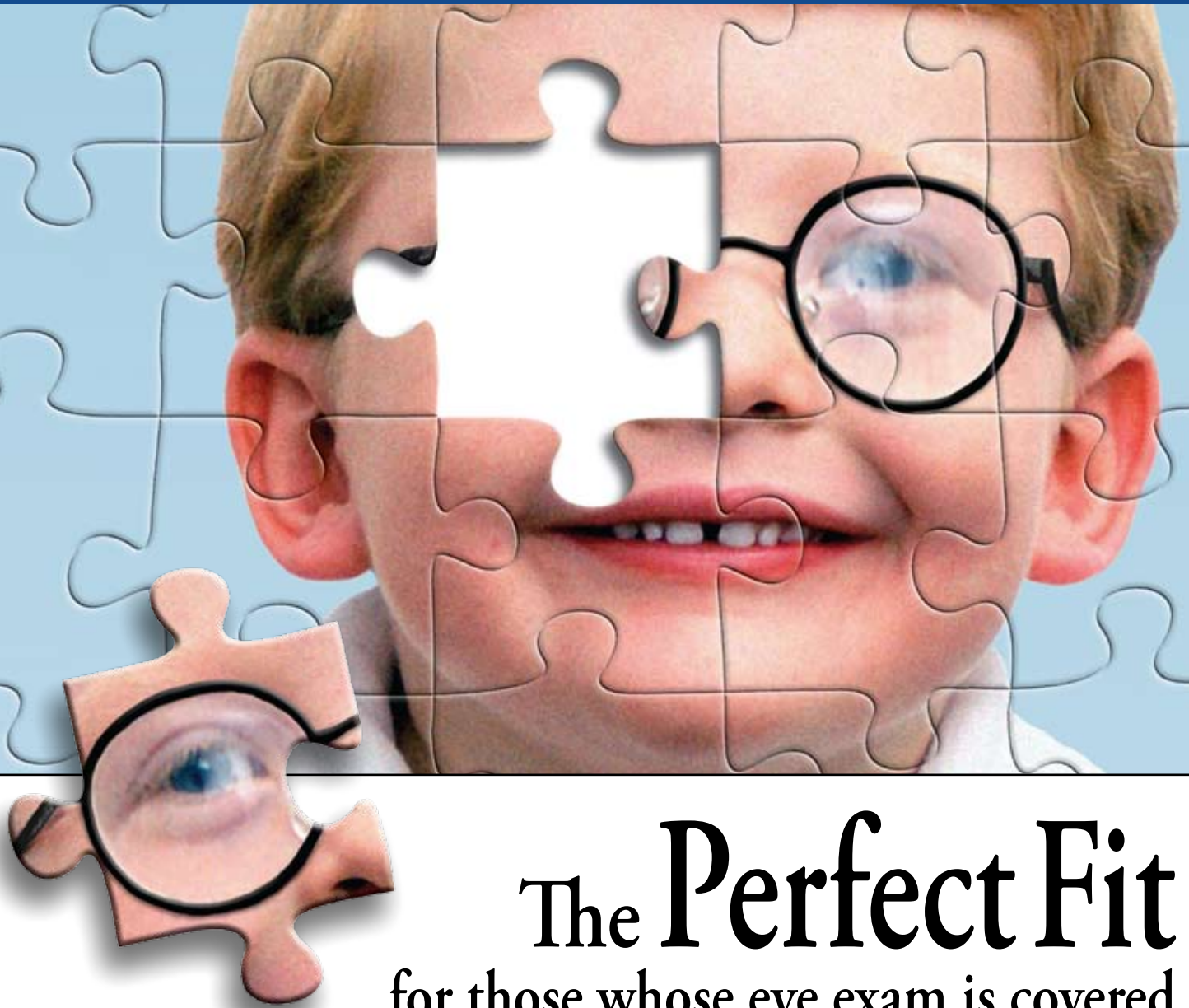


INTRODUCING THE **MATERIALS ONLY VISION PLAN**



**The Perfect Fit**  
for those whose eye exam is covered  
in their major medical policy.

## **The Materials Only Vision Plan**

**Administered by OptumHealth Vision.** (A UnitedHealth Group Company)

*Available in all states and Washington D.C. except New Hampshire, Vermont, and Wyoming.*

