



A Renewal for

TOM GREEN COUNTY

Issued on: August 12, 2014



Vision Services	V1008		
Legal Entity	UnitedHealthcare Insurance Company Primary Plan		
	In Network	Out of Network	
Plan Options			
Contribution	Voluntary		
Product Type	Exam with Materials		
Network Type	Full Network		
Exam Co-pay	\$10	Not Applicable	
Material Co-pay (Frames/Spectacle Lenses or Contact Lenses)	\$25	Not Applicable	
Service Frequency	12/12/24/12		
Exams/ Lenses/ Frames/Contacts			
Eye Examination			
Exam	100%	Up to \$40	
Lenses			
Single Vision	100%	Up to \$40	
Lined Bifocal	100%	Up to \$60	
Lined Trifocal	100%	Up to \$80	
Lenticular	100%	Up to \$80	
Frames			
Retail Frame Allowance	Up to \$130	Up to \$45	
Discount on Frame Overage at participating providers	30%	Not Applicable	
Elective Contact Lenses			
Covered Selection Contacts	Up to 4 boxes	Up to \$105	
Non-Selection Contacts	Up to \$105	Up to \$105	
Necessary Contact Lenses	100%	Up to \$210	
Lens Options			
Covered-in-full Lens Options	Standard Scratch-Resistant Coating	Not Applicable	
Non-covered Lens Options	Price Protection available for non-covered lens options ranging from 20-60% off retail pricing at participating providers.		
Value Services			
Laser Vision Discount	UnitedHealthcare is proud to add value to your vision care program by offering access to discounted laser vision correction procedures through Laser Vision Network of America (LVNA). Members receive a discount of 15% off standard prices or 5% off promotional prices with any in-network surgeon.		
Assumed Enrollment and Rates	Current	Renewal	
Employee	159	\$5.13	\$5.13
Employee + One	32	\$9.45	\$9.45
Employee + Family	60	\$14.81	\$14.81
	251		
Monthly Premium	\$2,006.67	\$2,006.67	
Annual Premium	\$24,080.04	\$24,080.04	
Renewal Action	0.0%		
Participation Requirements	No Participation Requirement		
Dependent Children Coverage	To Age 26		
Contract Basis	Fully Insured		
Exclusions and Limitations	Standard		
Broker Commissions	10%		
Rate Guarantee	36 months		

Lens Option Price Protection

The list below outlines the maximum out of pocket charge a member may pay for particular non-covered lens options in-network, which reflect discounts of 20 to 60% of retail charges. In some cases members may pay less!

Type	Cost
Polycarbonate	\$30
Photochromic	\$65
Scratch Warranty	\$10
Edge Coat (Polished Edges)	\$13
High Index 1.60-1.67	\$60
Solid Tint	\$13
Gradient Tint	\$15
UV Coating	\$16
Standard Anti-Reflective Coating	\$40
Premium Anti-Reflective Coating	\$80
Platinum Anti-Reflective Coating	\$90
Standard Progressive	\$70
Deluxe Progressive	\$110
Premium Progressive	\$150
Platinum Progressive	\$250

Prices reflected are subject to change.

General Assumptions

- We reserve the right to change rates and/or plan provisions if the number of lives or volume of insurance change by more than 10% before, on, or after the effective date listed above or if factors used to generate this quote such as group demographics or effective date are changed, found to be incomplete or incorrect.
- Rates assume no changes in legislation or regulation that affects the benefits payable, eligibility or contract.
- Rates assume standard administrative services including Claims & Data processing, Enrollment & Billing, Customer Service, Case Management, Provider Relations, and Reporting
- Assumed contract situs is Texas.
- Employees must be U.S. citizens or residents regularly working and living in the U.S. Coverage for U.S. citizens working outside of the U.S. must be approved in writing by us. Approval depends on locale and length of assignment.
- Employer's assumed primary business is classified as 8322 SIC Code.
- Rates may increase on renewal in accordance with the terms of the policy.

Vision Assumptions

The Dental and/or Vision premium includes expenses related to state & federal taxes, fees, and assessments. It may also include additional new taxes, fees and assessments from the Affordable Care Act.

Quote assumes a complete product replacement.

Rates listed above are not included in quoted Medical rates (if applicable).

Rates listed above assume plan designs quoted. Rates may change, if plan design changes.

Please note that the summary of benefits in this document provides a brief description of coverage. State mandates may preclude certain benefit plan design features. This is not a policy, certificate of insurance or coverage document. For complete details on coverage, exclusions, limitations and the terms under which coverage may continue, please contact your sales representative.

This proposal is valid for 90 days from the issued date, unless otherwise noted within this document.

Brokers and agents may receive commissions, bonuses and other compensation for selling the products presented in this proposal. The cost of this compensation may be directly or indirectly reflected in the premium or fees for those products. Contact your broker and/or agent if you have questions regarding their compensation relating to products in this proposal.

This proposal is subject to negotiation and execution of a written agreement, which will supersede the proposal contents. This proposal does not constitute an agreement, and is based on assumptions made from the written information in our possession and provided by you. We retain the right to modify our proposal if the information upon which this proposal is based is changed or is supplemented.

We consider much of the information contained in the proposal to be proprietary or otherwise confidential, and are releasing this proposal to you on the understanding that you and your representatives will only use it, and any data included in the proposal, for the specific purpose of evaluating its content. If this is not consistent with your understanding, please notify us before reviewing the proposal.

In addition, by accepting and reviewing the contents of this proposal, you and your agents or other designees agree, to the extent permitted by law, that certain information contained herein, or other information provided to you in connection with this proposal response or associated request for proposal (RFP), is proprietary and/or confidential to UnitedHealthcare and its related entities, and may not be copied, used, distributed or disclosed without prior written consent from an authorized representative of UnitedHealthcare, other than is necessary to evaluate this proposal.