

# Vision Plans

Eye care coverage is available to all eligible employees of Inspira Health. Two vision plan options are outlined on the following pages; you may elect only one.

## Option 1: UnitedHealthcare Vision Plan

The UnitedHealthcare Vision Plan provides you with access to affordable, quality vision care coverage. Through UnitedHealthcare's provider network, you are able to receive a complete eye examination and materials. This plan allows you to obtain services and products every 12 months based on the last date of service.



### Using Your UnitedHealthcare Vision Benefits

UnitedHealthcare's network of providers includes private doctors and retail optical providers. To locate a provider near you, visit [www.myuhcvision.com](http://www.myuhcvision.com) or call UnitedHealthcare at 1-800-839-3242.

**You will not be issued an ID card when you enroll in this plan.** Simply identify yourself as a UnitedHealthcare participant to your provider with your Alternate ID or your Social Security number. Dependents are identified by the employee's Alternate ID or Social Security number and date of birth.

If you choose, you may also download an ID card from [www.myuhcvision.com](http://www.myuhcvision.com) to bring to your provider.

If you visit an out-of-network provider, you will need to send your itemized receipts, along with the plan participant's Alternate ID and date of birth, to:

**UnitedHealthcare**  
c/o Claims Department  
P.O. Box 30978  
Salt Lake City, UT 84130.  
You may also fax claims to UnitedHealthcare at 1-248-733-6060.

Benefit	In-Network	Out-of-Network
<b>Service Intervals</b>		
Exam		12 months
Lenses		12 months
Frames		12 months
Contact Lenses (in lieu of lenses & frames)		12 months
<b>Copayments</b>		
Exams	\$10 copay	None
Materials	\$25 copay	None
Eye Exam Reimbursement	Covered in full after copay	Up to \$40

#### Lenses and Frames<sup>1,2</sup> (per pair)

Single		Up to \$40
Bifocal	Covered in full after copay	Up to \$60
Trifocal		Up to \$80
Lenticular		Up to \$80
Frames <sup>1</sup>	Covered in full after copay	Up to \$45

#### Contact Lenses (in lieu of lenses & frames)

Necessary	Covered in full after copay	Up to \$210
Elective <sup>3</sup>	Covered in full after copay (up to 6 boxes for disposable)	Up to \$150

<sup>1</sup> Plan has an in-network materials copay of \$25 that applies to lenses and frames or contact lenses. This is a total copay.

<sup>2</sup> UnitedHealthcare Vision provides a discounted cost, reflected in a set price, on the most popular lens options (i.e., coatings, progressives, tints, etc.). Most of the lens options are offered at 20% off of the retail cost.

<sup>3</sup> Selection Contact Lenses on the formulary list at [myuhcvision.com](http://myuhcvision.com) are covered in full (i.e., in-network.) Non-Selection Lenses that are not on the list are covered up to \$150 (i.e., out-of-network).