VISION

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.

UnitedHealthcare®