Vision

UnitedHealthcare

UnitedHealthcare is pleased to present to you vision benefits designed to give you and your covered family members the care, value, and service to help maintain good vision and overall health.

For more information about your UnitedHealthcare benefits log-in at **www.myuhc.com.**

	In-Network	Out-of-Network
Exam Frequency	**12 months**	**12 months**
Exam Benefit	$10 copay	Reimburse up to $40
LENSES		
Materials Copay	$10 copay	
Frequency	12 months	12 months
Single	$10 copay	Reimburse up to $40
Bifocal	$10 copay	Reimburse up to $60
Trifocal	$10 copay	Reimburse up to $80
FRAMES		
Frequency	12 months	12 months
Allowance	$150 allowance	Reimburse up to $45
CONTACT LENSES		
Frequency	12 months	12 months
Allowance	Formulary: Up to 6 boxes; Non-formulary: $150 allowance	Reimburse up to $150
Medically Necessary	Covered in full	Reimburse up to $210
Separate Fitting Allowance	Included in Contact Allowance	N/A

***Contact lenses are in lieu of eyeglasses and frames**

VISION BIWEEKLY DEDUCTIONS	
Employee	$3.99
Employee + Spouse	$6.51
Employee + Child(ren)	$8.39
Family	$9.66

LEARN MORE ABOUT YOUR VISION PLAN BY SCANNING THIS QR CODE OR VISITING UHC.COM

