



Benefits designed with care

Explore your plan option(s) for:

- Vision



Open Enrollment

November 10, 2021 through December 3, 2021
Bon Secours Charity Health Systems

United
Healthcare

Welcome to what care can do



With UnitedHealthcare, you've got a helping hand. We offer plans that are designed to help you keep costs in check and enjoy a healthier life. Choose a plan that, at the heart of it, works every day to take good care of you.



Access your plan costs and coverage
24/7, to help avoid cost surprises



Use personalized tools to help you understand
and stay on top of your plan details



Enjoy member resources and dedicated
support to help you reach your goals



**Round out your coverage
with a vision plan that's
designed to help keep
your eyes healthier**

Choose a vision plan to help protect your eye health

Healthier eyes help support a healthier body, so it's important to keep up on regular eye exams. You'll see there's lots to love, including:



Eye exams and screenings



Frame allowances



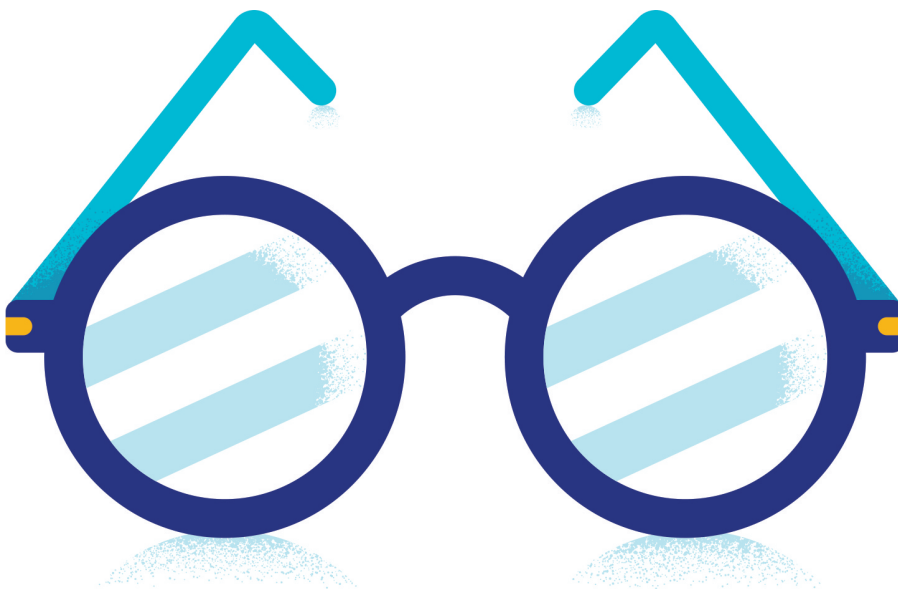
Contact lens benefit



Lens options

There's always a provider in sight

With our large national eye care network, you can take advantage of personalized care from a private practice or convenient retail chain. Search for network vision providers near you at myuhc.com.



You don't need a vision ID card to use your benefits

If you'd like a copy of your member ID card once you've enrolled, you can log in to your member website anytime to print it.



For specific coverage details, flip to the **Benefits Summary** section of this guide.

Vision plan benefits that focus on your needs



UnitedHealthcare Children's Eye Program

Big care for little eyes

Children up to age 13 are covered for a second eye exam each plan year at no additional premium cost. Polycarbonate lenses for children are also available at no additional cost.



Maternity vision benefits

Extra coverage during pregnancy

Pregnant women can have a second eye exam without paying an additional premium. If their prescription changes 0.5 diopter or more in a plan year, a new pair of glasses (frames and lenses) will be covered, too—standard copays apply.



Contact lens benefit

Pay less for your contacts

UnitedHealthcare vision plans offer a selection of popular contact lenses at a discount, including daily, bi-weekly and monthly replacements.



LASIK

Enjoy the freedom of LASIK

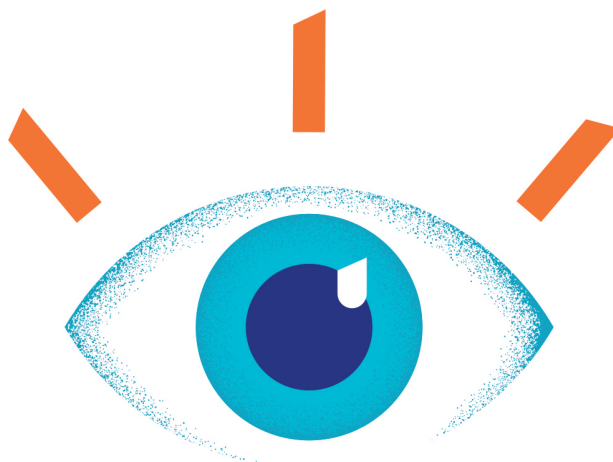
If you're ready to break up with your glasses or contacts, UnitedHealthcare vision plan benefits include a discount of up to 35% on laser vision correction at QualSight® LASIK.



