

UNITEDHEALTHCARE INSURANCE COMPANY

(Herein called We, Our, Us and the Company)

450 Columbus Blvd.

P.O. Box 150450

Hartford, CT 06115-0450

UNITEDHEALTHCARE SENIOR SUPPLEMENT and SENIOR SECURITY Vision Care Benefit Rider

This Rider is issued as part of the Policy and any Certificate to which it is attached. This Rider is subject to all the terms and provisions of the Policy, except as stated below. In consideration of any additional Premium, We will provide the coverage described in this Rider.

BENEFITS

The Company will pay a Vision Care Benefit for Covered Expenses incurred by a Covered Person for Covered Services described in the Vision Care Schedule of Benefits, subject to the Exclusions and Limitations described in this Rider, which do not exceed any applicable maximum shown in the Certificate of this Rider.

Vision Care Schedule of Benefits. Benefits will not exceed the limits set forth below:

Vision Care Schedule of Benefits	
Eye Examination for eyeglasses or contact lenses (refraction): Benefits limited to 1 eye examination per Calendar Year	Copayment \$10 per visit
Eye Examination Maximum Benefit: \$80 every 12-month period	



Vision Care Benefit Rider

COVERED SERVICES

Covered Services are limited to those Vision Care services which are provided by a Physician, an Optometrist or Optician for an eye examination to the Covered Person.

VISION CARE BENEFIT MAXIMUM

The Vision Care Benefit Maximum per Covered Person for all Covered Expenses is the amount shown in the Vision Care Benefit Schedule of Benefits. It applies separately to each Covered Person.

DEFINITIONS

Calendar Year means January 1, 12:00 a.m. to December 31, 11:59 p.m. of the same year.

Eyewear means frames, single vision, bifocal, trifocal, and lenticular lenses and contact lenses.

Plan Year means any consecutive 12-month period beginning on the Effective Date shown in the Policy.

Vision Care means those services prescribed by a Physician, an Optometrist or Optician for the care and treatment of the Covered Person's vision.

EXCLUSIONS AND LIMITATIONS

Vision Care Benefits are not payable for expenses excluded by the Certificate, unless provided for in this Benefit Rider, and for the following:

1. Medical or surgical treatment of the eye;
2. Outpatient Prescription Drugs or other medications for the eyes;
3. Experimental and/or Investigational treatment;

4. Care or treatment for any Sickness or Injury arising out of or in the course of employment, or for which benefits are payable under any Workers' compensation Act or similar legislation, or services provided by a government agency;
5. Charges for completion of insurance or other claim forms, or charges for missed or rescheduled appointments;
6. All lenses, frames, eyeglasses, contact lenses whether or not they require a prescription.

EFFECTIVE DATE

This Rider is effective on the Effective Date of the Group Health Insurance Policy and Certificate to which it is attached, and is subject to all the provisions, definitions, limitations and conditions of the Policy and Certificate. This Rider terminates at the same time as the Group Health Insurance Policy and Certificate. This Rider does not change, waive or extend any part of the Policy and Certificate other than as stated herein.

Signed on behalf of
UnitedHealthcare Insurance Company.



Allen J. Sorbo, President

Notes

UNITEDHEALTHCARE INSURANCE COMPANY

450 Columbus Blvd.
P.O. Box 150450
Hartford, CT 06115-0450

Questions?

Call the toll-free pre-enrollment number



1-800-698-0822, 8 a.m. – 8 p.m. local time, 7 days a week.

TTY users, call 711.

Underwritten by UnitedHealthcare Insurance Company