

Vision benefit summary

UnitedHealthcare Vision has been trusted for more than 50 years to deliver affordable, innovative vision care solutions to the nation's leading employers. Taking care of your eyes is an important part of your overall health. That is why our vision plans are designed to offer benefits that keep your needs in focus.

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	Exam with materials
Benefit frequency	
Comprehensive exam(s)	Once every calendar year
Eyeglass lenses	Once every calendar year
Frames	Once every other calendar year
Contact lenses instead of eyeglasses	Once every calendar year
Network services	
Copays	
Exam(s)	$10
Eyeglasses (lenses and frame)	$25
Contact lenses instead of eyeglasses	$25
Frame benefit (for frames that exceed the allowance, an additional 30% discount may be applied to the overage)[1]	
Private practice provider	$150 retail frame allowance
Retail chain provider	$150 retail frame allowance
Lens options	
Standard scratch-resistant coating, polycarbonate lenses – covered in full.	
Retinal Screening	
Retinal screening photography for diabetics	$0
Contact lens benefit[2]	
Formulary contact lenses	Up to 8 boxes
Non-formulary contact lenses An allowance is applied toward the purchase outside the formulary. The allowance is for materials. No portion will be applied to the fitting and evaluation. Contact lens copay is waived.	$200
Necessary contact lenses[3]	Covered in full after copay (if applicable)
Children's and maternity eye care benefit	
Members age 0–19 and members pregnant or breastfeeding are eligible for a second exam 60 days after the initial exam. Members age 0–19 and members pregnant or breastfeeding are also eligible for a replacement frame and lenses if they have a prescription change of 0.5 diopter or more. The second exam and replacement benefits are the same as the initial exam, frame and lens benefits.	

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Out-of-network reimbursements (copays do not apply)	
Exam(s)	Up to $15
Frames	Up to $45
Single-vision lenses	Up to $40
Lined bifocal and progressive lenses	Up to $60
Lined trifocal lenses	Up to $80
Lenticular lenses	Up to $80
Retinal screening for diabetics	No benefit
Elective contacts instead of eyeglasses[2]	Up to $200
Necessary contacts instead of eyeglasses[3]	Up to $200

[1] 30% discount available at most participating network provider locations. May exclude certain frame manufacturers. Please verify all discounts with your provider.

[2] Contact lenses are instead of eyeglass lenses and/or eyeglass frames. Coverage for formulary contact lenses does not apply at all network providers.

[3] Necessary contact lenses are determined at the provider's discretion for certain conditions. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare Vision confirming the reimbursement that UnitedHealthcare will make before you purchase such contacts.

Discounts

Laser vision

UnitedHealthcare has partnered with QualSight® LASIK, the largest LASIK manager in the United States, to provide our members with access to discounted laser vision correction services. Member savings represent up to 35% off the national average price of Traditional LASIK. Contracted prices start at $945 per eye for Traditional LASIK and $1,395 per eye for Custom LASIK. Discounts are also provided on newer technologies such as Custom Bladeless (all laser) LASIK. For more information, visit **myuhcvision.com®.**

Additional material

At a participating network provider, you will receive up to a 20% discount on an additional pair of eyeglasses or contact lenses. This program is available after your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare shall neither pay nor reimburse the provider or member for any funds owed or spent. Additional materials do not have to be purchased at the time of initial material purchase.

Contact lens

Order extra contact lenses at **uhccontacts.com** for 10% off.

Hearing aids

As a UnitedHealthcare Vision plan member, you can save on custom-programmed hearing aids when you buy them from UnitedHealthcare Hearing. To find out more, go to **UHCHearing.com.** When placing your order, use promo code MYVISION to get the special price discount.

Blue Light Eyesafe

UnitedHealthcare Vision has collaborated with Eyesafe® to provide members with a 20% discount off the retail price on blue-light screen filters for their devices. Members can receive the discount by visiting **myuhcvision.com** and clicking on the Eyesafe link.

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Important to remember:

Network

- Always identify yourself as a UnitedHealthcare Vision member when making your appointment. This will assist the provider in obtaining your benefit information.
- Your participating provider will help you determine which contact lenses are available in the UnitedHealthcare formulary.
- Patient lens options that are not covered in full may be available at a discount at participating providers. Based on state guidelines, lens materials and options may not be available at these discounted prices at all provider locations. Please ask your provider for details. The Lens Options list can be found at **myuhcvision.com.**

Choice and access of vision care providers

UnitedHealthcare offers its vision program through a national network including both private practice and retail chain providers. To access the Provider Locator service or for a printed directory, visit our website **myuhcvision.com** or call **1-800-638-3120,** 24 hours a day, 7 days a week. You may also view your benefits, search for a provider or print an ID card online at **myuhcvision.com.**

Network provider – Copays and non-covered patient options are paid to provider by program participant at the time of service.

Out-of-network provider – Participant pays all billed charges to the provider, and UnitedHealthcare reimburses the participant for services rendered up to the maximum allowance. Copays do not apply to out-of-network benefits. Receipts for payments should be submitted within 90 days after the date of service to the following address:

UnitedHealthcare Vision
Attn. Claims Department
P.O. Box 30978
Salt Lake City, UT 84130

If it was not reasonably possible to give written proof in the time required, the Company will not reduce or deny the claim for this reason. However, proof must be filed as soon as reasonably possible, but no later than 1 year after the date of service unless the covered person was legally incapacitated.

Customer service is available toll-free at 1-800-638-3120 8 a.m.–11 p.m. ET, Monday–Friday, and 9 a.m.–6:30 p.m. ET, Saturday.

READ YOUR PLAN CAREFULLY – THIS BENEFIT SUMMARY PROVIDES A VERY BRIEF DESCRIPTION OF THE IMPORTANT FEATURES OF YOUR PLAN. THIS IS NOT THE INSURANCE CONTRACT. YOUR FULL RIGHTS AND BENEFITS ARE EXPRESSED IN THE ACTUAL PLAN DOCUMENTS THAT ARE AVAILABLE TO YOU UPON YOUR REQUEST TO US.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13.TX and associated COC form number VCOC. INT.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA. 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 either your broker or the company.

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