

VISION PLAN

Your vision coverage is provided by UnitedHealthcare through the Spectera Eye Network. With Spectera's large national eye care network, you can choose to get more personalized care from a private practice, or you can take advantage of the convenience of numerous retail chains in their network with evening and weekend hours. Spectera is focused on providing you with a better eye care experience.

Locate In-Network Providers

myuhcvision.com

1. Click Find a Provider,
2. Then Find a Vision Provider...
3. Under Select Your Vision Plan, choose Spectera Eyecare Network
4. Or CALL CUSTOMER SERVICE at **800.638.3120**

Benefit	In-Network	Out-of-Network
Exam	\$20 copay	Reimbursed up to \$40
Materials	\$20 copay	Varies (see below)
Exam Frequency	1 per calendar year	1 per calendar year
Frame Frequency	1 per calendar year	1 per calendar year
Contact Lens Exam Frequency (in lieu of lenses and frames)	1 per calendar year	1 per calendar year
LENSES		MEMBER REIMBURSED:
Single Vision	100% after copay*	Up to \$40
Bifocal	100% after copay*	Up to \$60
Trifocal	100% after copay*	Up to \$80
FRAMES		MEMBER REIMBURSED:
Frame Allowance	\$150 allowance + 30% off	Up to \$45
CONTACT LENSES		MEMBER REIMBURSED:
Medically Necessary	100%	Up to \$210
Elective	\$150 allowance*	Up to \$150

*These benefits are subject to copay, if any.

Plan Rates*	24 Pay Period Contributions	19 Pay Period Contributions
Employee Only	\$4.93	\$6.22
Employee + 1	\$7.89	\$9.96
Employee + Children	\$8.53	\$10.77
Employee + Family	\$12.98	\$16.40

If you enroll in the vision plan, you can view/print your ID card online through myuhcvision.com.