



2021-2022 - VISION PLAN

The Elevanta Health vision plan utilizes the UnitedHealthcare Vision network. Participating physician information can be obtained via myuhcvision.com. United Healthcare Vision has partnered with the Laser Vision Network of America (LVNA) to offer members access to discounted laser correction providers. Call 1-877-28-SIGHT.

ELEVANTA HEALTH VISION PLAN		
BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Medical Deductible		
Comprehensive Exam	\$10 copay	n/a
Materials	\$10 copay	n/a
Benefits		
Eye Exam	Covered in full	\$40 allowance
Lenses		
Single Vision	Covered in full	\$40 allowance
Lined Bifocal	Covered in full	\$60 allowance
Lined Trifocal	Covered in full	\$80 allowance
Lenticular	Covered in full	\$80 allowance
Frames		
Frames	Covered in full	\$45 allowance
Retail	\$150 allowance	\$45 allowance
Contact Lenses (in lieu of lenses and frames)		
Covered Selection Contacts	Up to 6 boxes	Up to \$150
Non-Selection Contacts	Up to \$150	Up to \$150
Necessary Contacts	100%	Up to \$210
Frequency		
Eye Exam		12 months
Lenses		12 months
Frames		24 months
Contact Lenses		12 months