



UnitedHealthcare Vision Plan

Plan Code	Vision Plan - Drivers SH368
Plan Type Description	Voluntary
Frequency (Months)	
Exam(s)	12 Months
Lenses (eyeglasses or contacts)	12 Months
Frames	24 Months
In-Network	
Copay for Exam(s)	\$10
Copay for Materials	\$25
Copay for Retinal Screening for Diabetics	\$0
Copay for 2nd Exam for Diabetics	\$10
Contact Lens Allowance	\$125
Contact Lens Fitting Allowance	\$40
Non-Formulary Contact Lens Allowance (Material copay does not apply)	N/A
Copay for Formulary Contact Lenses, Fitting and Evaluation	N/A
Necessary Contact Lenses	100%
Retail Frame Allowance	\$150
Covered Lens Options	30% discount on frame overage at participating providers
	Std Scratch Coating, Polycarb to age 19,
	Polycarb for Adults
Out-of-Network	
Reimbursement for Exam	Up to \$40
Reimbursement for Single Vision Lenses	Up to \$40
Reimbursement for Bifocal Lenses Reimbursement	Up to \$60
for Trifocal Lenses Reimbursement for Frame	Up to \$80
Reimbursement for Contact Lenses Reimbursement	Up to \$45
for Necessary Contact Lenses	Up to \$100
	Up to \$210