

# Health+ Vision Plan

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>COPAYS</b> Comprehensive Exam Materials	\$10 copay \$10 copay	n/a n/a
<b>BENEFITS</b> Eye Exam Lenses Single Vision Lined Bifocal Lined Trifocal Lenticular Frames Frames Retail Contact Lenses (in lieu of lenses and frames) Elective Necessary	Covered in full  Covered in full Covered in full Covered in full Covered in full  Covered in full \$130 allowance  Covered in full Covered in full	\$40 allowance  \$40 allowance \$60 allowance \$80 allowance \$80 allowance  \$45 allowance \$45 allowance  Up to \$125 Up to \$210
<b>FREQUENCY</b> Eye Exam Lenses Frames Contact Lenses		12 months 12 months 24 months 12 months

The Health+ vision plan utilizes the UnitedHealthcare Vision network. Participating physician information can be obtained via [myuhcvision.com](http://myuhcvision.com).

United Healthcare Vision has partnered with the Laser Vision Network of America (LVNA) to offer members access to discounted laser correction providers. Call 1-877-28-SIGHT.