

UPMC Vision Care

Administered by National Vision Administrators (NVA)

Prime Plus with Copay

	In-Network ¹	Out-of-Network ²	Frequency ³	
			Employee/ Spouse/Adult Dependents	Children Through Age 18
Benefit				
Copayment (applies to vision exam)	\$15	\$30	12 months	12 months
Examination	Covered at 100%			
Lenses (for glasses) – Standard glass or plastic. Out-of-Network amount reflects the total amount reimbursed for Covered Services.				
Single	Covered at 100%	\$25	12 months	12 months
Bifocal	Covered at 100%	\$35	12 months	12 months
Trifocal	Covered at 100%	\$45	12 months	12 months
Polycarbonate (up to age 19)	Included	Not Covered	Not Covered	12 months
Tint	Covered at 100%	Not Covered	12 months	12 months
UV Coating	Covered at 100%	Not Covered	12 months	12 months
Scratch Coating	Covered at 100%	Not Covered	12 months	12 months
Standard Progressive (Tier 1)	Covered at 100%	Not Covered	12 months	12 months
Frames - Frame reimbursement is based on retail value. Any remainder above the Member's frame allowance is to be charged to the Member, minus a 30% discount, and can be collected at the time of service when a Participating Vision Provider is used. Discount does not apply at Retail Locations for certain proprietary frame brands or when services are received from an Out-of-Network vision provider.				
Frames	\$100	\$30	12 months	12 months
Contact Lenses (in lieu of glasses) – Contact lens reimbursement is based on retail value. The following discounts apply when a Participating Vision Provider is used for any balance exceeding the plan allowance: 15% for conventional; 10% for disposable. Contact lens fitting and follow-up reimbursement is separate from contact lens material. Discount does not apply at Retail Locations or Contact Fill.				
Standard / Extended Contact Lens Fitting and Follow Up	Covered at 100%	\$20-Daily Wear \$30-Extended Wear	12 months	12 months
Specialty Contact Lens Fitting and Follow Up ⁴	Covered up to \$50	Up to \$50	12 months	12 months
Contact Lens Material	\$100	\$30	12 months	12 months
Medically Necessary Contact Lenses ⁵	Covered at 100%	\$200	12 months	12 months

For further lens selections, refer to the Additional Lens Options Covered by Your Plan document.

¹In-Network Vision Providers may also include Participating Vision Providers who choose to use an Out-of-Network lab.

²Out-of-Network reimbursement is based on Usual, Customary, and Reasonable as determined by UPMC Vision Care. Nonparticipating Vision Provider may bill the Member the difference between the Provider's billed charges and the plan allowance.

³Frequency is based on the Member's last date of service.

⁴For specialty contact lens evaluation, the Provider may bill the Member the difference between the Provider's billed charges and the plan/Member's allowance. Participating Vision Provider cannot balance bill for standard lens evaluation when received In-Network.

⁵Prior Authorization required from NVA.

	Additional Discounted Services Included
NVA EYEESSENTIAL [®] PLAN*	The NVA EYEESSENTIAL [®] Plan is an additional benefit available to all UPMC Vision Care Members once the benefits as described in this Schedule of Benefits has been exhausted for the term. Benefit frequencies are unlimited, excluding examination. For more information, see the Plan document in your enrollment materials or on MyHealth Online. To see if your vision provider is participating visit www.upmchealthplan.com and Select Find Care.
Mail-Order Contact Lens Replacement Program	For more information on this program, call Contact Fill at 1-866-234-1393 or visit www.contactfill.com .
Lasik Surgery	UPMC Vision Care participants are also eligible for discounts on LASIK surgery when received at one of the following preferred providers: UPMC Eye Center, TLC Vision, QualSight, or LCA.

*Not all Participating Vision Providers participate in the NVA EYEESSENTIAL[®] network

IMPORTANT : IF MEMBERS CHOOSE EXTRA OPTIONS, THEY ARE RESPONSIBLE FOR THE ADDITIONAL COST OF THE OPTIONS PAID DIRECTLY TO THE PROVIDER.

