

UnitedHealthcare

Vision Renewal for VANDERBURGH COUNTY

Effective Date: 01/01/2022 | Policy Number: 00754376

Vision Services		V1008			
Legal Entity	UnitedHealthcare Insurance Company				
	Primary Plan				
	In Network	Out of Network			
Plan Options					
Contribution	Voluntary				
Product Type	Exam with Materials				
Network Type	Standard Network				
Exam(s) Co-pay	\$10	Not Applicable			
Material Co-pay (Frames/Spectacle Lenses or Contact Lenses)	\$25	Not Applicable			
Service Frequency					
Exams/ Lenses/ Frames/Contacts	12/12/24/12				
Eye Examination					
Exam(s) (Includes additional eye exam for ages 0-12 and pregnant or breastfeeding women)	100%	Up to \$40			
Lenses					
Single Vision	100%	Up to \$40			
Lined Bifocal	100%	Up to \$60			
Lined Trifocal	100%	Up to \$80			
Lenticular	100%	Up to \$80			
Frames					
Retail Frame Allowance	Up to \$130	Up to \$45			
Discount on Frame Overage at participating providers	30%	Not Applicable			
Elective Contact Lenses					
Covered Formulary Contacts	Up to 4 boxes	Up to \$105			
Non-Formulary Contacts	Up to \$105	Up to \$105			
Necessary Contact Lenses	100%	Up to \$210			
Lens Options					
Covered-in-full Lens Options	Polycarbonate Lenses for Children up to Age: 19 Standard Scratch Coating	Not Applicable			
Non-covered Lens Options	Price Protection available for non-covered lens options ranging from 20-60% off retail pricing at participating providers (except where not permitted by state law).				
Value Services					
Laser Vision Discount	UnitedHealthcare is proud to add value to your vision care program by offering access to discounted laser vision correction procedures through QualSight LASIK, the largest LASIK manager in the United States. Member savings represent up to 35% off the national average price of LASIK. Discounts are also provided on newer technologies such as Custom Bladeless (all laser) LASIK. Visit myuhcvision.com for more information.				
Children's and Maternity Eye Care					
Replacement Eyeglasses					
Additional eyeglass frame/lenses due to prescription change (ages 0-12 and pregnant or breastfeeding women).	Members ages 0-12 and members pregnant or breastfeeding who have a prescription change of 0.5 diopter or more are eligible for a replacement frame and lenses. The replacement benefits are the same as the benefits for the initial frame and lenses. Not applicable for Exam Core or Exam with Discounted Material Plans.				
Assumed Enrollment and Rates		Current	Renewal		
Employee	119	\$6.83	\$6.83		
Employee + One	65	\$11.34	\$11.34		
Employee + Family	50	\$19.56	\$19.56		
	234				
Monthly Premium	\$2,527.87	\$2,527.87			
Annual Premium	\$30,334.44	\$30,334.44			
Renewal Action	0.0%				
Participation Requirements	No Participation Requirement				
Dependent Children Coverage	To Age 26				
Contract Basis	Fully Insured				
Benefit Period Basis	Date of Service				
Exclusions and Limitations	Standard				
Broker Commissions	10%				
Rate Guarantee	36 months				



Signature: _____

