



Vision

Underwritten by UnitedHealthCare

SEANC offers three nationwide vision plans through Spectera that include eye exams, lenses, eyeglass frames and contact lenses. The enhanced plan option covers many eyeglass lens extras, such as progressive lenses. Discounts are available on non-covered cosmetic options and laser vision correction procedures.

Rates start at just \$13.33 per month for the Enhanced Plan Option 1, and once the plan is in effect, there are no waiting periods. Enrollment forms received by the 10th of the month will be effective on the first of the following month.

Do you have the best vision plan?

| | OUR PLAN | OTHER PLANS |
|-----------------------------------|----------|-------------|
| *Standard Anti-Reflective Coating | INCLUDED | \$12+ |
| *Anti-glare coating | INCLUDED | \$44+ |
| *Photochromic | INCLUDED | \$70+ |
| *Progressives | INCLUDED | \$45-\$95 |
| *UV treatment | INCLUDED | \$10+ |
| *Tint | INCLUDED | \$14+ |
| *Polycarbonate Lenses | INCLUDED | \$35+ |

*Based on the 2019 Enhanced Option 1 and Option 2 plans.

SEANC Vision Plans

(E) = Employee Only (E + 1) = Employee + One (E + F) = Employee + Family

| PLAN NAME | STANDARD | ENHANCED OPTION 1 | ENHANCED OPTION 2 |
|--|--|---|---|
| Monthly Premium | \$6.74 (E) \$12.36 (E + 1) \$20.93 (E + F) | \$13.33 (E) \$24.39 (E + 1) \$41.34 (E + F) | \$12.29 (E) \$22.51 (E + 1) \$38.14 (E + F) |
| Exams | Once Every 12 Months 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 any in-network retail chain providers or private practice providers | \$25 copay (applied to lenses and frame); \$130 frame allowance at any in-network retail chain providers or private practice providers | \$25 copay (applied to lenses and frame); \$130 frame allowance at any in-network retail chain providers or private practice providers |
| Contact Lenses <small>(in lieu of glasses)</small> | Once Every 12 Months | | Once Every 24 Months |
| | Elective: \$15 copay up to 6 boxes; allowance up to \$150 | Elective: \$25 copay up to 6 boxes; allowance up to \$150 | Elective: \$25 copay up to 4 boxes; allowance up to \$125 |
| Cosmetic Lens Options | Scratch Resistant Coating, Polycarbonate Lenses for children up to age 19 | Scratch Resistant Coating, Standard and Deluxe Progressives, Standard Anti-Reflective Coating, Edge Coating, Photochromic, Tints, Polycarbonate lenses and UV Coating | Scratch Resistant Coating, Standard and Deluxe Progressives, Standard Anti-Reflective Coating, Edge Coating, Photochromic, Tints, Polycarbonate lenses and UV Coating |