Warby Parker

Vision benefits just got more stylish

You may be eligible to save on Warby Parker eyeglasses or sunglasses, with prescription lenses included. For more info, visit [warbyparker.com/united](https://www.warbyparker.com/united).



Review your vision plan option(s)

Vision plan features	Standard Plan	Enhanced Plan
 Access to a large network of vision providers	✓	✓
 Comprehensive eye exams and services that check for serious medical conditions	✓	✓
 Expanded pediatric vision benefit	✓	✓
 Flexible frame coverage* — The frame allowance fully covers many popular frames. For frames that cost more than the allowance, a discount may be applied to the overage, which further reduces your out-of-pocket costs.	✓	✓
 Contact lens benefit — You get contact lenses, a fitting and up to 2 follow-up visits. Choose from popular brands, including some that may be fully covered after your copay.	✓	✓
 Contact lens allowance	✓	✓
 Popular lens options — Standard scratch coating and polycarbonate lenses for dependent children are available at no additional cost. Other popular lens options may be available at a discount.	✓	✓

*Frame discounts do not apply when prohibited by frame manufacturer.



Benefit summaries



Bon Secours Charity Health

January 1, 2022 -December 31, 2022



Vision Benefit Summary

Customer Service and Provider Locator: (800) 638-3120

myuhcvision.com

UnitedHealthcare vision has been trusted for more than 50 years to deliver affordable, innovative vision care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible, diversified vision care network.

In-network, covered-in-full benefits (up to the plan allowance and after applicable copay) include a comprehensive exam, eyeglasses with standard single vision, lined bifocal, lined trifocal, or lenticular lenses, standard scratch-resistant coating and the frame, or contact lenses in lieu of eyeglasses. Members age 0-12 are eligible for a 2nd exam. Members 0-12 are also eligible for a replacement frame and lenses if they have a prescription change of 0.5 diopter or more. The 2nd exam and replacement benefits are the same as the initial exam, frame and lens benefits.

		Standard Plan Exam with Materials	Enhanced Plan Exam with Materials
Benefit Frequency			
	Comprehensive Exam(s)	Once every Calendar Year(s)	Once every Calendar Year(s)
	Spectacle Lenses	Once every Calendar Year(s)	Once every Calendar Year(s)
	Frames	Once every Two Calendar Year(s)	Once every Calendar Year(s)
	Contact Lenses in Lieu of Eyeglasses	Once every Calendar Year(s)	Once every Calendar Year(s)
In-Network Services			
Copays			
	Exam(s)	\$ 15.00	\$ 10.00
	Materials	\$ 25.00	\$ 25.00
Frame Benefit (for frames that exceed the allowance, an additional 30% discount may be applied to the overage) ¹			
	Private Practice Provider	\$130.00 retail frame allowance	\$130.00 retail frame allowance
	Retail Chain Provider	\$130.00 retail frame allowance	\$130.00 retail frame allowance
Lens Options			
	The Standard plan covers the following lens options in full: Standard Anti-Reflective Coating,Standard Scratch-resistant Coating,Polycarbonate Lenses for Adults, Polycarbonate Lenses for Dependent Children (up to age 19). The Enhanced plan covers the following lens options in full: Tints,Standard Anti-Reflective Coating,Standard Scratch-resistant Coating,Ultraviolet Coating,Standard Progressive Lenses,Deluxe Progressive Lenses,Premium Progressive Lenses,Polycarbonate Lenses for Adults, Polycarbonate Lenses for Dependent Children (up to age 19). Other optional lens upgrades may be offered at a discount. Based on state guidelines, lens upgrades may not be available at the discounted prices at all provider locations. Please ask your provider for details.The Lens Options list can be found at myuhcvision.com.		
Contact Lens Benefit ² (Formulary contact lenses refer to contact lenses available on our formulary contact list. Contact lenses not on this list are referred to as Non-Formulary. A copy of the list can be found at myuhcvision.com).			
	Formulary contact lenses The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full after copay (if applicable).	If you choose disposable contacts, up to 4 boxes are included when obtained from an in-network provider.	If you choose disposable contacts, up to 6 boxes are included when obtained from an in-network provider.
	Non-Formulary contact lenses An allowance is applied toward the purchase of contact lenses outside the Formulary. Material copay (if applicable) is waived.	\$125.00	\$150.00
	Necessary contact lenses ³	Covered in full after copay (if applicable).	
Out-of-Network Reimbursements (Copays do not apply)			
	Exam(s)	Up to \$ 40.00	Up to \$ 40.00
	Frames	Up to \$ 45.00	Up to \$ 45.00
	Single Vision Lenses	Up to \$ 40.00	Up to \$ 40.00
	Lined Bifocal Lenses	Up to \$ 60.00	Up to \$ 60.00
	Lined Trifocal Lenses	Up to \$ 80.00	Up to \$ 80.00
	Lenticular Lenses	Up to \$ 80.00	Up to \$ 80.00
	Elective Contacts in Lieu of Eyeglasses ²	Up to \$ 125.00	Up to \$ 150.00
	Necessary Contacts in Lieu of Eyeglasses ³	Up to \$ 210.00	Up to \$ 210.00

Discounts

Laser vision

UnitedHealthcare has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser vision correction providers. Members receive 15% off standard or 5% off promotional pricing at more than 550 network provider locations and even greater discounts through set pricing at Lasik*Plus*® locations. For more information, call 1-888-563-4497 or visit us at www.uhclasik.com.

