

UNION HOSPITAL VISION PLAN

Eye Exam

One complete refractory eye examination by ophthalmologists, optometrist, or optician is covered at 100% UCR after \$15 copay once every 12 months.

Eyewear needed more frequently than once every 24 months are the responsibility of the individual.

Eyewear

One set of prescribed lenses with the following maximum dollar allowances are provided for eyewear benefits once every 24 months:

Single vision	\$35
Bifocal	\$55
Trifocal	\$85
Frames	\$55
Contact lenses	\$150
(in lieu of frames and lenses)	

Lenses or Contacts are payable once every 12 months, up to the above maximums.

Not Covered

The vision care plan does not cover eyewear option or extras such as lens coatings, tints, oversize lenses or no-line bifocals. Costs for these and other options or extras are the responsibility of the individual.

12/2016