Welcome to Your Vision Plan

Vision Benefit Overview
November 8, 2023

COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

United Healthcare

20-409451 EI20445667

Columbia University UHC Vision Plan for 2024

- **Basic Vision Plan**

  Columbia University includes Basic UHC Vision benefit coverage under the medical plan for no additional cost.

  -Choice Plus 80/90/100
  -Choice Plus In-Network Only
  -High Deductible Health Plan

- **Optional Vision Plan**

  For enhanced vision benefits all Columbia University employees are eligible to purchase the Optional UHC Vision Plan.

  - Plan replaces basic vision coverage for those enrolled in a medical plan.

  - You do not have to be enrolled in a medical plan to purchase this coverage.

Choice Plus 80/90/100 In & Out of Network – Vision Plan

Choice Plus - Adults
Benefits Available In or Out of Network

Frequency:
Routine Eye Exam once every 12 Months
Eyeglass Lenses once every 24 Months
Contact Lenses (in lieu of eyeglass lenses) once every 24 Months
Frames once every 24 Months

Copay:
$10 Exam Copay
$0 Material Copay

Routine Eye Exam covered 100% In or Out of Network
Single Vision lenses $20 allowance In or Out of Network
Lined Bifocal lenses $30 allowance In or Out of Network
Lined Trifocal lenses $40 allowance In or Out of Network
Lenticular lenses $75 allowance In or Out of Network
Frame $30 allowance In or Out of Network

Elective Contact Lenses $75 allowance In or Out of Network
Medically Necessary Contact Lenses covered 100% In or Out of Network

Choice Plus – Children up to Age 19
Benefits Available In or Out of Network

Frequency:
Routine Eye Exam once every 12 months
Eyeglass Lenses once every 12 months
Contact Lenses (in lieu of eyeglass lenses) once every 12 months
Frames once every 12 months

Copay:
$10 Exam Copay
$0 Material Copay

Routine Eye Exam covered 100% In or Out of Network
Single Vision, Lined Bifocal, Lined Trifocal, Lenticular lenses covered 100% In or Out of Network
Frame - Up to $100 allowance, 60% benefit after $100 allowance has been exhausted In or Out of Network

Elective Covered Selection Contacts - Single purchase of a pair of Contact Lenses or 1 box of Contact Lenses per eye (2 boxes total) is covered at 100% (from UHC Vision EHB/Essential Health Benefit Selection List).
Out of Network Elective Contact Lenses covered up to $100 allowance
Medically Necessary Contact Lenses Covered 100% In or Out of Network

Additional (spectacle lenses or contacts) during the year if provider states RX change or if Medically Necessary.

Choice Plus In Network Only – Basic Vision Plan

Choice In Network Only Plan - Adults
Benefits Available In-Network Only

Frequency:
Routine Eye Exam once every 12 months
Eyeglass Lenses once every 24 months
Contact Lenses (in lieu of eyeglass lenses) once every 24 months
Frames once every 24 months

Copay:
$10 Exam Copay
$0 Material Copay

Routine Eye Exam covered at 100%
Single Vision lenses $20 allowance
Lined Bifocal lenses $30 allowance
Lined Trifocal lenses $40 allowance
Lenticular lenses $75 allowance
Frame $30 allowance

Elective Contact Lenses $75 allowance.
Medically Necessary Contact Lenses Covered 100%

Choice In Network Only Plan – Children up to Age 19
Benefits Available In-Network Only

Frequency:
Routine Eye Exam once every 12 months
Eyeglass Lenses once every 12 months
Contact Lenses once every 12 months
Frames once every 12 months

Copay:
$10 Exam Copay
$0 Material Copay

Routine Eye Exam covered 100%
Single Vision, Lined Bifocal, Lined Trifocal, Lenticular lenses covered 100%
Frame Allowance - Up to $100 allowance; 60% benefit after $100 allowance has been exhausted

Elective Covered Selection Contacts - Single purchase of a pair of contact lenses or 1 box of contact lenses per eye is covered at 100% (from UHC Vision EHB/Essential Health Benefit Selection List).
Medically Necessary Contact Lenses Covered 100%

Additional lenses (spectacle or contacts) during the year if provider states RX change or if Medically Necessary.

