Welcome to Your Vision Plan

Vision Benefit Overview
November 8, 2023
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

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<th>Benefits Available In-Network Only</th>
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## High Deductible Health Plan In & Out of Network – Basic Vision Plan

### High Deductible Plan - Adults

**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

### 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
- 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 EHBEssential 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**

- 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
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.

Vision Benefit Card

COLUMBIA UNIVERSITY

Copays
Exam(s) $10.00
Eyeglasses $ 0.00
Contacts $ 0.00

Powered by UnitedHealthcare Vision Network

myuhcvision.com

Customer Service & Provider Locator:
(800) 638-3120 TDD for Hearing Impaired: (877) 735-2929