

# UnitedHealthcare Vision Plans (2-50)

## Voluntary Plans

Plan Code	Frequency			Network Copays		Out-of-Network Reimbursement Schedule (reimbursement up to the amount shown)			
	Exam	Lenses	Frames	Exam	Materials'	Exam	Lenses	Frames	Contact Lenses
V0005	12	12	12	\$10	\$10	\$40	\$40	\$45	\$105
V0006	12	12	12	\$10	\$25	\$40	\$40	\$45	\$105
V0007	12	12	24	\$10	\$10	\$40	\$40	\$45	\$105
V0008	12	12	24	\$10	\$25	\$40	\$40	\$45	\$105

## 100% Employer Paid (100% Participation)

Plan Code	Frequency			Network Copays		Out-of-Network Reimbursement Schedule (reimbursement up to the amount shown)			
	Exam	Lenses	Frames	Exam	Materials'	Exam	Lenses	Frames	Contact Lenses
V0001	12	12	12	\$10	\$10	\$40	\$40	\$45	\$105
V0002	12	12	12	\$10	\$25	\$40	\$40	\$45	\$105
V0003	12	12	24	\$10	\$10	\$40	\$40	\$45	\$105
V0004	12	12	24	\$10	\$25	\$40	\$40	\$45	\$105

## Employer Paid 100% for Employees/0% for Dependents (buy-up plans)

Plan Code	Frequency			Network Copays		Out-of-Network Reimbursement Schedule (reimbursement up to the amount shown)			
	Exam	Lenses	Frames	Exam	Materials'	Exam	Lenses	Frames	Contact Lenses
V0009	12	12	12	\$10	\$10	\$40	\$40	\$45	\$105
V0010	12	12	12	\$10	\$25	\$40	\$40	\$45	\$105
V0011	12	12	24	\$10	\$10	\$40	\$40	\$45	\$105
V0012	12	12	24	\$10	\$25	\$40	\$40	\$45	\$105

### All Plans

- Available stand-alone
- Freedom to see any vision care provider
- Two year rate guarantee
- If offered with a UnitedHealthcare medical plan, access to online administration, including eligibility and billing functions, through Employer eServices®

### Voluntary Plans

- No minimum participation requirements

### Employer Paid Plans

- For stand-alone vision offering, 100% participation net of waivers required
- If offered with medical, 75% participation net of waivers required

## UnitedHealthcare Vision plans include:

- Full coverage on an annual eye exam\*
- Full coverage on eyeglasses and frames or contact lenses\*
- Discounts on laser eye surgery
- National network of private practice and retail chain providers

### \*Network Benefits:

Frames: All covered-in-full frames require copay only. Receive a \$50 wholesale frame allowance (approximate retail value of \$120-\$150) at private practice providers, or a \$130 allowance at retail chain providers for frames outside the covered-in-full selection.

Lenses for eyeglasses: Standard single vision, standard lined bifocal, standard lined trifocal, and standard Lenticular lenses are covered-in-full. Options such as progressive lenses, polycarbonate lenses, tints, UV, and antireflective coating may be available at a discount.

Contact lenses (in lieu of eyeglasses): The fitting/evaluation fees, contact lenses from UnitedHealthcare Vision's covered selection, and up to two follow-up visits are covered-in-full. UnitedHealthcare Vision's covered contact lenses may vary by provider. A \$105 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside the covered selection (materials copay does not apply). Toric, gas permeable, and bifocal contact lenses are examples of contact lenses that are outside of our covered contacts.

### \*\*Out-of-Network Benefits:

Lenses (for eyeglasses): Receive up to \$60 reimbursement for bifocal lenses, up to \$80 reimbursement for trifocal lenses, and up to \$80 reimbursement for Lenticular lenses.



These benefit grids are intended only to highlight plan benefits and should not be relied upon to fully determine coverage. Please refer to the actual Policy/Certificate of Coverage issued for complete benefit information. These plans may not cover all health care expenses. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your broker or UnitedHealthcare.

UnitedHealthcare Vision benefits and administrative services provided by or through Spectera, Inc., United HealthCare Insurance Company, or their affiliates.

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