"/> M <input type="checkbox"/> F

I agree to continue enrollment in the vision plan for a period of 12 months

- I authorize payroll/pension deduction for this insurance I authorize bank draft
 I prefer to have my premiums invoiced

I, the undersigned, hereby authorize my employer to deduct premiums for the SEANC Insurance identified above from my wages/pension or bank draft on a monthly basis, in such amounts as are currently established pursuant to the SEANC insurance contract with the provider, or in such adjusted amounts as may be established by SEANC and the provider by contract subsequent to the date of this authorization. This authorization shall continue until cancelled by me by written notice to the SEANC Central Office.

Your Signature _____

Date _____

Contact Lens Selection List

Maximize your benefit with these popular contact lens brands.

Your Spectera vision plan offers you a selection of popular contact lenses to help you get the most out of your coverage. Your eye doctor can help determine which contact lenses are best for you.

Contact lens selection¹

Daily Wear²

Alcon® DAILIES® AquaComfort Plus® (30 lenses per box)

Alcon DAILIES AquaComfort Plus Toric (30 lenses per box)

CooperVision® Proclear® 1 day (30 lenses per box)

1-Day Acuvue® Moist (30 lenses per box)

Bi-weekly Wear²

Alcon FreshLook® Handling Tint (6 lenses per box)

CooperVision Avaira® (6 lenses per box)

CooperVision Biomedics® 55 premier (6 lenses per box)

Bausch + Lomb SofLens® 38 (6 lenses per box)

ACUVUE 2 (6 lenses per box)

Monthly Wear²

Alcon AIR OPTIX® AQUA (6 lenses per box)

CooperVision Biofinity® (6 lenses per box)

CooperVision Frequency® 55 aspheric (6 lenses per box)

CooperVision Proclear® sphere (6 lenses per box)

Bausch + Lomb PureVision®2 (6 lenses per box)

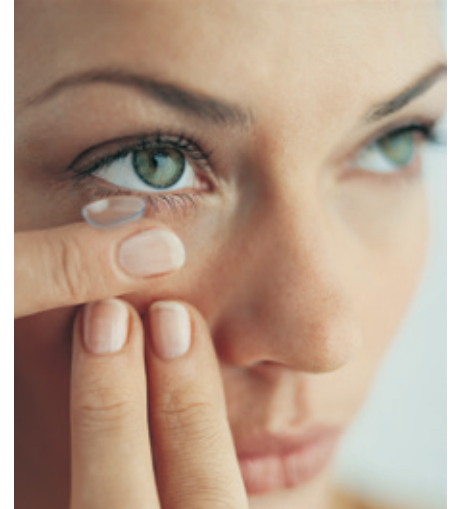
Bausch + Lomb Ultra® (6 lenses per box)

ACUVUE Vita® (6 lenses per box)

¹ The contact lens list is subject to change. The list does not apply at Costco®, Walmart® or Sam's Club® locations.

² Your wearing schedule may vary. Your doctor will tell you how often to change your contact lenses.

All trademarks are the property of their respective owners.



Effective date:
April 2017

Your contact lens coverage may vary. Log in to **myspectera.com** to see your coverage details.



The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call 1-800-638-3120, TTY 711.

ATENCIÓN: Si habla español (Spanish), hay de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請致電：1-800-638-3120, TTY 711。

Spectera 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 their 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 or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA.

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Vision insurance Hearing aid discount program saves you money



You now have a cost saving option to improve your hearing. According to the National Institutes of Health, only 20 percent of persons who need hearing aids use them.¹ For many people this is due to the high cost.²

As a Spectera Vision plan member, you can save on high-quality hearing aids when you buy them from *hi HealthInnovations*TM. Hearing aids from *hi HealthInnovations* use advanced technology to help you hear and understand speech better.

Three simple steps to better hearing

Ready to take action to improve your hearing?
Just follow these three steps:

1. Get a hearing test.
2. Choose a hearing aid from *hi HealthInnovations*TM by visiting **hiHealthInnovations.com** or call **1-855-523-9355**.
3. Place your order. Use promo code: **myVision** to get the special price discount.

It's not just about hearing; it's about health. To find out more go to **hiHealthInnovations.com**. Or call **1-855-523-9355**, Monday through Friday, 9 a.m. to 5 p.m. central time.

This exclusive program provides

- Premium digital hearing aids at an affordable price, starting at \$699³ each
- Easy-to-use website to help you get started
- Hearing aids are custom programmed for your needs
- Comprehensive program support

¹ National Institutes of Health, Oct 2010.
<http://report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=95>

² Bouton, Katherine. Psychology Today. "What I Hear." May 2013.
<http://www.psychologytoday.com/blog/what-i-hear/201305/why-we-dont-wear-hearing-aids>

³ There is a separate charge for ear molds, if needed. Pricing effective 1/1/14 and subject to change.

The hiHealthInnovationsTM hearing program is provided through Spectera, offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific hearing aid discounts. This is not an insurance nor managed care product, and fees or charges for services in excess of those defined in program materials are the member's responsibility. Spectera does not endorse nor guarantee hearing aid products/services available through the hearing program. This program may not be available in all states or for all group sizes. Components subject to change. Spectera 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 their 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 or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA.