

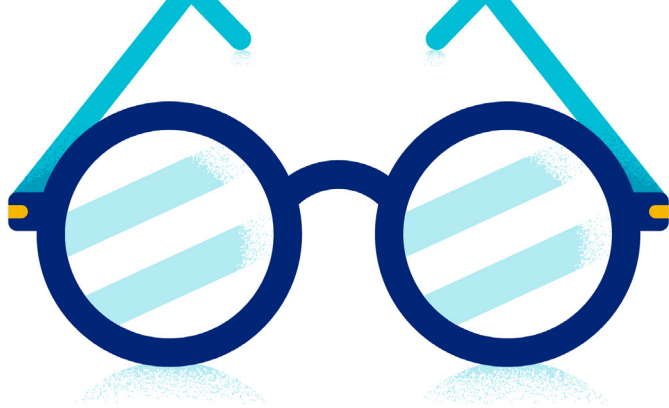
Welcome to your UnitedHealthcare vision plan



Trinity Health members will see substantial value-adds to their vision benefits in 2026, with a money-saving contact lens formulary option, added benefits for those with increased vision care needs — young children and pregnant or breastfeeding women — and more!

	Standard Plan		Enhanced Plan	
Service Frequency	Exam - Once per calendar year Lenses - Once per calendar year Frame - Once per calendar year Contacts* - Once per calendar year		Exam - Once per calendar year Lenses - Once per calendar year Frame - Once per calendar year Contacts* - Once per calendar year	
Second Exam and Materials for Pregnant or Breastfeeding Women and Children (ages 0-19)	Members who have a prescription change of 0.5 diopter or more in a plan year are eligible for a replacement frame and lenses at the same benefit level as the initial frame and lenses. Not applicable for Exam Core or Exam with Discounted Material Plans		Members who have a prescription change of 0.5 diopter or more in a plan year are eligible for a replacement frame and lenses at the same benefit level as the initial frame and lenses. Not applicable for Exam Core or Exam with Discounted Material Plans	
Exam Co-pay	\$10		\$0	
Materials Co-pay	\$0		\$0	
	In Network	Non-Network	In Network	Non-Network
Eye Exam	100%	Up to \$40	100%	Up to \$40
Single Vision Lenses	100%	Up to \$40	100%	Up to \$40
Lined Bifocal Lenses	100%	Up to \$60	100%	Up to \$60
Lined Trifocal Lenses	100%	Up to \$80	100%	Up to \$80
Lenticular	100%	Up to \$80	100%	Up to \$80
Retail Frame Allowance	Up to \$150	Up to \$45	Up to \$150	Up to \$45
Discount on Frame Overage*	30%	N/A	30%	N/A
Retinal Screening				
- For Diabetics	100%	N/A	100%	N/A
- For Non-Diabetics	\$39	N/A	\$39	N/A
Contact Lens Benefit – members choose one of the following options in lieu of eyeglasses:				
- Covered Selection	Up to 6 boxes	N/A	Up to 8 boxes	N/A
Disposable Lenses	\$175	\$175	\$200	\$200
- Medically Necessary	100%	100%	100%	100%

*In lieu of eyeglasses.



Lens Options Price Protection

The list below outlines the maximum out of pocket charge a member may pay for non-covered lens options at participating network providers.

	Standard Plan	Enhanced Plan
Standard Scratch Warranty	\$10	\$10
Tint	\$14	\$14
UV Coating	\$16	\$0
Photochromic (up to age 19)	\$0	\$0
Tier 1 Anti-Reflective	\$30	\$0
Tier 2 Anti-Reflective	\$50	\$0
Tier 3 Anti-Reflective	\$75	\$0
Tier 4 Anti-Reflective	\$95	\$0
Roll and Polish Edges	N/A	\$13
Tier 1 Progressive	\$55	\$0
Tier 2 Progressive	\$100	\$0
Tier 3 Progressive	\$150	\$0
Tier 4 Progressive	\$200	\$0
Tier 5 Progressive	250	\$0
High Index < 1.66	\$53	\$53
High Index 1.66 - 1.73	\$63	\$63
Polycarbonate	\$0	\$0



This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of coverage, contact UnitedHealthcare Insurance Company. UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. The contracting entity for Spectera Eyecare Networks is Spectera, Inc. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13. TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA.