



**Vision Benefit Summary**

Customer Service and Provider Locator: (800) 638-3120

[myuhcvision.com](http://myuhcvision.com)

UnitedHealthcare vision has been trusted for more than 50 years to deliver affordable, innovative vision care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible, diversified vision care network. In-network, covered-in-full benefits (up to the plan allowance and after applicable copay) include a comprehensive exam, eyeglasses with standard single vision, lined bifocal, lined trifocal, or lenticular lenses, standard scratch-resistant coating and the frame, or contact lenses in lieu of eyeglasses. Members age 0-12 are eligible for a 2nd exam. Members age 0-12 are also eligible for a replacement frame and lenses if they have a prescription change of 0.5 diopter or more. The 2nd exam and replacement benefits are the same as the initial exam, frame and lens benefits.

Rates (Bi-Weekly)	Exam with Materials
Employee	\$2.27
Employee + One	\$4.14
Employee + Family	\$7.17

Benefit Frequency	
Comprehensive Exam(s)	Once every 12 months
Spectacle Lenses	Once every 12 months
Frames	Once every 24 months
Contact Lenses in Lieu of Eyeglasses	Once every 12 months

**In-Network Services**

Copays	
Exam(s)	\$ 10.00
Materials	\$ 25.00

Frame Benefit (for frames that exceed the allowance, an additional 30% discount may be applied to the overage) <sup>1</sup>	
Private Practice Provider	\$130.00 retail frame allowance
Retail Chain Provider	\$130.00 retail frame allowance

Lens Options	
Standard Scratch-resistant Coating, Polycarbonate Lenses for Dependent Children (up to age 19) - covered in full. Other optional lens upgrades may be offered at a discount. 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 <a href="http://myuhcvision.com">myuhcvision.com</a> .	

**Contact Lens Benefit<sup>2</sup>** (Formulary contact lenses refer to contact lenses available on our formulary contact list. Contact lenses not on this list are referred to as Non-Formulary. A copy of the list can be found at [myuhcvision.com](http://myuhcvision.com)).

<b>Formulary contact lenses</b> The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full after copay (if applicable).	If you choose disposable contacts, up to 4 boxes are included when obtained from an in-network provider.
<b>Non-Formulary contact lenses</b> An allowance is applied toward the purchase of contact lenses outside the Formulary. Material copay (if applicable) is waived.	\$125.00
<b>Necessary contact lenses<sup>3</sup></b>	Covered in full after copay (if applicable).

**Out-of-Network Reimbursements (Copays do not apply)**

Exam(s)	Up to \$40.00
Frames	Up to \$45.00
Single Vision Lenses	Up to \$40.00
Lined Bifocal Lenses	Up to \$60.00
Lined Trifocal Lenses	Up to \$80.00
Lenticular Lenses	Up to \$80.00
Elective Contacts in Lieu of Eyeglasses <sup>2</sup>	Up to \$125.00
Necessary Contacts in Lieu of Eyeglasses <sup>3</sup>	Up to \$210.00

## BENEFITS GUIDE

### Discounts

#### Laser vision

UnitedHealthcare 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 standard or 5% off promotional pricing at more than 550 network provider locations and even greater discounts through set pricing at Lasik/PLUs® locations. For more information, call 1-888-563-4497 or visit us at [www.uhclasik.com](http://www.uhclasik.com).

#### Additional Material

At a participating in-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.

#### Hearing Aids

As a UnitedHealthcare vision plan member, you can save on high-quality hearing aids when you buy them from hi HealthInnovations™. To find out more go to [hiHealthInnovations.com](http://hiHealthInnovations.com). When placing your order use promo code myVision to get the special price discount.

### Sample Illustration of Savings

Cost	Employee Only	Employee + One	Employee + Child(ren)	Employee + Family
Bi-Weekly Premium	\$2.27	\$4.14	N/A	\$7.17
Annual Premium	\$59.02	\$107.64	N/A	\$186.42
Approx. Pre-Tax Savings (20%) <sup>4</sup>	\$11.80	\$21.52	N/A	\$37.28
Annual Tax-Adjusted Premium	\$47.22	\$86.12	N/A	\$149.14
Plus Copays	\$35.00	\$70.00	N/A	\$140.00
<b>Total Cost to Employee</b>	<b>\$82.22</b>	<b>\$156.12</b>	<b>N/A</b>	<b>\$289.14</b>

Exam and Materials Covered by UnitedHealthcare Vision Plan	Estimated Cost Without a Vision Plan <sup>5</sup>	Less Employee Cost	Total Savings with UnitedHealthcare Vision
Employee Only Exam, Single Vision & Covered-in-Full Frames	\$275.00	\$79.93	\$195.07
Employee + One Exam, Single Vision & Covered-in-Full Frames	\$550.00	\$151.89	\$398.11
Employee + Child(ren) <sup>6</sup> Exam, Single Vision & Covered-in-Full Frames	N/A	N/A	N/A
Employee + Family <sup>7</sup> Exam, Single Vision & Covered-in-Full Frames	\$1,100.00	\$281.98	\$818.02

<sup>1</sup>30% discount available at most participating in-network provider locations. May exclude certain frame manufacturers. Please verify all discounts with your provider.

<sup>2</sup>Contact lenses are in lieu of eyeglass lenses and/or eyeglass frames. Coverage for Formulary contact lenses does not apply at Costco, Walmart or Sam's Club locations. The allowance for Non-Formulary contact lenses applies to materials. No portion will be exclusively applied to the fitting and evaluation.

<sup>3</sup>Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with eyeglass lenses and/or frames; with certain conditions such as anisometropia, keratoconus, irregular corneal/astigmatism, aphakia, pathological myopia, aniseikonia, aniridia, facial deformity, or corneal deformity. 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.

<sup>4</sup>Actual tax savings will depend upon your individual tax bracket.

<sup>5</sup>Approximate retail value illustrated: Exam & Refraction (\$65), Single Vision Lenses (\$80), and Frames (\$130). Average retail cost may vary by provider.

<sup>6</sup>For purposes of this calculation, Employee + Child(ren) is calculated with three (3) members.

<sup>7</sup>For purposes of this sample calculation, Employee + Family is calculated with four (4) members.



## How to register on myuhcvision.com

Registration is easy and only takes a few minutes. Once you're registered, you'll have access to:



Check eligibility for exams and eyewear



View your copayment



Print your ID card, if you prefer



View claim status, and much more!

## Here's what you need to get started:

- You must be 13 years of age or older to register
- You will need your subscriber ID number (or last 4 of your SSN)
- Date of Birth
- First and Last Name
- Email Address



When you're ready, visit our [registration page](#), enter your information, create a username and password, follow the on-screen prompts for reCAPTCHA and click "create." You will need to confirm your email address through two-factor authentication and then you will be able to log in!

### Vision Benefit Card



Sheehy Automotive

Exam	Once every 12 months
Lenses	Once every 12 months
Frames	Once every 24 months
Contacts*	Once every 12 months
*(in lieu of lenses & frames)	

Exam Copay	\$10.00
Materials Copay	\$25.00



[www.myuhcvision.com](http://www.myuhcvision.com)

Customer Service: 800-638-3120

TDD for Hearing Impaired: 1.800.524.3157

Provider Locator: 1.800.839.3242