



Benefits designed with care

Explore your plan option(s) for:

- Vision



1-844-368-5437 welcometouhc.com/csac
Southwest Carpenters

United
Healthcare



Welcome to what care can do



With UnitedHealthcare, you've got a helping hand. We offer plans that are designed to help you keep costs in check and enjoy a healthier life. Choose a plan that, at the heart of it, works every day to take good care of you.



Access your plan costs and coverage
24/7, to help avoid cost surprises



Use personalized tools to help you understand
and stay on top of your plan details



Enjoy member resources and dedicated
support to help you reach your goals



**Round out your coverage
with a vision plan that's
designed to help keep
your eyes healthier**

Choose a vision plan to help protect your eye health

Healthier eyes help support a healthier body, so it's important to keep up on regular eye exams. You'll see there's lots to love, including:



Eye exams and screenings



Frame allowances



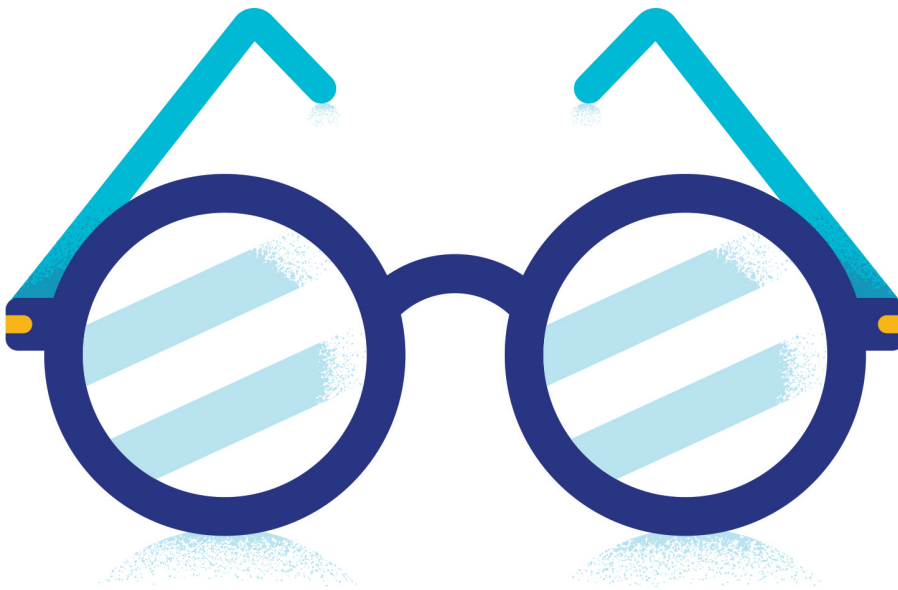
Contact lens benefit



Lens options

There's always a provider in sight

With our large national eye care network, you can take advantage of personalized care from a private practice or convenient retail chain. Search for network vision providers near you at myuhc.com.



You don't need a vision ID card to use your benefits

If you'd like a copy of your member ID card once you've enrolled, you can log in to your member website anytime to print it.

Vision plan benefits that focus on your needs



UnitedHealthcare Children's Eye Program

Big care for little eyes

Children up to age 13 are covered for a second eye exam each plan year at no additional premium cost. Polycarbonate lenses for children are also available at no additional cost.



Maternity vision benefits

Extra coverage during pregnancy

Pregnant women can have a second eye exam without paying an additional premium. If their prescription changes 0.5 diopter or more in a plan year, a new pair of glasses (frames and lenses) will be covered, too—standard copays apply.



LASIK

Enjoy the freedom of LASIK

If you're ready to break up with your glasses or contacts, UnitedHealthcare vision plan benefits include a discount of up to 35% on laser vision correction at QualSight® LASIK.



Contact lens benefit

Pay less for your contacts

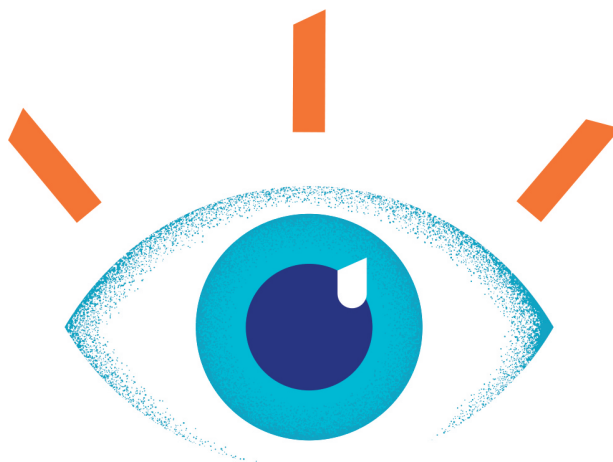
UnitedHealthcare vision plans offer a selection of popular contact lenses at a discount, including daily, bi-weekly and monthly replacements.










Warby Parker

Vision benefits just got more stylish

You may be eligible to save on Warby Parker eyeglasses or sunglasses, with prescription lenses included. For more info, visit warbyparker.com/united.



Review your vision plan option(s)

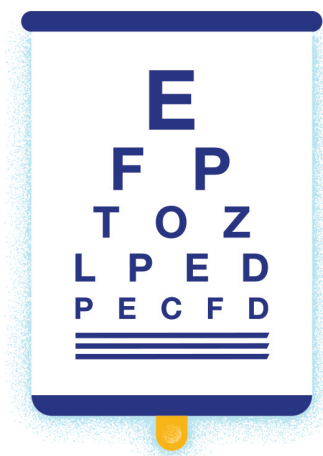
Vision plan features		Vision
 Access to a large network of vision providers		✓
 Comprehensive eye exams and services that check for serious medical conditions		✓
 Expanded pediatric vision benefit		✓
 Flexible frame coverage* — The frame allowance fully covers many popular frames. For frames that cost more than the allowance, a discount may be applied to the overage, which further reduces your out-of-pocket costs.		✓
 Contact lens benefit — You get contact lenses, a fitting and up to 2 follow-up visits. Choose from popular brands, including some that may be fully covered after your copay.		✓
 Contact lens allowance		✓
 Popular lens options — Standard scratch coating and polycarbonate lenses for dependent children are available at no additional cost. Other popular lens options may be available at a discount.		✓

*Frame discounts do not apply when prohibited by frame manufacturer.



Compare your vision plan coverage details

Vision plan coverage		Vision	
Copays		Network	Out-of-network reimbursements
Exam(s)		\$10	Up to \$40
Materials		\$20	NA
Allowances		Network	Out-of-network reimbursements
Frame benefit		\$130	Up to \$65
Contact lens		\$125	Up to \$125
Safety glasses		\$60	NA
Benefits frequency			
Comprehensive exam(s)		Once every 12 months	
Eyeglass lenses		Once every 12 months	
Frames		Once every 24 months	
Contact lenses in lieu of eyeglasses		Once every 12 months	



Here's the fine print

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

Mail: UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

Online: UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free member phone number listed on your ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201

We provide free services to help you communicate with us such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios 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。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русским (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

توضيح: إذا كنت تتحدث لغة عربية (**Arabic**)، فستتاح لك خدمة الترجمة مجاناً. يرجى الاتصال بالرقم المجاني المذكور على بطاقة هويتك.

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ACHTUNG: Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

DÍÍ BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yániłti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shqóqdi ninaaltsoos nítł'izi bee nééhozinígíí bine'déé' t'áá jíik'ehgo béésh bee hane'í biká'ígíí bee hodiłnih.

UnitedHealthcare 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. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company.

Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

Take care, take note

[illegible]

10 | Notes

Take care, take note

[illegible]

