UNITEDHEALTHCARE VISION PPO

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UnitedHealthcare recognizes how important vision is to a person's overall health. Whether your vision is 20/20 or less than perfect, everyone needs to receive regular vision care. Regular eye exams can detect conditions like glaucoma, diabetes, and other possible causes of blindness in the early stages.

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Rates are for new and renewing groups effective 4/1/2025 — 6/1/2025

PLAN RATES (MONTHLY)

Area of Coverage: Manhattan, Brooklyn, Queens, Staten Island, Bronx, Westchester & Rockland

Employee	\$6.69
Employee/Spouse (DP)	\$12.09
Employee/Child(ren)	\$13.79
Family (DP)	\$19.23

Area of Coverage: Nassau & Suffolk

Employee	\$6.69
Employee/Spouse (DP)	\$12.09
Employee/Child(ren)	\$13.79
Family (DP)	\$19.23

Area of Coverage: Delaware, Ulster, Sullivan, Putnam, Dutchess & Orange

Employee	\$6.69
Employee/Spouse (DP)	\$12.09
Employee/Child(ren)	\$13.79
Family (DP)	\$19.23

- •\$10 copay for an exam every 12 months
- •\$25 copay for lenses & contact lenses every 12 months
- \$25 copay for frames every 12 months; retail allowance In-Network \$130/Out-of-Network \$45
- Spectera Vision Network In-Network; Out-of-Network access as well

Vision coverage can only be elected by a group enrolling in HealthPass medical coverage.

The following billing and administrative fee applies to UnitedHealthcare Vision: \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$2.25, Family \$3.00.

Rates are subject to final verification at the time of enrollment.