

VISION PLAN

WITH A UNITEDHEALTHCARE VISION PLAN, THE CHOICES AND SAVINGS ARE EASY TO SEE.

Sign up and see the savings.

There are many coupons out there that seem like a good deal at first. But when you sign up for a comprehensive vision plan, you usually get a larger choice of frames and lenses. And you can save up to 70% on your eye care needs.

You have access to a national network of providers.

You have access to a national network of providers, including optometrists and ophthalmologist.

You have coverage for an eye exam and eyeglasses/contact lenses.

- Your plan includes a covered eye exam with eyeglasses or contacts, after your co-payment.
- You have access to an unlimited selection of eyeglass frames. You also get an allowance to help buy any frame when you use a network provider.
- You can use your contact lens benefit toward new or replacement contacts, contact lens fittings, and follow up visits. Save an additional 10% off your contact order when you use our online site.

Services received	UnitedHealthcare Vision
Eye Exam	\$10 co-payment; One comprehensive exam per calendar year.
Eyeglass Lenses	\$30 co-payment; One pair per calendar year.
Eyeglass Frames	\$130 allowance toward retail price; One frame per calendar year.
Contact Lenses	Up to 4 boxes of covered selection contact lenses or \$130 allowance.

See your vision plan documents for all of the coverage details.

• Frame discounts do not apply when prohibited by the frame manufacturer.



Our large national network

Our large network has many private practices and more than 100 popular retail chains including:



Once you become a member, visit www.myuhcvision.com to:

- Verify benefits and eligibility
- Locate a network vision provider
- Print a member ID card

Did you know?

Research has shown a comprehensive eye exam may be the first line of defense against diseases such as diabetes, hypertension and heart disease, making it an important part of your preventive care.

Vision Benefit Summary

Customer Service: **800-638-3120**
 Provider Locator: **800-839-3242**
www.myuhcvision.com

UnitedHealthcare Vision has been trusted for more than 40 years to deliver affordable, innovative vision care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible, diversified vision care network.

In-network, covered-in-full benefits (after applicable copay) include a comprehensive exam, eye glasses with standard single vision, lined bifocal, or lined trifocal lenses, standard scratch-resistant coating¹ and the frame, or contact lenses in lieu of eye glasses.

Rates	
Employee	\$5.15 Monthly
Employee + Spouse	\$9.58 Monthly
Employee + Child(ren)	\$11.97 Monthly
Employee + Family	\$16.74 Monthly
Copays for in-network services	
Exam	\$10.00
Materials	\$30.00
Benefit frequency	
Comprehensive Exam	Once every calendar year
Spectacle Lenses	Once every calendar year
Frames	Once every calendar year
Contact Lenses in Lieu of Eye Glasses	Once every calendar year
Frame benefit	
Private Practice and Retail Provider	\$130.00 retail frame allowance with additional 20% discount off amount that exceeds allowance
Lens options and enhancements	
<p>Covered in full lens options: Standard scratch-resistant coating, Adult & Child Polycarbonate lenses, and Gradient & Solid Tints.</p> <p>Optional lens enhancements: Standard Progressive \$70, Deluxe Progressive \$110, Premium Progressive \$150, Platinum Progressive \$250. Other optional lens upgrades at a discount 20% to 60%.</p>	
Contact lens benefit	
<p>Selection contact lenses - refer to our formulary contact list</p> <p>The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full (after copay). If you choose disposable contacts, up to 4 boxes are included when obtained from a network provider.</p> <p>All other elective contact lenses</p> <p>A \$130.00 allowance is applied toward the purchase of contact lenses outside the selection contact lenses (materials copay does not apply). Toric, gas permeable and bifocal contact lenses are examples of contact lenses that are outside of our selection contacts formulary.</p> <p>Medically Necessary contact lenses Covered in full after applicable copay.</p>	
Out-of-network reimbursements up to (Copays do not apply)	
Exam	\$40.00
Frames	\$45.00
Single Vision Lenses	\$40.00
Bifocal Lenses	\$60.00
Trifocal Lenses	\$80.00
Lenticular Lenses	\$80.00
Elective Contacts in Lieu of Eye Glasses ²	\$105.00
Necessary Contacts in Lieu of Eye Glasses ³	\$210.00
Laser vision benefit	
<p>UnitedHealthcare Vision has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser vision correction providers. Members receive 15% off usual and customary pricing, 5% off promotional pricing at over 500 network provider locations and even greater discounts through set pricing at LasikPlus locations. For more information, call 1-888-563-4497 or visit us at www.uhclask.com.</p>	