This Vision Schedule of Benefits may expand or restrict the benefits set forth in your UPMC Vision Care Certificate of Insurance. See the UPMC Vision Care Certificate of Insurance for the details of the terms of coverage for your health benefit plan. In the event that the terms of your UPMC Vision Care Certificate of Insurance conflict with this Vision Schedule of Benefits the terms of this Vision Schedule of Benefits control.

Pediatric Vision Services (if applicable) are covered as required under the Affordable Care Act (ACA) for Members enrolled in ACA-compliant group plans. Find eligibility and benefit details in your Pediatric Vision Certificate of Insurance and Pediatric Vision Schedule of Benefits at MyHealth OnLine or call Member Services.

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Additional Lens Options Covered by Your Plan

Lens Options	Fixed Fee
Progressives (add to bifocal base)	
Progressives – Tier 1	\$60
Progressives – Tier 2	\$90
Progressives – Tier 3	\$110
Progressives – Tier 4	\$125
Progressives – Tier 5	\$145
Progressives – Tier 6	\$170
Progressives – Tier 7	\$190
Materials	
High Index Plastic 1.53-1.60/Trivex	\$50
High Index Plastic 1.66/1.67	\$71
High Index Plastic 1.70 and above	\$80
Polycarbonate (Adults)	\$30
Aspheric	
Aspheric (Plastic/Poly) SV	\$30
Aspheric (Plastic/Poly) MF	\$35
Anti-Reflective Coating	
Anti-Reflective Coating – Tier 1	\$45
Anti-Reflective Coating – Tier 2	\$65
Anti-Reflective Coating – Tier 3	\$85
Anti-Reflective Coating – Tier 4	\$110
Polarized	
Polarized – Tier 1	\$70
Polarized – Tier 2	\$80
Polarized – Tier 3	\$110
Polarized – Tier 4	\$125
Polarized – Tier 5	\$150
Polarized – Tier 6	\$175
Photochromics	
Transitions VII	\$75
Transitions VII MF	\$90
Transitions XTRActive	\$110
Transitions Vantage	\$125

Lens Options	Fixed Fee
Near Variable Lenses	
Essilor Computer MF	\$65
Specialty and Digital Single Vision	
Digital SV Tier 1	\$100
Digital SV Tier 2	\$145
Other Lens Treatments and Services	
Mirror – Solid and Single Gradient	\$60
Mirror – Double Gradient	\$70
Overpower (+6.00D or 3.00D Cylinder, per Lens)	Included
Add Power over 4.00D	Included
Prism over Range (over 3D per Eye)	Included
Press on Prism	\$30
Double Facetting	\$70
Facetted Lenses (includes Polish)	\$55
Slab Off	\$100
Rimless Drill	\$20
Groove Rimless	Included
Center Thickness Below 1.5	\$16.50
Plastic Dyes – Solid	\$8
Plastic Dyes – Single Gradient	\$10
Plastic Dyes – Double/Triple Gradient	\$20
UV Protection	\$20
UV Protection – Backside (Add on to Front Side UV)	\$15
Scratch Resistant – Standard	\$15
Scratch Resistant TD2	\$30
Scratch Resistant w/Optifog Technology	\$55
Edge Polish, Roll Edge, Roll & Polish	\$20
Edge Coating	\$30

Members receive a twenty (20%) percent discount on lens options not included in the schedule above. Fixed prices/discounts do not apply at Retail Locations. Discounts are not insured benefits. In certain states, Members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers.

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NVA EYEESSENTIAL® Plan

UPMC Vision Care introduces the NVA EYEESSENTIAL® Plan discount – an additional low-cost, Member-friendly vision benefit that includes significant discounts on materials through participating NVA network providers. Not all Participating Vision Providers participate in the NVA EYEESSENTIAL® discount plan network. We encourage you to verify your provider’s participation in this network prior to receiving services. To see if your vision provider is participating visit www.upmchealthplan.com.

