



Abel HR Vision

PLAN #	UHC
Description	Vision
In Network Benefits	
Exam Co pay	\$0
Frames	Covered up to \$150
Lenses Single Vision	Covered in full after applicable copay.
Bifocal	
Trifocal	
Contact Lenses	Up to 6 boxes of contact lenses plus the fitting/evaluation fees and up to 2 follow up visits are covered in full after copay.
Out of Network Benefits	
Exam Co pay	\$40
Frames	\$70
Lenses Single Vision	\$40
Bifocal	\$60
Trifocal	\$80
Contact Lenses	\$150
Allocations good through: 10.31.17	
Employee	\$8.79
Employee/Children	\$19.55
Employee/Spouse	\$16.67
Family	\$27.51

