## SAMPLE BENEFITS AND COPAYMENTS FOR VISION PLANS

A Complete Description of Benefits is Attached to Application and Instructions

Plan	Vision Plan of America  Click Here	
Provider Finder		
Customer Service	800-400-4872	
Benefit	Member Pays	
Member Services		
Preventive Eye Care Analysis	No Charge	
Cataract Analysis	No Charge	
Frames	25% off Normal Retail Price	
Refraction-Determines Glasses Prescription	\$36	
Lenses (Glass or Plastic)		
Single Vision Lenses	\$42	
Bifocal Lenses	\$55	
Progressive Lenses	\$139	
Lens Extras		
Photoxtra – Single Vision	20% off Normal Retail Price	
Photoxtra - Progressive	20% off Normal Retail Price	
UV Coating	\$10	
Contact Lenses		
Contact Lens Evaluation	25% off Normal Retail Price	
Hard Lenses	\$85	
Soft Lenses (Daily)	\$90 to \$99	
Soft Lenses (Extended Wear	\$90 to \$99	
Premiums(monthly)		
Member	\$11.00	
Member +1	\$12.06	
Member + 2 or more	\$13.17	
Link to Complete Description of Benefits	Click Here for Description of Benefits	
Link to Application and Instructions	Apply Now	

Plan	Unitedhealthcare - SPECTERA Vision	
Provider Finder	Click Here	
Customer Service	800-638-3120	
Benefit	In Network Co-pay (Member Pays)	Out of Network (Plan Reimbursement)
Member Services		
Comprehensive Vision Exam – Optometrist or Ophthalmologist (once every 12 months	Covered once every 12 months after \$15 Co-pay	\$40
Laser Eye Surgery	Discounted rates at network providers	Not Covered
Lenses (Glass or Plastic)		
Single Vision Lenses	Covered once every 12 months	\$40
Bifocal Lenses	After \$30 Co-pay	\$60
Trifocal Lenses		\$80
Frames	Covered once every months after \$30 Co-pay	\$45
Lens Extras		
Photoxtra – Single Vision		
Photoxtra - Progressive	Purchase at Spectera Discount	Not Covered
UV Coating		
Contact Lenses		
Medically Necessary	Spectera Selection 12 pairs of disposables covered	\$210
Elective	every 12 month after \$30 Co-pay	\$105
	Non-Selection - \$105 Allowance	
Premiums(monthly)		
Member	\$	
Member + Spouse	\$25.81	
Member + Child(ren)	\$32.36	
Member + Family	\$32.36	
Link to Complete Description of Paradita	# '= ' )	. 41
Link to Complete Description of Benefits  Link to Application and Instructions	# = ) Apply Now	
Link to Application and instructions	Apply Now	