**MWG**



## Plan Features

- No Deductible
- No Waiting Period
  - No Industry Exclusions
  - One Rate for Employer Paid or Voluntary - 47 States
  - One Pair of Spectacle Lenses or Contact Lenses, each 12 months
  - One Set of Frames each 24 months
  - Laser Eye Surgery Benefits through The Laser Vision Network of America (LVNA)

## In-Network Benefits *\$20 Co-Payment*

*Use one of OptumHealth Vision's Retail Chain Eye Care Providers*

### Spectacle Lenses

|                         |      |
|-------------------------|------|
| Single Vision . . . . . | 100% |
| Bifocal . . . . .       | 100% |
| Trifocal. . . . .       | 100% |
| Lenticular . . . . .    | 100% |

**Frames. . . . .** 100%

### Elective Contact Lenses

|                                      |                |
|--------------------------------------|----------------|
| Covered-in-full contacts. . . . .    | 100%           |
| All other elective contacts. . . . . | up to \$105.00 |

**Necessary Contact Lenses. . . . .** 100%

- Retail Chain Network Benefits – Materials \$20.00 copay and patient options are paid to the network provider by the plan participant.
- Frame Benefit – OptumHealth Vision's generous frame benefit applies to virtually all of the frames on the market today, and most of those are covered-in-full, with no additional cost to the member, other than applicable copays. With OptumHealth Vision's frame benefit, plan participants receive a minimum \$130 frame allowance for frames purchased at retail chain providers.
- Contact lenses are provided in lieu of spectacle lenses and frames. OptumHealth Vision's contact lens benefit covers in full (after applicable copay) the fitting/evaluation fees, contacts (disposable contacts/up to 4 boxes, depending on prescription and plan selected), and up to two follow-up visits. A \$105 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside of OptumHealth Vision's covered-in-full contacts (materials copay does not apply). Toric, gas permeable, and bifocal contacts are all examples of contacts that are outside of our covered-in-full selection.
- 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 of anisometropia; With certain conditions of keratoconus.

## Out-of-Network Benefits

*Use the Eye Care Provider of your choice*

### Spectacle Lenses

|                         |               |
|-------------------------|---------------|
| Single Vision . . . . . | up to \$40.00 |
| Bifocal . . . . .       | up to \$60.00 |
| Trifocal. . . . .       | up to \$80.00 |
| Lenticular. . . . .     | up to \$80.00 |

**Frames. . . . .** up to \$80.00

### Elective Contact Lenses

|                                      |                |
|--------------------------------------|----------------|
| Covered-in-full contacts. . . . .    | up to \$105.00 |
| All other elective contact . . . . . | up to \$105.00 |

**Necessary Contact Lenses . . . . .** up to \$210.00

- Out-of-Network Benefits – The plan participant pays full fee to the provider and OptumHealth Vision reimburses the participant for services rendered up to maximum allowance. There are no copays or deductibles.

# Frequently Asked Questions

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**Q.** *Who will provide my vision benefits?*

**A.** OptumHealth Vision - Customer Service may be reached at 800-638-3120. Once you are enrolled in a MWG Vision plan you can access claim and benefit information by clicking on the Members Section on our web site ([www.mwgvision.com](http://www.mwgvision.com)).

- For Benefit Information
- For Claim Information

**Q.** *How soon can I use my benefits?*

**A.** On the first day your plan is effective.

**Q.** *Can I receive in-network benefits at private practice and retail chain providers?*

**A.** For in-network benefits you need to go to a Retail Chain Provider.

**Q.** *How do I locate an in-network retail chain provider?*

**A.** Call: Provider location service at 800-839-3242 - **specify Retail Chain Provider**

**Q.** *Can you describe the benefits in more detail?*

**A.** **In-Network Benefits**

LENSES: If prescribed, a pair of single vision or standard lined multi-focal lenses every 12 months with only a \$20.00 co-pay.

