

Vision

UnitedHealthcare is Asbury's Vision administrator. You will receive the maximum level of benefits when you obtain care from an in-network provider.

You may log on to www.myuhcvision.com and print a vision benefit reference card.

VISION COVERAGE - UHC BASIC VISION		
Eye Exams	In Network	Out of Network Reimbursement
Eye Care Wellness - Eye Exam Office Visit	\$10	Up to \$40
MATERIALS		
Lenses		
- Single Vision	\$10	Up to \$40
- Lined Bifocals	\$10	Up to \$60
- Lined Trifocals	\$10	Up to \$80
FRAMES		
Selected Frames	\$130 retail allowance	Up to \$45
CONTACTS		
Elective Contact Lenses (in lieu of lenses and frames)	Formulary disposable contacts: up to 4 boxes. Non Formulary Contacts: \$125 allowance	Up to \$125
Medically Necessary Contacts	Covered in full, after \$10 material copay.	Up to \$210
RETINAL SCREENING		
Retinal screening	\$0 - diabetic members \$39 - non-diabetic members	N/A

VISION COVERAGE - UHC SAFETY EYEWEAR		
	In Network	Out of Network Reimbursement
All covered services in the Basic UHC Vision plan	See chart to the left	
SPECIFICS FOR SAFETY GLASSES		
Materials (single vision, lined bifocal, and lined trifocal polycarbonate)	\$10	Not covered
Frames (with side shields)	\$60 allowance	Not covered

FREQUENCY	
	Covered Time
Eye exams	Once every 12 months
Materials	
Frames	
Contacts	

VISION WEEKLY PREMIUMS		
Coverage Level	Basic	Safety Eyewear
TM Only	\$1.20	\$1.40
TM + Spouse	\$2.22	\$2.42
TM + Child(ren)	\$2.78	\$2.97
Family	\$3.88	\$4.08

RETINAL SCREENINGS

In addition to helping detect diseases early, the images produced during retinal screenings provide a permanent and historical record of changes in your eyes. **The UHC Vision plan covers in-network retinal screenings.** If you have diabetes, you pay \$0. Non-diabetic members pay \$39.



PRESCRIPTION SAFETY GLASSES

If you need to wear prescription safety glasses, be sure to enroll in the UHC Safety Eyewear Vision Plan! Only enrolled team members are eligible for covered safety glasses.