High Deductible Health Plan In & Out of Network – Basic Vision Plan

High Deductible Plan - Adults **Benefits Available In or Out of Network**	High Deductible Plan – Children up to Age 19 **Benefits Available In or Out of Network**
Frequency: Routine Eye Exam every 12 months, plan pays 90% after medical deductible, coinsurance will apply to member medical deductible In or Out of Network Eyeglass Lenses once every 12 months Contact Lenses (in lieu of eyeglass lenses) once every 12 months Frames once every 12 months **Copay:** $10 Exam Copay $0 Material Copay **Material Allowance:** $100 combined allowance every 12 months for lenses, frames or contact lenses In or Out of Network Medically Necessary Contact Lenses Covered 100% In or Out of Network	**Frequency:** Routine Eye Exam every 12 months, plan pays 90% after medical deductible, coinsurance will apply to member medical deductible In or Out of Network Eyeglass Lenses once every 12 months Contact Lenses (in lieu of eyeglass lenses) once every 12 months Frames once every 12 months **Copay:** $10 Exam Copay Material Copay $75 $75 copay In Network: for one pair of eyeglasses (lenses and frames) OR one pair of elective contact lenses (or 12-month supply) every 12 months (from UHC Vision EHB/Essential Health Benefit Selection List). Out of Network the $75 copay is deducted from charges and member is reimbursed up to $100. OON Lenses/Frames and Contact Lens Allowance: Up to $100, after $75 copay Medically Necessary Contact Lenses Covered 100% In or Out of Network. Additional lenses (spectacle or contacts) available during the year if provider states RX change or if Medically Necessary.

Optional Vision Plan

Optional Voluntary Vision Plan – Adults & Children
Benefits Available In or Out of Network

No medical deductible or coinsurance apply under this Plan

Frequency:
Routine Eye Exam once every 12 months, twice every 12 months for diabetics, twice every 12 months for pregnant/breastfeeding mothers or children ages 0-12 with change in diopter of 0.5+
Eyeglass Lenses once every 12 months
Contact Lenses (instead of eyeglasses) once every 12 months
Frames once every 12 months

Copay:
$10 Exam Copay
$0 Material Copay

Routine Eye Exam covered 100% in network after copay
Single Vision lenses covered 100% in network
Lined Bifocal lenses covered 100% in network
Lined Trifocal lenses covered 100% in network
Lenticular lenses covered 100% in network
Frame allowance of up to $130 in network

Elective Contact Lenses:
Choice of contacts from UHC Formulary Selection – includes up to 4 boxes, includes fitting/evaluation fee & up to 2 follow up visits or a $130 allowance for Non Formulary contacts. The $130 allowance applies toward the purchase price of the contact lenses only.
Medically Necessary Contact Lenses covered 100%

Out of Network Reimbursement Schedule:

Routine Eye Exam up to $40
Frames up to $45
Single Vision Lenses up to $40
Lined Bifocal Lenses up to $60
Lined Trifocal Lenses up to $80
Lenticular Lenses up to $80
Elective Contact Lenses up to $130
Medically Necessary Contact Lenses up to $210

Value of the Optional Vision Plan

- **Routine Eye Exams –** One exam every 12 months with a $10 copay. Enhanced eye exam coverage available for individuals with diabetes, children, and eligible pregnant/breastfeeding women.
- **Lenses –** The Optional Vision covers 100% of the cost for most lenses every 12 months.
- **Frames** – The Optional Vision Plan offers a $130 allowance every 12 months.
- **Contact Lenses** – Up to four (4) boxes from UHC covered formulary contacts, including fitting and evaluation fee; and up to two (2) follow up visits are covered in full. $130 allowance for non-formulary contacts.
- **Expanded Maternity and Pediatric Benefit** – Coverage for a second eye examination/materials each plan year for members who are pregnant, breastfeeding or children ages 0-12 with a change in diopter of 0.5+

