

We rely on our sight more than any other sense, and the Publix Group Vision Plan provides vision benefits at an affordable cost. This summary lists the most common covered services and materials, along with your share of the cost. The complete Schedule of Benefits, including the applicable limitations and exclusions, and a provider locator are available by visiting the Publix Personal Plans website from PASSport or www.publix.org > Health and Well-Being > Vision Plan and clicking the Vision Insurance option. You also may call Publix Personal Plans toll-free at 1-888-374-6377. **ID cards are not issued or needed to access vision benefits.**

Benefit ¹	Network Provider Patient Pays	Out-of-Network Provider ² Patient Pays
COMPREHENSIVE EYE EXAM (once every 12 months)	\$20 copay – No deductible	Full charge less \$40 allowance
PAIR OF LENSES FOR EYEGLASSES³ (once every 12 months)		
Standard single vision	\$15 copay – No deductible	Full charge less \$40 allowance
Standard lined bifocal	\$15 copay – No deductible	Full charge less \$60 allowance
Standard lined trifocal	\$15 copay – No deductible	Full charge less \$80 allowance
Standard lenticular	\$15 copay – No deductible	Full charge less \$80 allowance
Progressive (cosmetic option)	\$15 copay plus additional cost of approximately \$110 – No deductible	Full charge less approximately \$60 allowance
FRAMES^{3,4} (once every 24 months)	\$0 – No deductible	Full charge less \$45 allowance
CONTACT LENSES (in lieu of frames and lenses)		
Covered elective contact lenses (includes fitting/evaluation fees, up to eight boxes of contact lenses and up to two follow-up visits)	\$15 copay – No deductible	Full charge less \$200 allowance
All other elective contact lenses (allowance is applied toward fitting/evaluation fees and purchase of contact lenses) ⁵	Full charge less \$200 allowance	Full charge less \$200 allowance
Medically necessary contact lenses ⁶	\$15 copay – No deductible	Full charge less \$210 allowance
LASER EYE SURGERY (LASIK)	15% discount off full charge or 5% discount off promotional price	No discount is offered

¹ When coverage of a benefit is shown as once every 12 or 24 months, this time period is based on the last date of service or the last date of the dispensing of materials.

² When receiving services or materials from an out-of-network provider, you are responsible for paying the provider's full charge at the time of your visit. The allowances shown in this column are the maximum amounts you may be reimbursed upon filing a claim for benefits with UnitedHealthcare Vision, unless otherwise noted. If the provider's charge is less than the maximum allowance shown, you may be reimbursed only up to the provider's charge. Progressive lenses are shown with an approximate allowance, not a maximum allowance.

³ The \$15 copay applies to the entire purchase of eyeglasses (frames and/or lenses) from a network provider. Polycarbonate lenses and standard scratch-resistant coating are covered in full with a network provider. Other lens options, such as tints, UV and anti-reflective coating, are available under the plan from a network provider for an additional cost. Prescription sunglasses are available from a network provider, in lieu of standard frames and lenses or contact lenses, at the \$15 copay plus an additional cost for tinting.

⁴ The UnitedHealthcare Vision benefit of \$130 applies to all frames in the network provider's office. If you wish to select a frame with a higher price (i.e. a designer frame), you are responsible for paying the provider a reduced cost for the frame.

⁵ The UnitedHealthcare Vision list of covered elective contact lenses is frequently updated. Contact your network provider to determine whether your contact lenses are included on this list.

⁶ Medically necessary contact lenses are prescribed at the doctor's discretion for one or more of the following conditions: following post cataract surgery without intraocular lens implant, to correct extreme vision problems that cannot be corrected with spectacle lenses, with certain conditions of anisometropia and with certain conditions of keratoconus. If your doctor considers your contacts medically necessary, you should ask your doctor to contact UnitedHealthcare Vision concerning the reimbursement that UnitedHealthcare Vision may make before you purchase such contact lenses.

