



# Vision Benefits

This vision plan is a full service insurance plan that has a Copayment schedule for in-network services as well as out-of-network allowances. If you elect to participate you will have access to private practice quality with retail choice and convenience for a one-stop-shop experience.

United Healthcare		UHC V1007	
		In-Network Member Portion	Out-of-Network Reimbursement
Schedule for Exams (frequency)		12 Months	12 Months
Payment Amount for Exams		\$10 copayment	Up to \$40
Schedule for Lenses (frequency)		12 Months	12 Months
Payment Amount for Lenses			
Single		\$25 Copayment	Up to \$40
Lined Bifocal		\$25 Copayment	Up to \$60
Lined Trifocal		\$25 Copayment	Up to \$80
Lenticular		\$25 Copayment	Up to \$80
Payment Amount for Contact Lenses (Contact Lenses are in place of lenses and Frame)			
Elective Contact Lenses		\$25 Copayment	Up to \$125
Medically Necessary Contact Lenses		Covered in Full	Up to \$210
Schedule for Frames (frequency)		24 Months	24 Months
Payment Amount for Frames		Up to \$130 Allowance	Up to \$45