

ExxonMobil Vision Plan

2023 Summary of Benefits

**United
Healthcare**

Customer Service: **877-303-2415**

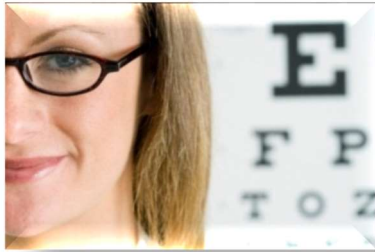
Provider Locator: **800-839-3242**



www.exxonmobilvision.com

Services	In-Network Coverage	Out-of-Network Coverage *	Limitations & Exceptions
Comprehensive Exam	100%, \$0 copay	Up to \$40	Once every calendar year (children up to age 13 and expectant/breastfeeding mothers: Two every calendar year)
Retinal Screening	100%, \$0 copay	Not applicable	Once every calendar year
Materials Copay	\$35 copay	Not applicable	Once every calendar year
Frames <ul style="list-style-type: none"> Private Practice Provider Retail Chain Provider 	100% \$150 retail frame allowance \$150 retail frame allowance	Up to \$45	Once every calendar year
Lenses <ul style="list-style-type: none"> Single Vision Bifocal Trifocal Lenticular 	100%	Up to \$40 Up to \$60 Up to \$80 Up to \$80	Once every calendar year
Lens Options <ul style="list-style-type: none"> Standard Scratch Resistant Coating ¹ Polycarbonate Lenses for children up to Age 19 Tier 1 through 4 Progressives Tier 1 through 4 Anti-Reflective 	100% 100% 100% 100%	Not applicable	
Non-Covered Lens Options (Including but not limited to Ultraviolet Coating, Tints, Photochromic, Polycarbonate for adults)	20-60% off retail pricing (Discount varies by provider)	None	
Contact Lenses (in lieu of eyeglasses) <ul style="list-style-type: none"> Covered-in-full Elective Contact Lenses ⁶ Medically Necessary Contact Lenses ³ All Other Elective Contact Lenses 	100% ⁴ 100% \$200 contact lens allowance	None Up to \$210 Up to \$200 ²	Once every calendar year
Other Vision Discounts <ul style="list-style-type: none"> Additional pair of eyeglasses or contact lenses Sunglasses 	20% savings ⁵	None	Available after your vision benefits have been exhausted
Laser Vision Correction	15% off usual and customary price or 5% off promotional price (See Laser Vision Correction on page 2 for details.)		
Out-of-Area Benefit	(See Out-of-Area Benefit on page 2 for details.)		

* Copayment does not apply



Additional Information about Your Coverage

Out-of-Area Benefit

If a participating provider is not available within 30 miles of your home address, United Healthcare Vision can direct you to an Out-of-Network provider where you will receive reimbursement at in-network levels for routine eye examination and materials. To receive the benefit, you must contact Customer Service at 1-877-303-2415 **prior** to receiving services.

Out-of-Network Reimbursement

You must submit a claim to United Healthcare Vision for benefit reimbursement of Out-of-Network services. Receipts must be submitted within 12 months of the date of service to: United Healthcare Eyecare Networks, Attn: Claims Department, P. O. Box 30978, Salt Lake City, UT 84130.

Laser Vision Correction

United Healthcare Vision has partnered with QualSight LASIK in order to provide ExxonMobil members with savings on LASIK evaluation and surgery at over 900 locations nationwide. Free LASIK consultation is included. A personal QualSight Care Manager is available throughout the process. For more information, visit vision.qualsight.com.

Blue Light Protection Eyesafe Discount

UnitedHealthcare Vision has collaborated with EyeSafe to provide members with a 20% discount off the retail price on blue-light screen filters for their devices. Members can receive the discount by visiting www.myuhcvision.com and clicking on the EyeSafe link

The Vision Plan and ExxonMobil Pre-tax Spending Plan

If you are enrolled in the Health Care Flexible Spending Account through the ExxonMobil Pre-tax Spending Plan, United Healthcare Vision will automatically submit eligible out-of-pocket expenses for you for reimbursement. You must submit a Pre-tax Spending claim form to Aetna with adequate documentation for eligible expenses not covered by the Plan.

Important Reminders

Always **identify yourself as a United Healthcare Vision member** when making your appointment.

You can log on to www.exxonmobilvision.com to print a personalized ID card. Although it is not required for service, it is available as a convenience to you should you wish to have an ID card to take to your appointment.

You are not required to purchase contact lenses from the examining provider to receive the contact lens allowance; however, to receive the full allowance, you must receive your exam, fitting and evaluation from the same network provider.

Your \$200 contact lens allowance is applied to the fitting and evaluation fees as well as the purchase of contact lenses. However, no portion will be exclusively applied to the fitting and evaluation.

Members age 0-12 are eligible for a replacement frame and lenses if they have a prescription change of 0.5 diopter or more. The replacement benefits are the same as the initial frame and lens benefits.

¹ On all orders processed through a company-owned and contracted Lab network.

² The out-of-network reimbursement applies to materials only. The fitting/evaluation is not included.

³ Necessary contact lenses are determined at the provider's discretion for one of more of the following conditions: following 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 United Healthcare Vision confirming reimbursement that United Healthcare Vision will make before you purchase such contacts.

⁴ Contact lenses are in lieu of eyeglass lenses and/or eyeglass frames. Coverage for Selection contact lenses does not apply at Costco, Walmart or Sam's Club locations. The allowance for Non-selection contact lenses will be applied toward the purchase of all contacts.

⁵ Discount shall not be considered insurance and United Healthcare Vision shall neither pay nor reimburse the provider or member for any funds owed or spent. Please contact your provider to see if they participate as not all providers may offer this discount. Discounts on contact lenses may vary by provider.

⁶ One pair of standard contact lenses or up to 8 boxes of disposables are covered. Coverage for Covered Contact Lens Selection does not apply at Wal-Mart or Sam's Club locations. The allowance for non-selection contact lenses will be applied toward the purchase of all contacts.

This is only a summary. The health plan and benefits summarized herein are governed under law by formal Plan documents. If there is a discrepancy between the information provided in this Summary of Benefits and the formal Plan documents, the Plan documents control.