



Abel HR Vision

PLAN	UHC	
	Vision	

In Network Benefits

Exam Co pay Frames	\$0	
	Covered up to \$150	\$0.00 Co Pay
Lenses Single Vision Bifocal Trifocal	Covered in full after applicable copay.	\$0.00 Co Pay
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 Reimbursement

Exam Co pay	Up to \$40
Frames	Up to \$45
Lenses Single Vision	Up to \$40
Bifocal	Up to \$60
Trifocal	Up to \$80
Contact Lenses	Up to \$150

This is a brief description of coverage. Please refer to the United Healthcare Vision Benefit Summary for more detail.