

VISION INSURANCE

Administered by United Healthcare

The City's basic Vision Plan promotes preventive care through regular eye exams. The vision plan includes a routine/basic vision examination yearly and provides coverage for lenses or contacts every year.

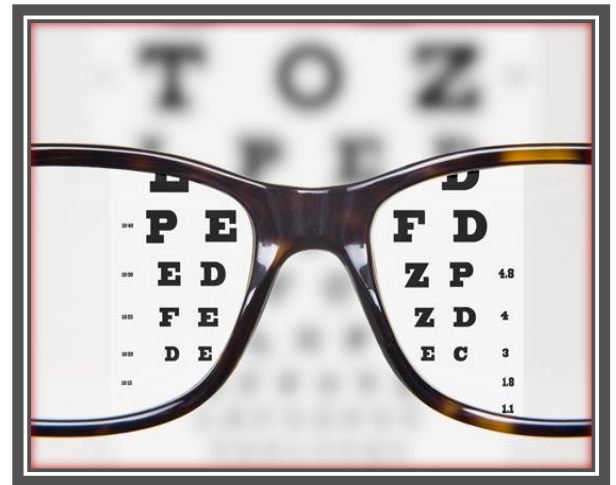
Contact lenses and related professional services (fitting, evaluation, and follow-up) are covered in lieu of eyeglasses. Coverage includes all contact lens types (i.e., standard daily wear, extended wear, disposable, gas permeable, and bifocal).

In-Network Providers

With your vision benefits, choose a provider from the participating provider list. Present your ID card for services at the time of service. Except for any applicable co-payment, do NOT pay your participating provider for services or eye wear covered by your UHC benefit.

Out-of-Network Providers

If you choose a non-participating provider, you will be expected to pay the doctor for services received. You will then need to send the original receipt from your non-participating doctor to UHC for reimbursement. UHC will review your eligibility and send the appropriate reimbursement to you.



UHC VOLUNTARY VISION	2024 Semi-Monthly Rates
Employee Only	\$3.16
Employee + Spouse	\$5.35
Employee + Child(ren)	\$6.33
Employee + Family	\$8.82

	In-Network	Out-of-Network
Eye Exam — Once every 12 months	\$10 copay	up to \$40 reimbursement
Glasses or Contacts once every 12 months		
Eyeglasses	In-Network	Out-of-Network
Single Vision Lenses (per pair)	\$25 copay	up to \$40 Reimbursement
Lined Bifocal Lenses (per pair)	\$25 copay	up to \$60 Reimbursement
Lined Trifocal Lenses (per pair)	\$25 copay	up to \$80 Reimbursement
Frames once every 12 months	\$25 copay & up to \$150 allowance	up to \$45 reimbursement
Contact Lenses	In-Network	Out-of-Network
Evaluation & Fittings	Up to \$60 allowance	N/A
Elective	\$25 copay & up to \$150 allowance	up to \$150 Reimbursement
Medically Necessary	\$25 copay	up to \$210 Reimbursement