CONTACT LENSES: In lieu of spectacle lenses and a frame, you may select contact lenses every 12 months with only a \$20.00 co-pay. OptumHealth Vision covers a wide variety of contact lenses, including disposable, when obtained from a participating retail chain provider. If you elect contact lenses outside of Spectera Inc.'s covered selection, you will receive an allowance of \$105.00 toward the retail cost of the lenses and any dispensing and fitting fees.. There is a \$210 allowance for "medically necessary" contacts. (When your vision cannot be corrected to better than 70/20 with standard lenses). Any amount over the allowance is the patient's responsibility.

FRAMES: Your choice from a wide selection of fashionable frames will be covered-in-full every 24 months. (Co-pay for frames is included with lenses) your plan covers a minimum of \$130 retail frame allowance any cost incurred above the \$130 allowance is the patient's responsibility.

PATIENT OPTIONS: Should you select items not covered by the program, such as: progressive lenses, tints, coatings, etc., there will be an additional charge. These charges, however, are below usual retail costs. (Standard Scratch coating is covered in full at no cost to the insured).

## **Out-of-Network Benefits**

OptumHealth Vision will accept receipts, and reimburse you once (up to the amounts shown on the other side of this flyer), each 12 months (frames each 24 months) (from date of service) when you use an "out-of-network" provider. While you can file for reimbursement anytime after you receive your eyewear, in order to maximize your "out-of-network" benefits, itemized receipts should be collected (i.e. several purchases of contact lenses) until they total (at least) the maximum reimbursement amounts shown on the other side of this sheet. Be sure to include the participant's social security number, patient's name and date of birth with the receipts.

MAIL TO: OptumHealth Vision, PO Box 30978 Salt Lake City, UT 84130

**When scheduling your appointment, be sure to say that you are covered under the MorganWhiteGroup / OptumHealth Vision Materials Only Vision Plan so that the provider can confirm your eligibility and benefits prior to the appointment.**

A PRODUCT OF:



We know **Medical Gap Plans.**  
We know **Dental.** We know **Vision.**

For a complete description of the benefits and dependent rates, visit

**[www.mwgvision.com](http://www.mwgvision.com)**

or call **1-800-800-1397**

P.O. Box 14067 • Jackson, Mississippi 39236

E-mail: [marketing@morganwhite.com](mailto:marketing@morganwhite.com)

## ***Includes Access to Refractive Eye Surgery Procedures***

The Laser Vision Network of America (LVNA), a nationwide network servicing OptumHealth Vision members, is comprised of more than 300 laser vision providers. The network was established in 1999 and offers the most extensive geographic coverage in the U.S. We currently serve over 75 million members through some of the largest health and vision insurers in the industry.

- All surgeons are credentialed to NCQA recommended standards ensuring the highest quality in patient care.
- By combining LasikPlus Vision Centers with independent surgeons, members have the broadest choice of laser technology in the industry.
- Our call center is staffed exclusively with LASIK trained representatives available to assist you 7 days a week.

As a participating provider in this panel, our surgeons make laser vision correction more available and affordable to millions of potential patients. Members and dependents are entitled to one of the following discounts not available to the general public:

- **15% off “Standard” or “Usual & Customary” Price**  
- or -
- **5% off any Promotional Price**

Not only are members given a meaningful discount, but that discount is applied to prices that are below the national average. See comparison below:

### *Average Prices for LASIK:*

- National = \$1,700 per eye
- LVNA = \$1,560 per eye (prior to discount)
- LasikPlus Vision Centers, which are part of the LVNA = \$1,300 per eye (prior to discount)

**OptumHealth<sub>SM</sub>**  
Vision