

VISION PLAN SUMMARY

Advantage Vision Insurance

Services	In-Network Copays	Out-of-Network Reimbursements
Eye Exam: Once every 12 months	\$10	Can be reimbursed up to \$40
Materials: Single payment that applies to the entire purchase of eyeglasses (lens and frame), or contacts in lieu of eyeglasses	\$25	None
Pair of Lenses: Once every 12 months	Included in \$25 materials copay (Coverage is for standard lenses. Additional lens options/materials may be subject to an added patient responsibility)	Single focal lenses up to \$40, bifocal lenses up to \$60, trifocal and lenticular lenses up to \$80
Frames: Once every 24 months	Included in \$25 materials copay (up to \$130 allowance)	Up to \$45
Contact Lenses (in lieu of eyeglasses): Once every 12 months	Included in \$25 materials copay for Select Contacts*	Up to \$200 for Non-Select Contacts* (Material copay waived)



With this plan, your vision coverage is provided by UnitedHealthcare through Spectera. You can use an in-network or out-of-network provider. For exams with an in-network provider, you just pay your required copayment. Visit www.myuhc.com to find an in-network provider. Vision limits apply. Out-of-network reimbursement requests must be submitted within 90 days from the date of service.



*Coverage for select contacts is included in the \$25 materials copay. A \$200 reimbursement is available for non-select contacts (material copay waived). To see the list of select contacts, log in to myuhc.com, go to "Coverage and Benefits" → "Vision" → "View Vision Plan," and select the "Contact Lens Selection List."



For out-of-network benefits, submit your itemized receipt and claim form to UnitedHealthcare. To get the claim form, log in to myuhc.com, go to "Coverage and Benefits" → "Vision" → "View Vision Plan" → "Out-of-Network Information." UnitedHealthcare will process your claim, determine your reimbursement, and mail a check once approved.



To check your next eligible eye exam or frame/contact purchase, log in to myuhc.com, go to "Coverage & Benefits" → "Vision" → "View Vision Plan" → "Your Vision Benefits." Select the member you want to review and click "View." Eligible exam and frame/contact dates are listed under "Benefit Eligibility."

Advantage Plus Vision Reimbursement

Services	Reimbursements (after \$25 annual deductible)
Eye Exam: Once every calendar year	50% per year
Pair of Lenses and Set of Frames: Once every calendar year	50% per year up to \$500
Contact Lenses (in lieu of eyeglasses): maximum of 12 month supply per calendar year	50% per year up to \$500



Under this plan, your vision coverage is a reimbursement program, NOT vision insurance. You may see any provider you choose. After a \$25 annual deductible, you'll be reimbursed 50% of eligible charges for exams, lenses, frames, or contacts, up to the yearly limit. Out-of-network reimbursement requests must be submitted within 1 year from the date of service.



With this benefit, you pay the provider upfront and submit a claim to UnitedHealthcare for reimbursement. To get a Vision Claim Form, visit www.myuhc.com, go to "Claims & Accounts" → "Submit a Claim," and select "Vision Claim Form" at the bottom of the page.