



Addendum to the Medical Benefit Summary

Iowa–Choice Plus

These Benefits are available to you in addition to the standard benefits presented on the Benefit Summary. The Benefits shown here may change some of the exclusions indicated on your Benefit Summary.

Covered Health Care Services	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Vision Exams		
Find a listing of Spectera Eyecare Network Vision Care Providers at myuhcvision.com .	\$25 co-pay per visit. A deductible does not apply.	Out-of-Network Benefits are not available.

Limited to 1 exam every 2 years.

If your coverage includes this benefit, the language "Routine Eye Care " listed in the exclusions section on the Benefit Summary would not apply.

This Benefit Summary is to highlight your Benefits. Don't use this document to understand your exact coverage for certain conditions. If this Benefit Summary conflicts with the Certificate of Coverage (COC), Riders, and/or Amendments, those documents are correct. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage. **The Benefits shown here may change some of the exclusions indicated on your Benefit Summary.**