

UnitedHealthcare Vision Plan



Vision Plan General Exclusions

The following Services and materials are excluded from Coverage under the Policy:

- A. Non-prescription items (e.g. Plano lenses) other than those listed in the Schedule(s) of Covered Vision Services.
- B. Services that the Covered Person, without cost, obtains from any governmental organization or program.
- C. Services for which the Covered Person has been paid under Workers' Compensation Law, or other similar employer liability law.
- D. Any eye examination required by an employer as a condition of employment, by virtue of a labor agreement, a government body, or agency.
- E. Medical or surgical treatment for eye disease, which requires the services of a Physician.
- F. Replacement or repair of lenses and/or frames that have been lost or broken.
- G. Optional Lens Extras not listed in the Schedule(s) of Covered Vision Services.
- H. Missed appointment charges.
- I. Applicable sales tax charged on Services.
- J. Services that are not specifically covered by the Policy.
- K. Procedures that are considered to be Experimental, Investigational or Unproven. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Coverage if the procedure is considered to be Experimental, Investigational or Unproven in the treatment of that particular condition.
- L. Any Vision Service rendered by the Policyholder.
- M. Intraocular lenses.

>> 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.**

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

