



		In-Network Plan Features			
		Exam Only Plan		Exam & Materials Plan	
Benefit Frequency	Comprehensive Exam	Once every 12 months		Once every 12 months	
	Spectacle Lenses	N/A		Once every 12 months	
	Frames	N/A		Once every 24 months	
	Contact Lenses in Lieu of Eyeglasses	N/A		Once every 12 months	
Copays	Exam	\$0		\$0	
	Materials	N/A		\$0	
Frame Benefit (for frames that exceed the allowance, an additional 30% discount may be applied. See brochure.)		N/A		\$150	
Lens Options		N/A		Covered in Full	
Contact Lens Benefit (Selection refers to UHC formulary contact list)	Non-Selection Lenses	N/A		\$125	
	Selection Lenses	N/A		Up to 4 boxes of disposable included	
	Medically Necessary	N/A		Covered in Full	
		Out of Network Reimbursements			
Exam		Up to \$40		Up to \$40	
Frames		N/A		Up to \$45	
Single Vision Lenses		N/A		Up to \$40	
Lined Bifocal Lenses		N/A		Up to \$60	
Lined Trifocal Lenses		N/A		Up to \$80	
Lenticular Lenses		N/A		Up to \$80	
Elective Contact Lenses in Lieu of Eyeglasses		N/A		Up to \$125	
Necessary Contact Lenses in Lieu of Eyeglasses		N/A		Up to \$210	
Discounts are available for Laser Vision, Additional Materials, and Hearing Aids					
		Monthly Employee Costs			
Monthly Employee Costs		Class 1*	Class 2**	Class 1*	Class 2**
	Single	\$0.00	\$1.58	\$7.78	\$9.36
	Plus Spouse	\$0.00	\$3.17	\$14.57	\$17.74
	Plus Child(ren)	\$0.00	\$3.72	\$17.10	\$20.82
	Family	\$0.00	\$4.85	\$24.43	\$29.28
*Employees enrolled in UHC medical plan	Class 1				
**Employees NOT enrolled in UHC medical plan	Class 2				