Additional Material

At a participating in-network provider you will receive up to a 20% discount on an additional pair of eyeglasses or contact lenses. This program is available after your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare shall neither pay nor reimburse the provider or member for any funds owed or spent. Additional materials do not have to be purchased at the time of initial material purchase.

Hearing Aids

As a UnitedHealthcare vision plan member, you can save on high-quality hearing aids when you buy them from hi HealthInnovations™. To find out more go to hiHealthInnovations.com. When placing your order use promo code myVision to get the special price discount.

¹30% discount available at most participating in-network provider locations. May exclude certain frame manufacturers. Please verify all discounts with your provider.

²Contact lenses are in lieu of eyeglass lenses and/or eyeglass frames. Coverage for Formulary contact lenses does not apply at Costco, Walmart or Sam's Club locations. The allowance for Non-Formulary contact lenses applies to materials. No portion will be exclusively applied to the fitting and evaluation.

³Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with eyeglass lenses and/or frames; with certain conditions such as anisometropia, keratoconus, irregular corneal/astigmatism, aphakia, pathological myopia, aniseikonia, aniridia, facial deformity, or corneal deformity. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare vision confirming the reimbursement that UnitedHealthcare will make before you purchase such contacts.

Important to Remember:

In-Network

- Always identify yourself as a UnitedHealthcare vision member when making your appointment. This will assist the provider in obtaining your benefit information.
- Your participating provider will help you determine which contact lenses are available in the UnitedHealthcare Formulary.
- Your \$125.00 contact lens allowance applies to materials. No portion will be exclusively applied to the fitting and evaluation. Your material copay is waived when purchasing Non-Formulary contacts.
- Patient options such as UV coating, progressive lenses, etc., which are not covered-in-full, may be available at a discount at participating providers. Based on state guidelines, lens materials and options may not be available at these discounted prices at all provider locations. Please ask your provider for details. The Lens Options list can be found at myuhcvision.com.

Choice and Access of Vision Care Providers

UnitedHealthcare offers its vision program through a national network including both private practice and retail chain providers. To access the Provider Locator service or for a printed directory, visit our website myuhcvision.com or call (800) 638-3120, 24 hours a day, seven days a week. You may also view your benefits, search for a provider or print an ID card online at myuhcvision.com.

Retain this UnitedHealthcare vision benefit summary which includes detailed benefit information and instructions on how to use the program. Please refer to your Certificate of Coverage for a full explanation of benefits.

In-Network Provider - Copays and non-covered patient options are paid to provider by program participant at the time of service.

Out-of-Network Provider - Participant pays all billed charges to the provider, and UnitedHealthcare reimburses the participant for services rendered up to the maximum allowance. Copays do not apply to out-of-network benefits. Receipts for payments should be submitted within 90 days after the date of service to the following address: UnitedHealthcare Vision, Attn. Claims Department, P.O. Box 30978, Salt Lake City, UT 84130. If it was not reasonably possible to give written proof in the time required, the Company will not reduce or deny the claim for this reason. However, proof must be filed as soon as reasonably possible, but no later than 1 year after the date of service unless the Covered Person was legally incapacitated.

Customer Service is available toll-free at (800) 638-3120 from 8:00 a.m. to 11:00 p.m. Eastern Time Monday through Friday, and 9:00 a.m. to 6:30 p.m. Eastern Time on Saturday.

This Benefit Summary is intended only to highlight your benefits and should not be relied upon to fully determine coverage. This benefit plan may not cover all of your healthcare expenses. More complete descriptions of benefits and the terms under which they are provided are contained in the certificate of coverage that you will receive upon enrolling in the plan. If this Benefit Summary conflicts in any way with the Policy issued to your employer, the Policy shall prevail.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA.

Here's the fine print

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

Mail: UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

Online: UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free member phone number listed on your ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201

We provide free services to help you communicate with us such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русским (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

توضيح: إذا كنت تتحدث لغة عربية (**Arabic**)، فستتاح لك خدمة الترجمة مجاناً. يرجى الاتصال بالرقم المجاني على بطاقة هويتك.

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ACHTUNG: Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

DÍÍ BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shqóqdi ninaaltsoos nítł'izi bee nééhozinígíí bine'déé' t'áá jíik'ehgo béesh bee hane'í biká'ígíí bee hodiilnih.

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Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

Take care, take note

[illegible]



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