

Vision Benefits

- NO Change! Vision plan is offered through UnitedHealthcare
- Vision Benefits are on a Plan Year accumulation period, so those accumulators will begin on 4/1 and end on 3/31 each year

UnitedHealthcare Vision Plan		
Benefit Description	In-Network	Out-Of-Network
	Vision Plan Pays	Vision Plan Pays
Eye Exam	100% after \$25 copayment	Reimbursed up to \$40
Lenses Limited to one pair every 12 months		
Single Vision	100% after \$25 copayment	Reimbursed up to \$40
Bifocal Lenses	100% after \$25 copayment	Reimbursed up to \$60
Trifocal Lenses	100% after \$25 copayment	Reimbursed up to \$80
Lenticular Lenses	100% after \$25 copayment	Reimbursed up to \$80
Frames Limited to one frame every 24 months	100%, up to \$130 allowance	Reimbursed up to \$45
Contact Lenses (In lieu of lenses/frame) Limited to one pair every 12 months		
Elective	100% after \$25 copayment, up to \$105	Reimbursed up to \$105
Necessary	100% after \$25 copayment	Reimbursed up to \$210

