

2021 Vision Plan
Tampa Firefighters' and Police Officers' Employees' Health Plan

United Healthcare	Vision Plan	
	IN NETWORK	OUT OF NETWORK
Benefit Frequency		
Comprehensive Exam		Once every 12 months
Eyeglass Lenses		Once every 12 months
Frames		Once every 12 months
Contact Lenses instead of Eyeglasses		Once every 12 months
Discount for additional pair of glasses or contacts	20%	not applicable
Copayments		
	You Pay	Reimbursement
Routine Exam	0%	up to \$40
Eyeglasses (lenses and frames)	\$15	see below
Contact Lenses instead of Eyeglasses	\$15	see below
Frames Benefit		
	After copay	Reimbursement
Allowance	up to \$150	up to \$45
Discount after allowance	30%	not applicable
Eyeglass Lenses		
	After copay	Reimbursement
Single Standard Scratch-resistant	\$0	up to \$40
Lined Bifocal	\$0	up to \$60
Lined Trifocal	\$0	up to \$80
Polycarbonate for children to age 19	\$0	up to \$40
Polycarbonate for Adults	20% discount	not applicable
Progressive Lenses	20% discount	up to \$60
Other types of lenses not listed	20% discount	not applicable
Contact Lenses		
	After copay	
Disposable Formulary	up to 6 boxes	not applicable
Non-Formulary	up to \$150 allowance	Up to \$150
Medically Necessary	0%	up to \$210
Laser vision		
	After copay	
UnitedHealthcare has partnered with QualSight LASIK, the largest LASIK manager in the United States, to provide our members with access to discounted laser vision correction providers. Member savings represent up to 35% off the national average price of Traditional LASIK. Contracted prices start at \$945 per eye for Traditional LASIK and \$1,395 per eye for Custom LASIK. Discounts are also provided on newer technologies such as Custom Bladeless (all laser) LASIK. For more information, visit myuhcvision.com .		not applicable