- After enrolled Members have exhausted their benefits as described on the first page in this Schedule of Benefits, they are eligible to access the NVA EYEESSENTIAL® Plan discount on additional purchases during the Benefit Period.

Please Note: The NVA EYEESSENTIAL® Plan is an in-network benefit only. Benefit frequency is unlimited, except for vision exams. The NVA EYEESSENTIAL® Plan discount program prices do not apply at retail locations. In certain states, Members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers. To see if your vision provider is participating in the NVA EYEESSENTIAL® Plan visit www.upmchealthplan.com.

Service or Material	Member Cost
Comprehensive Vision Examination (Including Dilation as Professionally Indicated) Once Every 12 Months	\$10.00 discount
Lenses – Standard Glass or Plastic	
Single	\$35.00
Bifocal	\$55.00
Trifocal	\$70.00
Lenticular	\$70.00
Lens Options	
UV Coating	\$12.00
Tint (Solid and Gradient)	\$12.00
Scratch-Resistant Coating (Standard)	\$15.00
Polycarbonate (Standard)	\$35.00
Anti-Reflective Coating (Standard)	\$45.00
Polarized	\$75.00
Transitions (Standard)	Single Vision - \$65.00 Bifocal and Trifocal - \$70.00
Progressives (Standard)	\$50 + Bifocal/Trifocal Charge ¹
Other Add-On Services	20% Off Retail
Frames	
Frames ²	35% Off Retail
Contact Lenses – Discount does not apply at Contact Fill. Discounts do not apply to certain brands of contact lenses.	
Conventional	15% Off Retail
Disposable	10% Off Retail
Fitting and Follow-Up	10% Off Retail

¹Progressive (Standard) – Progressive lens copayment is based on the base cost of the lens plus additional copayments. Member cost is the total of \$50 plus the cost of bifocal or trifocal lens, depending on the lens type prescribed.

²Any eligible frame at a Participating Vision Provider’s location.

Nondiscrimination Notice

UPMC Health Plan¹, on behalf of itself and its affiliates, complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

UPMC Health Plan provides free aids and services to people with disabilities so they can communicate effectively with us. Aids and services may include:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

UPMC Health Plan provides free language services to people whose primary language is not English. Language services may include:

- Qualified interpreters.
- Information written in other languages.

If you need these services, contact the Member Services phone number listed on the back of your member ID card.

If you believe that UPMC Health Plan has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a complaint with:

Complaints and Grievances
PO Box 2939
Pittsburgh, PA 15230-2939

Phone: 1-844-755-5611 (TTY: 711)

Fax: 1-412-454-5964

Email: HealthPlanCompliance@upmc.edu

You can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019. TTY/TDD users should call 1-800-537-7697.

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

¹UPMC Health Plan is the marketing name used to refer to the following companies, which are licensed to issue individual and group health insurance products or which provide third party administration services for group health plans: UPMC Health Network Inc., UPMC Health Options Inc., UPMC Health Coverage Inc., UPMC Health Plan Inc., UPMC Health Benefits Inc., UPMC *for You* Inc., Community Care Behavioral Health Organization, and/or UPMC Benefit Management Services Inc.

Translation Services

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-869-7228 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-869-7228 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-869-7228 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-869-7228 (телетайп: 711).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff. Call 1-855-869-7228 (TTY: 711).

주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . 1-855-869-7228 (TTY: 711) 번으로 전화해 주십시오 .

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-869-7228 (TTY: 711).

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-869-7228 (رقم هاتف الصم والبكم: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-869-7228 (ATS: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-869-7228 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-869-7228 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-869-7228 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-869-7228 (TTY: 711).

សម្គាល់: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ យើងមានផ្តល់សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខ 1-855-869-7228 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-869-7228 (TTY: 711).