

Cost-saving illustration – glasses & contact lenses



Exam & glasses received at network private practice provider

Service received	UnitedHealthcare Vision plan	No plan
Routine eye exam*	\$10.00	\$60.00
Material copay	\$25.00	\$0.00
Designer frames (\$47 wholesale cost)**	\$0.00	\$141.00
Single vision lens	\$0.00	\$60.00
Standard scratch-resistant coating	\$0.00	\$27.00
Total due to provider for services	\$35.00	\$288.00
Annual premium***	\$68.80	\$0.00
Total annual out-of-pocket cost	\$138.80	\$288.00

For exam & glasses with optional upgrades received at network retail chain provider

Service received	UnitedHealthcare Vision plan	No plan
Routine eye exam*	\$10.00	\$60.00
Material copay	\$25.00	\$0.00
Designer frames (\$130 retail price at retail provider)**	\$0.00	\$130.00
Progressive lens, basic	\$70.00	\$219.00
Standard anti-reflective coating	\$40.00	\$70.00
Standard scratch-resistant coating	\$0.00	\$27.00
Total due to provider for services	\$145.00	\$506.00
Annual premium***	\$68.80	\$0.00
Total annual out-of-pocket cost	\$213.80	\$506.00

*Routine eye exam with refraction—Our plan cost is a typical copay. Your actual copay may vary from the illustration.

**The frame benefit is based on the wholesale cost at private practice providers and the retail cost at our retail providers to give the best value to our customers. The cost of the frames "without a plan" in the above examples is based on a \$47 wholesale cost marked up three times (for a retail cost of \$141) and a retail price of \$130. Frame mark-up varies by provider. If you select a frame with a higher wholesale/retail cost than your plan allowance, you will only pay the difference (plus any applicable materials copay).

***Annual Premium—based on an employee-only annual premium of \$86, minus the pre-tax savings of 20%. Individual tax savings will depend upon your tax bracket. Annual Premium cost will be prorated and deducted from pay cycle before taxes.

This information is a generalized savings illustration and is not reflective of any specific plan or provider costs. Your plan's premiums and copays may vary from the above example. The charges for services and materials without a plan may vary by provider. In the illustration above, charges for services without a vision plan were derived from internal data provided by our company-owned retail stores and contracted retail chains.

Covered-in-full contact lens benefit at a network retail provider

Service description	UnitedHealthcare Vision plan	No plan
Routine eye exam*	\$10.00	\$60.00
Material copay	\$25.00	\$0.00
Evaluation and fitting fees	\$0.00	\$85.00
Acuvue® 2 contact lenses, (four boxes at \$22 retail each)	\$0.00	\$88.00
Total due to provider for services	\$35.00	\$233.00
Annual premium***	\$68.80	\$0.00
Total annual out-of-pocket cost	\$103.80	\$233.00

Contact lens allowance benefit for lenses outside the covered-in-full selection at a network retail provider

Service description	UnitedHealthcare Vision plan	No plan
Routine eye exam*	\$10.00	\$60.00
Material copay	\$0.00	\$0.00
Evaluation and fitting fees	\$110.00	\$110.00
Acuvue Advance for Astigmatism (four boxes at \$44 retail each)	\$176.00	\$176.00
Contact lens allowance**	-\$150.00	\$0.00
Total due to provider for services	\$146.00	\$346.00
Annual premium***	\$68.80	\$0.00
Total annual out-of-pocket cost	\$214.80	\$346.00

*Routine eye exam with refraction — Our plan cost is a typical copay. Your actual copay may vary from the illustration.

**Contact Lens Allowance may vary by plan.

***Annual Premium — based on an employee-only annual premium of \$88, minus the pre-tax savings of 20%. Individual tax savings will depend upon your tax bracket. Annual Premium cost will be prorated and deducted from pay cycle before taxes.

This information is a generalized savings illustration and is not reflective of any specific plan or provider costs. Your plan's premiums and copays may vary from the above example. The charges for services and materials without a plan may vary by provider. In the illustration above, charges for services without a vision plan were derived from internal data provided by our company-owned retail stores and contracted retail chains.

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