



Vision insurance

Vision plan benefits Small business overview.



UnitedHealthcare makes it easier for small businesses to offer a vision plan to their employees.

We offer a variety of coverage options and funding arrangements, including voluntary plans, that allow you to provide comprehensive vision benefits to your employees at little or no cost to you.

Why is this important? While regular eye exams can determine if vision correction is necessary, they may also detect early warning signs of systemic diseases such as type 2 diabetes, hypertension, high cholesterol and vascular disease, making them an important part of preventive care. Add to that the statistic that more than 75% of adults in the United States need prescription lenses, and the benefits of offering a vision plan become clear.¹

No matter the size of your business, vision care can be an integral part of your employees' overall health coverage. Vision benefits from UnitedHealthcare let you:

- Select the flexible plan option that delivers the right combination of affordability for your employees and your bottom line
- Access a large network of eye health providers from across the country
- Offer your employees the freedom to choose their treatment options and eyewear all at considerable savings

One company. One vision. Many benefits.

Vision plans may be offered as a stand-alone product or combined with a medical plan. If medical and vision plans are sold together, you will enjoy simplified administration with one bill, one application and one eligibility file. You will also experience the efficiency of using combined administrative capabilities through Employer eServices,[®] which allows simultaneous eligibility updates and consolidated online billing and payment. Voluntary vision plans require only two eligible employees with one enrollee.

The average annual out-of-pocket cost without a vision plan is \$493.

With a vision plan, your employees may receive²:

- An annual vision exam with low copay options
- Coverage for frames and lenses (after copay)
- Coverage for contact lenses (instead of eyeglasses) with up to two follow-up visits covered by the plan (after copay)
- Large network of both private practice and retail providers nationwide
- Discounts on any additional pairs of eyeglasses
- Access to discounts on laser vision correction
- Preferred pricing on premium hearing aids
- Easy access to the plan at www.myuhcvision.com

					Vision	
UnitedHealthcare's vision program for groups of 2–50 (sample plans)						
Plan	Vision exam copay	Materials copay	Frequencies			
1	\$10	\$10	Exam – Once every 12 months Lenses – Once every 12 months Frames – Once every 12 months Frames – Once every 12 months			
2	\$10	\$25	Exam – Once every 12 months Lenses – Once every 12 months Frames – Once every 12 months			
3	\$10	\$10	Exam – Once every 12 months Lenses – Once every 12 months Frames – Once every 24 months			
4	\$10	\$25	Exam – Once every 12 months Lenses – Once every 12 months Frames – Once every 24 months			
All plans						
Pair of lenses (for spectacles)		Standard lined trifocal tints, may be availab			ding progressive lenses and at a discount. Standard ing is covered in full.	
Frames*		Members receive a retail frame allowance toward the purchase of any frame from an in-network provider. For frames that cost more than the frame allowance, you may receive an additional 30% discount, available at participating providers. Retail frame allowance options (depending on plan chosen): • \$100 retail frame allowance • \$130 retail frame allowance • \$150 retail frame allowance				
Contact lenses		The fitting/evaluation fees, contacts (including disposables), and up to two follow-up visits are covered in full (after applicable copay) for our covered-in-full selection of contact lenses, which include many of the most popular brands on the market. If covered disposable contact lenses are chosen, up to four boxes (depending on prescription) are included when obtained from a network provider. An allowance (depending on the plan chosen) is applied toward the fitting/evaluation fees and purchase of contact lenses outside our covered-in-full contact lens selection (in this case, the materials copay does not apply). Toric, gas permeable and bifocal contacts are all examples of contacts that are outside of our covered-in-full selection. Contact lens allowance options (depending on plan chosen): • \$105 allowance • \$125 allowance • \$150 allowance Medically necessary contact lenses are covered in full (after applicable copay). Members receive an additional discount off Vision Direct's already low prices when accessed from www.myuhcvision.com .				

Out-of-network provider benefits.

When members visit a provider outside of our network, they will be reimbursed up to the out-of-network maximums:

Service	Reimbursement		
Exam	Up to \$40		
Single vision lenses	Up to \$40		
Bifocal lenses	Up to \$60		
Trifocal lenses	Up to \$80		
Lenticular lenses	Up to \$80		
Frames	Up to \$45		
Elective contacts	Up to \$105		
Necessary contacts	Up to \$210		

Access to discounted laser vision correction.

Members get access to discounted laser vision correction procedures. Members can choose a credentialed surgeon from Laser Vision Network of America's (LVNA) nationwide network of more than 500 laser vision correction surgeons.

Packaged Savings[®] program.

When looking at purchasing vision (or other specialty products) in addition to your UnitedHealthcare medical benefit plan, ask your broker or UnitedHealthcare sales representative about our Packaged Savings program.



Get a quote today.

Contact your broker or UnitedHealthcare representative.



*Frame discounts do not apply when prohibited by frame manufacturer.

¹According to the Vision Council of America, approximately 75% of adults use some sort of vision correction.

²For specifics on what your employees will pay for their plan refer to your benefit summary.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13.TX and associated COC form number VCOC.INT.06. TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA.

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