

# Vision Coverage



## UHC Vision

Choose a UHC Vision provider from the UHC Network. To find a UHC provider, visit [www.myuhcvision.com](http://www.myuhcvision.com) or call 1-800-638-3120.

At your appointment, tell them you have United Healthcare Vision. To print a personalized ID card, please logon to the website and select “Print ID Card” from the member benefits page.



Benefit	Description	Copay	Frequency
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every 12 months
Prescription Glasses		\$25	
Frame	\$150 allowance for a wide selection of frames	Included in Prescription Glasses	Every 24 months
Lens Options	Single Lined Lenses Bifocal Lined Lenses Tricofal Lined Lenses Necessary Contacts	Included in Prescription Glasses	Every 12 months
Lens Enhancements	Standard Premium Progressive Custom Progressive	Discounts Available	
Contacts (instead of glasses)	\$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	\$25	Every 12 months
Extra Savings	<b>Laser Vision Correction:</b> UnitedHealthcare Vision has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser vision correction providers. Members receive 15% off usual and customary pricing, 5% off promotional pricing at over 500 network provider locations and even greater discounts through set pricing at LasikPlus locations. For more information, call 1-888-563-4497 or visit us at <a href="http://www.uhclasik.com">www.uhclasik.com</a> .		

## Out-of-Network Provider Coverage:

Visit [myuhcvision.com](http://myuhcvision.com) for details, if you plan to see a provider other than a UHC network provider.

Exam . . . . . up to \$40	Lined Bifocal Lenses . . . . up to \$60	Lenticular Lenses. . . . up to \$80
Frame . . . . . up to \$45	Lined Trifocal Lenses . . . . up to \$80	Contacts . . . . . up to \$150
Single Vision Lenses . . . up to \$40		

*This summary is for informational purposes only. For specific benefit information, please refer to the applicable insurance contract.*



## Plan Cost Per Pay Period

	UHC Vision Plan
Employee Only	\$3.73
Employee + One	\$6.99
Family	\$10.79