



UnitedHealthcare

A Renewal for  
**SANTA MONICA MALIBU  
UNIFIED**

Issued on: August 28, 2020

# UnitedHealthcare

Vision Renewal for SANTA MONICA MALIBU UNIFIED

Effective Date: 01/01/2021 | Policy Number: 00743318

Vision Services		V1022	
Legal Entity	UnitedHealthcare Insurance Company		
	Primary Plan		
	In Network	Out of Network	
<b>Plan Options</b>			
Contribution	100% Employer Paid		
Product Type	Exam with Materials		
Network Type	Standard Network		
Exam(s) Co-pay	\$0	Not Applicable	
Material Co-pay (Frames/Spectacle Lenses or Contact Lenses)	\$0	Not Applicable	
<b>Service Frequency</b>			
Exams/ Lenses/ Frames/Contacts	12/12/24/12		
<b>Eye Examination</b>			
Exam(s) (Includes additional eye exam for ages 0-12 and pregnant or breastfeeding women)	100%	Up to \$40	
<b>Lenses</b>			
Single Vision	100%	Up to \$40	
Lined Bifocal	100%	Up to \$60	
Lined Trifocal	100%	Up to \$80	
Lenticular	100%	Up to \$80	
<b>Frames</b>			
Retail Frame Allowance	Up to \$130	Up to \$45	
Discount on Frame Overage at participating providers	30%	Not Applicable	
<b>Elective Contact Lenses</b>			
Covered Formulary Contacts	Up to 4 boxes	Up to \$105	
Non-Formulary Contacts	Up to \$105	Up to \$105	
Necessary Contact Lenses	100%	Up to \$210	
<b>Lens Options</b>			
Covered-in-full Lens Options	Polycarbonate Lenses for Children up to Age: 19 Standard Scratch 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 (except where not permitted by state law).		
<b>Value Services</b>			
Laser Vision Discount	UnitedHealthcare is proud to add value to your vision care program by offering access to discounted laser vision correction procedures through QualSight LASIK, the largest LASIK manager in the United States. Member savings represent up to 35% off the national average price of LASIK. Discounts are also provided on newer technologies such as Custom Bladeless (all laser) LASIK. Visit myuhcvision.com for more information.		
<b>Children's and Maternity Eye Care</b>			
<b>Replacement Eyeglasses</b>			
Additional eyeglass frame/lenses due to prescription change (ages 0-12 and pregnant or breastfeeding women).	Members ages 0-12 and members pregnant or breastfeeding who have a prescription change of 0.5 diopter or more are eligible for a replacement frame and lenses. The replacement benefits are the same as the benefits for the initial frame and lenses. Not applicable for Exam Core or Exam with Discounted Material Plans.		
<b>Assumed Enrollment and Rates</b>			
		<b>Current</b>	<b>Renewal</b>
Employee	96	\$8.02	\$8.02
Employee + One	49	\$13.29	\$13.29
Employee + Family	57	\$19.85	\$19.85
	202		
Monthly Premium	\$2,552.58	\$2,552.58	
Annual Premium	\$30,630.96	\$30,630.96	
Renewal Action	0.0%		
Participation Requirements	75% of eligible ees		
Dependent Children Coverage	To Age 26		
Contract Basis	Fully Insured		
Benefit Period Basis	Date of Service		
Exclusions and Limitations	Standard		
Broker Commissions	10%		
Rate Guarantee	36 months		

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## Proposed Vision Rates for SANTA MONICA MALIBU UNIFIED

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### 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! Based on state guidelines, lens materials and options may not be available at these discounted prices at all provider locations.

Type	Cost
Scratch Warranty	\$10
Tint	\$14
UV Coating	\$16
Photochromic	\$67
Standard Anti-Reflective Coating	\$40
Premium Anti-Reflective Coating	\$80
Platinum Anti-Reflective Coating	\$90
Roll and Polish Edges	\$13
Standard Progressive	\$70
Deluxe Progressive	\$110
Premium Progressive	\$150
Platinum Progressive	\$250
High Index < 1.66	\$53
High Index 1.66 - 1.73	\$63
Polycarbonate (\$0 for dependent children)	\$33

Prices reflected are subject to change.

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## Assumptions for SANTA MONICA MALIBU UNIFIED

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### 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 California.
- 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 8211 SIC Code.
- Rates may increase on renewal in accordance with the terms of the policy.

### Vision Assumptions

This premium may include state and federal taxes and fees.

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.

Participation in qualifying dental and vision plans must be 75 percent or greater of eligible medical employees for Packaged Savings to be activated.

**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.**

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## Disclaimers for SANTA MONICA MALIBU UNIFIED

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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.