Optional Vision Plan Features Not included under the Basic vision plans

Retinal screenings for Diabetics ($0 copay)

Expanded maternity and pediatric benefit - Get coverage for a second eye exam/materials each plan year for members who are pregnant, breastfeeding or children ages 0-12, with a change in diopter of 0.5+

Flexible frame coverage – the $130 frame allowance fully covers many popular frames. For frames that cost more than the allowance a 30% discount may be applied to the overage, which further reduces your out-of-pocket costs

Lens coverage -single vision or lined multifocal lenses covered in full when received from a participating vision provider

Contact Lens Benefit – From UHC Vision Formulary Selection you get up to 4 boxes of contact lenses, your fitting/evaluation and up to 2 follow-up visits covered when services are received at a participating vision provider. Choose from many popular brands.

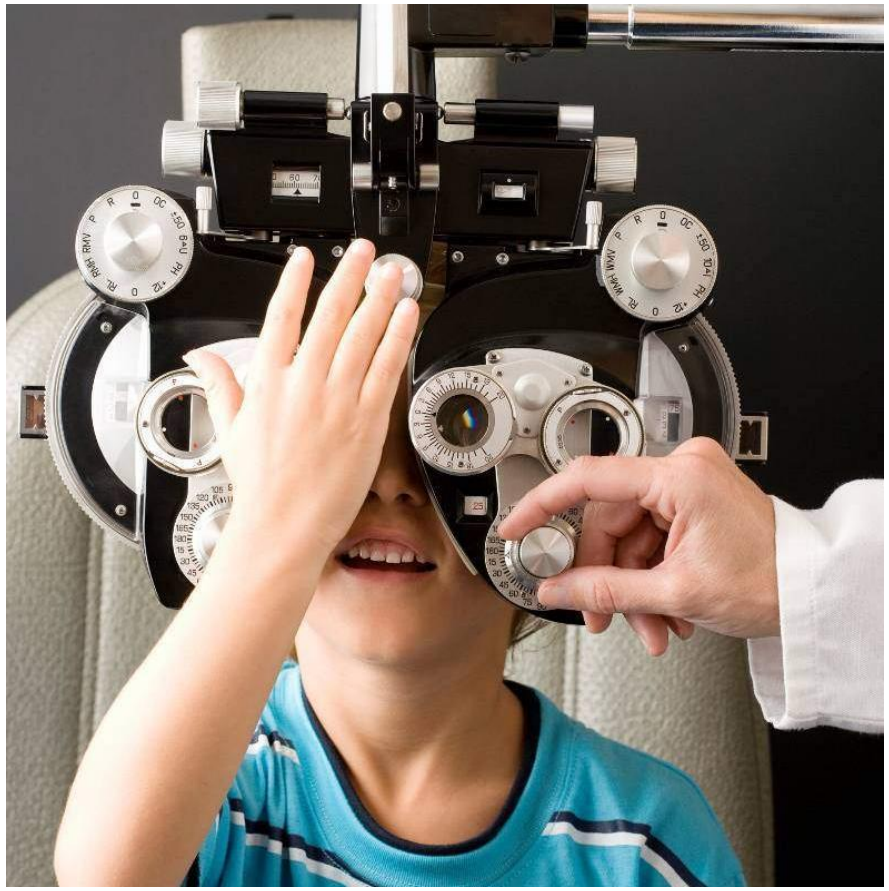
Contact lens allowance – A $130 allowance toward the purchase of any contact lens outside of UHC Vision's Formulary Selection

Popular lens options – Standard scratch resistant coating and polycarbonate lenses of dependent children are available at no additional cost. Other popular lens options are available at a discount

Routine Comprehensive Exam

COMPREHENSIVE EYE EXAMINATION COVERED-IN-FULL (IN NETWORK, AFTER APPLICABLE COPAY) INCLUDES:

1. Case History of Patient
2. Examination for Eye Pathology and Abnormalities
3. Visual Analysis (Refraction)
4. Visual Skill Testing
5. Dilation (as needed)
6. Diagnosis and Treatment



