

ExxonMobil Vision Plan

2024 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 covered | 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 covered | |
| 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) | Not covered | |
| Contact Lenses (in lieu of eyeglasses) <ul style="list-style-type: none"> Formulary Contact Lenses ⁶ Medically Necessary Contact Lenses ³ Non-Formulary Contact Lenses Contact lenses fit & evaluation | 100% ⁴ 100% \$200 contact lens allowance 100%, \$0 Copay ⁷ | Up to \$200 ² Up to \$210 Up to \$200 ² Not Covered | 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 | For Laser Surgery, UnitedHealthcare has partnered with QualSight LASIK, the largest LASIK manager in the United States, to provide our members with access to discounted laser vision correction providers. Member savings represent up to 35% off the national average price of Traditional LASIK | | |
| 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.

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

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

³Necessary 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.

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

⁵Discount 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.

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

⁷If Contact Lenses that are not on the Formulary are prescribed; the member will be responsible for the Contact Lens Fitting and Evaluation. Some retailers may not participate.

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.