

# UPMC Vision *Advantage*

## Basic Vision PPO (50)

| Benefit                                    | In-Network   | Out-of-Network | Frequency                            |                               |
|--------------------------------------------|--------------|----------------|--------------------------------------|-------------------------------|
|                                            |              |                | Employee/Spouse/<br>Adult Dependents | Children<br>through age<br>18 |
| <b>Copayment</b> (applies to vision exam)  | \$15         | N/A            |                                      |                               |
| <b>Examination</b> (less copayment)        | 100%         | \$30           | 24 months                            | 24 months                     |
| <b>Lenses (for glasses)</b>                |              |                |                                      |                               |
| Single Vision                              | 20% Discount | Not Covered    | Not Covered                          | Not Covered                   |
| Bifocal                                    | 20% Discount | Not Covered    | Not Covered                          | Not Covered                   |
| Trifocal                                   | 20% Discount | Not Covered    | Not Covered                          | Not Covered                   |
| Polycarbonate Lens Material                | 20% Discount | Not Covered    | Not Covered                          | Not Covered                   |
| <b>Frames</b>                              |              |                |                                      |                               |
|                                            | 20% Discount | Not Covered    | Not Covered                          | Not Covered                   |
| <b>Contact Lenses (In Lieu of Glasses)</b> |              |                |                                      |                               |
| Contact Lens Fitting and<br>Follow Up      | Not Covered  | Not Covered    | Not Covered                          | Not Covered                   |
| Contact Lens Material                      | Not Covered  | Not Covered    | Not Covered                          | Not Covered                   |

Out of network reimbursement is based on Usual, Customary, and Reasonable as determined by UPMC Vision *Advantage*.

Members are eligible for a 20% discount on frames and lenses for glasses when received from a participating provider.

**20% Discount does not apply to contact lenses.**

UPMC Vision *Advantage* participants are eligible for discounts on LASIK Surgery when received by one of the following preferred providers: **UPMC Eye Center, TLC Vision, or QualSight.**

*This rider may expand or restrict the benefits set forth in your UPMC Vision Advantage Certificate of Insurance. See the Certificate of Insurance for the details of the terms of coverage for your health benefit plan. In the event that the terms of your Certificate of Insurance conflict with this rider, the terms of this rider control.*

Pediatric Vision Services are covered in compliance with requirements under the Affordable Care Act (ACA) for members of group plans with 50 or fewer employees. Find eligibility and benefit details in your Certificate of Insurance and Pediatric Vision EHB Rider at MyHealth OnLine or call Member Services.