Ophthalmologist vs. Optometrists

Ophthalmologists

- Used to treat a medical condition of the eye such as
  - Pink eye
  - Cataracts
  - Scratched Cornea
- Charges are subject to your medical deductible and coinsurance
- Ophthalmologist are MD's (Medical Doctors)
- UHC Medical Network providers are found at myuhc.com

Optometrists

- Used for a routine eye exam to determine if corrective eyewear is needed (glasses or contacts)
- Used for kids returning to school as required by certain states
- Charges are subject to copays under the vision plan
- Carries and dispenses frames and contacts at their location for purchase
- UHC Vision Network providers can be found at myuhcvision.com

myuhcvision.com VS. myuhc.com Providers

myuhcvision.com providers most utilized by Columbia University members

WARBY PARKER eyewear

LensCrafters

Cohen's Fashion Optical

America's Best Contacts & Eyeglasses

Visionworks

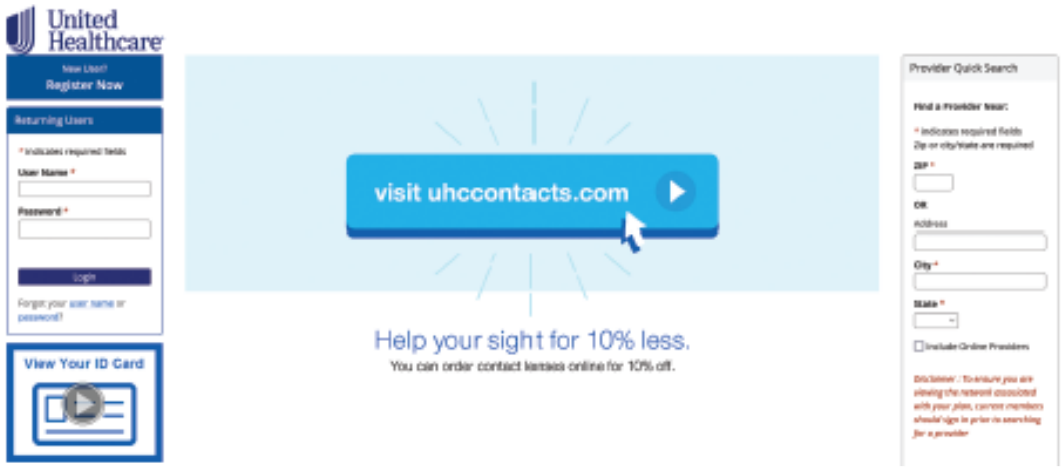
myEyeDr.

- For medical related eye conditions use your UHC medical plan and the UHC medical provider network via myuhc.com
- For a routine eye exam and materials (glasses or contacts) use your UHC vision plan and the UHC vision provider network via myuhcvision.com
- UHC Vision's Provider Network consists of both private practice and optical retail chains
- Columbia University Providers are in the UHC Medical Network – myuhc.com

Myuhcvision.com

Connect to a world of vision care
Visit the myuhcvision.com website to:

- Check when you're eligible for benefits
- Learn how your plan works
- See your copay amounts
- Print your ID card
- View claim status
- Find a network eye doctor to get the most out of your benefits
- Choose from private practices, retail chains, and even glasses and contacts you can buy online
- Find answers to frequently asked questions
- Get discounts on LASIK, extra contact lenses and more



Visit myuhcvision.com. First-time users will have a one-time registration, have your Vision Subscriber ID or the last 4 digits of your Social Security number ready.

Vision ID Benefit Reference Card

- Log on to myuhcvision.com to print a vision ID Benefit Reference Card
- ID cards are not needed to use your vision plan
  - Simply tell the participating UHC Vision provider that you are covered under UHC Vision
  - Provide your name, patient name and date of birth
  - The UHC Vision provider will verify your plan benefits and eligibility prior to your scheduled appointment

To print a personalized ID card, please log on to our website and select 'Group/Plan' then select 'Print ID card' from the member benefits page.