UnitedHealthcare Vision Plan

The UnitedHealthcare Vision Plan provides access to both private practice and retail chain providers that provide quality eye care and materials. This plan is designed to provide regular eye examinations and benefits toward vision care expenses, including glasses or contact lenses.

UnitedHealthcare Vision Plan

The Plan offers in-network and out-of-network benefits. When using a participating network provider, you pay a modest copayment for exam and materials as shown in the Schedule of Benefits. The out-of-network benefit allows you to select any licensed non-network provider. As the plan participant, when visiting a non-network provider, you pay the full fee to the provider and UnitedHealthcare Vision will reimburse you for services rendered up to the maximum allowance. There are no copays or deductibles when using an out-of-network provider.

As part of your package you are entitled to receive frames. Frames are covered in full if services are rendered in-network after paying a $10 copayment. For out-of-network, we will reimburse up to $45. The in-network contact lens benefit is covered in full after paying a $10 copayment which includes the fitting/evaluation fees and up to two follow-up visits for covered contacts. For non-covered contacts, there is a $105 allowance applied toward the purchase of the contacts. Under the out-of-network contact lens benefit, we will reimburse up to $105 less any fitting/evaluation fee.

If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern.

>> Benefit Eligibility Note:

- **All M-DCPS groups are eligible to enroll in the UnitedHealthcare Vision Plan offered by the School Board.**
- **Current COBRA Participants may only continue to enroll in the UnitedHealthcare Vision plan if you were previously enrolled.**
- **See eligibility section for more details.**

UnitedHealthcare Vision Plan

Schedule of Benefits

Covered services*	In-Network	Out-of-Network
One-Time Copayment (Applies to frames and/or lenses, contact lens fitting and follow up)	$10	N/A
Vision Exam (once every calendar year)	Paid in full	up to $40
Single Lenses (once every calendar year)	Paid in full**	up to $40
Bifocal Lenses (once every calendar year)	Paid in full**	up to $60
Trifocal Lenses (once every calendar year)	Paid in full**	up to $80
Frames	Paid in full Private Practice: Private Practice: 100% coverage after $10 copay ($130 allowance) Retail Chain: 100% coverage after $10 copay ($130 allowance)	up to $45
Frequency	Once every calendar year	Once every calendar year
Contact lenses (in lieu of frames and lenses)		
Elected by Insured	Paid in full or up to $105 allowance, after $10 copay	up to $105
Medically Necessary	Paid in full or up to $175 allowance, after $10 copay	up to $175

Mail Order Contact Replacement	10% provider discount
Optional Services at Additional Costs (for Panel Plan only)	
	You Pay
Solid Tint	$14
Gradient Tint	$14
Ultra Violet Coating (Glass and Plastic)	$16
Standard Scratch Resistance Coating	$0
Standard Anti-Reflection Coating	$40
Glass Photochromic	
Single Vision and Multifocal	$67

* During any plan year, you may elect either the frames and/or lenses covered service or the contact lenses allowance, but not both.

**Single vision, lined bifocal or lined trifocal are paid in full, after $10 copay.

If there are any differences in this document and the Group Policy, the Group Policy is the governing document. Please consult the applicable policy/certificate of coverage for the full description of benefits, including exclusions and limitations.

Any copayment or out-of-pocket cost may be reimbursed through your Medical Expense FSA.
See the FSA section for a partial list of eligible expenses or visit TASC's website at www.tasconline.com for the full version of eligible expenses.

UnitedHealthcare Vision Plan

Notes on the UnitedHealthcare Vision In-Network:

1. The eye exam, contact lenses (new or replacement), or lenses are provided once every calendar year regardless of prescription change. Frames are provided once every calendar year.
2. Your out-of-pocket cost for the service rendered is paid by you upon receipt of services. Oversize lenses, tinted lenses, sunglasses, and nonstandard and photochromatic lenses may be purchased with an additional charge. Contact lenses are in lieu of frames and lenses.
3. There is no annual deductible with this plan.

How to use the UnitedHealthcare Vision In-Network Plan Benefits:

Using a Panel Eye Doctor

1. A list of participating optometrists and ophthalmologists can be accessed through **www.dadeschools.net.** Benefits listed are valid at all participating eye doctors.
2. Identification cards are not needed. Your eligibility for service is verified by identifying yourself as a UnitedHealthcare Vision Plan participant when you make an appointment with a participating eye doctor.
3. Ther eye doctor's office will handle all claim forms.

Notes on the UnitedHealthcare Vision Out-of-Network Plan:

1. You are responsible for payment of the entire fee. There will be a one-time reimbursement by the UnitedHealthcare Vision Plan up to the amounts listed on Page 74.
2. The vision exam is provided once every calendar year, with a maximum $40 reimbursement.
3. Lenses are provided once every calendar year, if needed, as determined by your optometrist or ophthalmologist.
4. Frames are provided once every 12 months, if needed. Frames are limited to a maximum $45 benefit.
5. Contact lenses will be provided once every 12 months under the plan, if needed, as determined by your optometrist or ophthalmologist. Payment will be made for only one pair of lenses, either single, bifocal, trifocal, or contacts during the calendar year. No frame or lens benefits are available during the calendar year that contact lenses are elected.

How to use the UnitedHealthcare Vision Out-of-Network Plan Benefits:

1. UnitedHealthcare Vision Out-of-Network vision benefits are valid at any licensed ophthalmologists , optometrists, optometrist or optician.
2. Vision claim forms will be provided upon request by **UnitedHealthcare Vision at 1.800.638.3120.**

If there are any differences in this document and the Group Policy, the Group Policy is the governing document. Please consult the applicable policy/certificate of coverage for the full description of benefits, including exclusions and limitations.

>> Domestic Partner Eligibility Update:

Employees covering a domestic partner of the same sex and legally married are able to add their eligible domestic partner on a tax free basis with proper documentation (marriage certificate)!

Any copayment or out-of-pocket cost may be reimbursed through your Medical Expense FSA.
See the FSA section for a partial list of eligible expenses or visit TASC's website at www.tasconline.com for the full version of eligible expenses.

UnitedHealthcare Vision Plan

Plan Provider:

UnitedHealthcare vision coverage is provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut. Administrative services are provided by Spectera, Inc., UnitedHealthCare Services, Inc. or their affiliates.

To access the provider directory, log on to www.dadeschools.net or contact UnitedHealthcare at 1.800.638.3120.