

Vision Plan



The City of Dallas has two Vision Plan options for 2015: the Standard Plan and the Buy-up Plan. Both plans include a comprehensive exam and materials, frames and lenses (including contact lenses). The Buy-up plan includes the following additional lens options: Polycarbonate Lenses and Standard Anti-reflective Coating. Polycarbonate lenses are impact-resistant lenses that are often utilized in children's eyewear. Standard Anti-reflective coating will aid in glare reduction. The Buy-up Plan also includes an out-of-network laser surgery benefit.

Benefit/Service	Standard Plan		Buy-up Plan	
	UHC Network Provider	Out-of-Network Reimbursement ¹	UHC Network Provider	Out-of-Network Reimbursement ¹
Comprehensive Exam (Every 12 months)	\$10 copay	Up to \$40.00	\$10 copay	Up to \$40.00
Materials	\$25 copay	See spectacle lenses and frame benefit below	\$25 copay	See spectacle lenses and frame benefit below
Spectacle lenses* (Every 12 months) Standard Plan: • Standard Scratch-Resistant Coating Buy-up Plan: • Standard Scratch-Resistant Coating • Polycarbonate Lenses • Standard Anti-Reflective	\$25 copay	Single Vision up to \$40.00 Bifocal up to \$60.00 Trifocal up to \$80.00 Lenticular up to \$80.00	\$25 copay	Single Vision up to \$40.00 Bifocal up to \$60.00 Trifocal up to \$80.00 Lenticular up to \$80.00
Frames (Every 24 months)	\$130.00 retail frame allowance	Up to \$45.00	\$130.00 retail frame allowance	Up to \$45.00
Contact Lenses** (every 12 months) • Fitting/evaluation • Contacts • Two follow-up visits (after \$25 copay)	Covered-in-full selection or \$105.00 allowance	Elective up to \$105.00 Necessary up to \$210.00	Covered-in-full selection or \$105.00 allowance	Elective up to \$105.00 Necessary up to \$210.00
Laser Vision***	N/A	N/A	N/A	Lifetime Max Reimbursement of \$500

¹ Out-of-Network Reimbursement: Receipts for service and materials purchased on different dates must be submitted together at the same time to receive reimbursement. Receipt must be submitted within 12 months of date of service to the following address: UHC Vision, ATTN: Claims Dept., P.O. Box 30978, Salt Lake City, UT 84130.

* Benefits available every 12 to 24 months (depending on the benefit frequency), based on last date of service.

** Your \$105 Contact Lens allowance is applied to the fitting/evaluation fees and the purchase of the contact lenses. For example, if the fitting/evaluation fee is \$30, you will have \$75 toward the purchase of contact lenses. The allowance may be separated at some retail chain locations between the examining physician and the optical store. If you choose disposable contacts, you may receive up to four boxes of disposable contacts (depending on prescription). This benefit is covered in lieu of eyeglasses when obtained from a network provider. Toric, gas permeable and bifocal contacts are all examples that are outside our covered-in-full selection.

***UHC has partnered with Laser Vision Network of America (LVNA) to provide members with access to discounted laser correction providers at UHClasik.com or (888) 563-4497.

Bi-Weekly Vision Plan Rates		
Coverage Level	Standard Plan	Buy-up Plan
Employee Only	\$2.40	\$2.88
Employee + Spouse	\$4.38	\$5.26
Employee + Child(ren)	\$4.60	\$5.52
Employee + Family	\$7.07	\$8.51