

## Lakeville School District Cooks and Custodians

### SET/UnitedHealthcare Vision Platinum Plan Benefits-at-a-Glance

This is intended to be an-easy-to-read summary. The group policy is the governing document.

Basic Benefits	In-Network	Out-of-Network
<b>Eye Examination</b>	100%	up to \$45.00
<b>Single Vision</b>	100%	up to \$56.00
<b>Bifocal</b>	100%	up to \$90.00
<b>Trifocal</b>	100%	up to \$110.00
<b>Lenticular</b>	100%	up to \$138.00
<b>Frames</b>	100%*	up to \$66.00
<b>Elective Contact Lenses</b>		
<b>Covered-in-full contacts</b>	100%	up to \$200.00
<b>All other elective contacts</b>	up to \$200.00	up to \$200.00
<b>Necessary Contact Lenses</b>	100%	up to \$210.00
<p><b>Network Benefits</b> – \$0 Exam and \$0 materials copays and patient options are paid to the network provider by the plan participant. Covered lens options include: Standard progressives, scratch resistant coating, tints and UV. Exams, lenses and frames are covered once every 12 months from last date of service.</p>		
<p><b>Out-of-Network Benefits</b> – The plan participant pays full fee to the provider and UnitedHealthcare Vision (UHCV) reimburses the participant for services rendered up to maximum allowance. There are no copays or deductibles.</p>		
<p>*<b>Frame Benefit</b> –With UHCV’s frame benefit, all frames with a \$50 wholesale cost or less are covered-in-full at private practice providers. For any frame with a wholesale cost greater than \$50 at private practice providers, the participant only pays the difference between the wholesale cost of the frame and the \$50 allowance. Plan participants receive a maximum \$130 frame allowance for frames purchased at retail chain providers.</p>		
<p><b>Contact lenses</b> are provided in lieu of spectacle lenses and frames. UHCV’s contact lens benefit covers in-full (after applicable copay) the fitting/evaluation fees, contacts (disposable contacts/up to 8 boxes, depending on prescription and plan selected), and up to two follow-up visits. A \$200 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside of UHCV’s covered-in-full contacts (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.</p>		
<p><b>Necessary contact lenses</b> are determined at the provider’s discretion for one or more of the following conditions: Following cataract surgery; To correct extreme vision problems that cannot be corrected with spectacle lenses; With certain conditions of anisometropia; With certain conditions of keratoconus.</p>		

Locate a network provider at [www.uhcspecialtybenefits.com](http://www.uhcspecialtybenefits.com)