

Onsted Community Schools Administrators and Secretaries

SET/UnitedHealthcare Vision Plan 1 Benefits-at-a-Glance

This is intended to be an-easy-to-read summary. The group policy is the governing document.

Basic Benefits	In-Network	Out-of-Network
Eye Examination	100%	up to \$32.00
Single Vision	100%	up to \$42.00
Bifocal	100%	up to \$48.00
Trifocal	100%	up to \$60.00
Lenticular	100%	up to \$72.00
Frames*	100%	up to \$50.00
Elective Contact Lenses		
Covered-in-full contacts	100%	up to \$100.00
All other elective contacts	up to \$100.00	up to \$100.00
Necessary Contact Lenses	100%	up to \$100.00
<p>Network Benefits – \$20 Exam and \$50 materials copays and patient options are paid to the network provider by the plan participant. Covered lens options include: Standard progressives, scratch resistant coating, tints and UV. Exams, lenses and frames are covered once every 12 months from last date of service.</p>		
<p>Out-of-Network Benefits – The plan participant pays full fee to the provider and UnitedHealthcare Vision (UHCV) reimburses the participant for services rendered up to maximum allowance. There are no copays or deductibles.</p>		
<p>*Frame Benefit –With UHCV’s frame benefit, all frames with a \$25 wholesale cost or less are covered-in-full at private practice providers. For any frame with a wholesale cost greater than \$25 at private practice providers, the participant only pays the difference between the wholesale cost of the frame and the \$25 allowance. Plan participants receive a maximum \$70 frame allowance for frames purchased at retail chain providers.</p>		
<p>Contact lenses are provided in lieu of spectacle lenses and frames. UHCV’s contact lens benefit covers in-full (after applicable copay) the fitting/evaluation fees, contacts (disposable contacts/up to 4 boxes, depending on prescription and plan selected), and up to two follow-up visits. A \$105 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside of UHCV’s covered-in-full contacts (materials copay does not apply). Toric, gas permeable, and bifocal contacts are all examples of contacts that are outside of our covered-in-full selection.</p>		
<p>Necessary contact lenses are determined at the provider’s discretion for one or more of the following conditions: Following cataract surgery; To correct extreme vision problems that cannot be corrected with spectacle lenses; With certain conditions of anisometropia; With certain conditions of keratoconus.</p>		

Composite Insured Rate Per Employee Per Month \$13.36
Locate a network provider at www.uhcspecialtybenefits.com