Here's a Healthy Way to See Things

Step 1 Review Your Benefits

Carefully review the vision benefits outlined on this Summary of Benefits and Coverage.

Step 2 Enroll in the Plan

You can enroll online by visiting the Publix Personal Plans website from PASSport or www.publix.org > Health and Well-Being > Vision Plan and clicking the Vision Insurance option. You also may enroll over the telephone by calling 1-888-374-6377 toll-free and using the interactive voice response (IVR) system. If you're enrolling your spouse or dependents, you'll have to call during regular business hours (Monday – Friday 9 a.m. – 6 p.m. Eastern time) and follow the prompts to speak with a customer service representative. We strongly encourage you to enroll through the Personal Plans website if at all possible.

When enrolling, you need to have your date of birth and your personnel number. You will have to enter the leading zeros of your personnel number in order to successfully log in to the website or IVR system. For example, if your personnel number is 00123456, you would enter "00123456" to log in. You can find your personnel number at the top of your pay statement on PASSport.

Step 3 Find a Conveniently Located Provider

You can easily locate network providers by logging in to the Publix Personal Plans website from PASSport or www.publix.org > Health and Well-Being > Vision Plan. Click the Vision Insurance option and select Locate A Provider. You also may call the 24-hour, toll-free IVR system at 1-888-374-6377 and follow the prompts to locate a network provider in your neighborhood. The plan offers a broad network of private practice and retail optical providers to best meet your needs.

Step 4 Schedule Your Appointment

ID cards are not issued or needed to access benefits under the vision plan. Once a provider is chosen, simply call the provider directly to schedule your appointment on or after your coverage effective date. The provider will need your name, date of birth and nine digit unique identification number. The unique identification number is a "0" plus your Publix personnel number, including leading zeros. For example, an associate with the personnel number of 00123456 would provide an identification number of "000123456." You also need to be sure you identify yourself as a UnitedHealthcare Vision plan participant.

If you're currently enrolled in the vision plan, the comprehensive eye exam benefit is available to you once every 12 months. The 12-month period begins based on the last date of service for your previous eye exam.

Step 5 Your Eye Exam

Your selected provider should perform a comprehensive eye exam.

Step 6 Your Eyewear

If prescription eyewear is necessary, your provider will assist with your selection and order your prescription. Eyewear is picked up at the provider's office to ensure accuracy and proper fit.

If you're currently enrolled in the vision plan, frames and lenses for eyeglasses are available to you once every 24 and 12 months, respectively. The 24- and 12-month periods begin based on the last date of the dispensing of materials.

Coverage Tiers and Weekly Premiums

Associate only	\$1.17
Associate + 1 dependent	\$2.22
Associate + 2 or more dependents	\$3.30

Pay period deductions for vision coverage are taken on a pretax basis. This means tax savings for you each pay period and a reduction in your taxable income for the year.

How to File a Claim for an Out-of-Network Provider

If you choose to use an out-of-network provider, you still receive a benefit under this plan. You can be reimbursed up to the out-of-network allowances listed on the Summary of Benefits and Coverage. In order to receive reimbursement from UnitedHealthcare Vision, all you need to do is complete and submit a claim form with the itemized paid receipt(s) to UnitedHealthcare Vision. To obtain a claim form, please visit the Publix Personal Plans website from PASSport or www.publix.org > Health and Well-Being > Vision Plan and click the Vision Insurance option. You also may call 1-888-374-6377 toll-free. Follow the prompts to speak with a customer service representative.

Canceling Coverage

Once enrolled, vision coverage only can be canceled during a subsequent annual open enrollment period or if you experience a qualifying IRS permitted election change. To cancel coverage, you must call Personal Plans toll-free at 1-888-374-6377 during regular business hours (Monday – Friday 9 a.m. – 6 p.m. Eastern time) either during an annual open enrollment period or within 30 days of an IRS permitted election change event. Emails will not be accepted by Personal Plans as notification of cancellation of your coverage.