



SEANC–State Employees Association of North Carolina

SEANC has partnered with Spectera Vision, formerly known as OptumHealth 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; reimbursed up to \$150	Elective: \$25 copay; reimbursed up to \$150	Elective: \$25 copay; reimbursed up to \$125
Cosmetic Lens Options	Scratch resistant coating	Scratch resistant coating, Basic and High End Progressives, AR, Edge Coating, Transitions, Tints, Polycarbs, Photo chromatic, UV	Scratch resistant coating, Basic and High End Progressives, AR, Edge Coating, Transitions, Tints, Polycarbs, Photo chromatic, UV

All other elective contact lenses

An allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside of Spectera Vision covered-in-full contact lens choice (materials copay does not apply). Toric, gas permeable, and bifocal contact lenses are all examples of contacts that are outside of our covered-in-full selection.

Necessary contact lenses¹

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:	up to \$80
Single Vision	up to \$40	Frames:	up to \$45
Bifocal	up to \$60	Contacts:	up to \$150 (elective)
Trifocal	up to \$80	Contacts:	up to \$210 (medical)

¹Necessary 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 of anisometropia; With certain conditions of keratoconus. If your provider considers your contacts necessary, you should ask your provider to contact Spectera Vision concerning the reimbursement that Spectera Vision will make before you purchase such contacts.

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

²Your 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. Toric, gas permeable, and bifocal contacts are all examples of contacts that are outside of our covered-in-full selection.

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.INT.06.TX.