

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			
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: 