

# Vision

## District Provided Vision Coverage through UHC Vision

	Participating Provider <sup>1</sup>	Non-Participating Provider <sup>2</sup>
Examination - every 12 months	100% after \$10 co-pay	Up to \$40.00
Lenses - every 12 months	100% <sup>3</sup> \$25 after co-pay	Up to \$40.00
Bifocal Lenses - every 12 months		Up to \$60.00
Trifocal Lenses - every 12 months		Up to \$80.00
Lenticular Lenses - every 12 months		Up to \$80.00
Frame - every 24 months		Up to \$45.00

Contact Lenses, Evaluation, Fitting <sup>4</sup>		
Medically Necessary	100% after \$25 co-pay	Up to \$210.00
Elective: Selection Lenses	100% after \$25 co-pay	Up to \$105.00
Non-Selection Lenses	Up to \$105.00 after co-pay	Up to \$105.00

Laser Eye Surgery – Discounted Laser Eye services available. To find a participating Laser Eye Surgeon in your area, visit the UHC Vision web site at [www.myuhcvision.com](http://www.myuhcvision.com).

For a list of **Member Doctors** see UHC Vision’s web site at [www.myuhcvision.com](http://www.myuhcvision.com).

- <sup>1</sup> Participating Provider (In-Network) – co-payment and patient options are paid to participating provider by plan participant.
- <sup>2</sup> Non-Participating Provider (Out-of- Network) – participant pays full fee to provider and UCH Vision reimburses member for services rendered up to maximum allowance. There are no Co-payments or Deductibles.
- <sup>3</sup> **Selection Frames:** Are covered in full (excluding co-pay). **Non-selection Frames:** The plan participant is given a \$40 allowance towards the *wholesale frame cost* (Retail chains vary). There is no dispensing fee charged to the plan participant.
- <sup>4</sup> Contact lenses are provided in lieu of spectacle lenses and frames. UHC Vision offers a wide variety of contact lenses from many leading manufacturers. Four boxes (12 pairs) of covered disposable contact lenses are included when obtained from a network provider. A \$105 credit will be applied toward the evaluation, fitting, and purchase of non-covered contact lenses one every 12 months.

### Optional Items

Items not covered by co-pays include, but are not limited to, tints, progression lenses, scratch resistance coating, UV and anti-reflective coating. These items are available at a discount from participating providers.

## How to Obtain Benefits

### Member Doctor

Call the Member Doctor's Office prior to your appointment date and identify the participant as a member of the UCH Vision Insurance Company plan with Lewisville ISD. The Member Doctor will verify your eligibility with UHC Vision. You will be responsible for the co-pays listed above and any optional services or materials.

### Non-Member Doctor

Pay for the exam and/or materials and submit the receipt along with an itemized statement to UHC Vision Insurance Company, Inc.