

Comparison of Benefits for Vision Plans

Superior Vision Plan		UnitedHealthcare Vision		Vision Service Plan (VSP)	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
\$10 copay	Plan pays \$34 ophthalmologist; \$26 optometrist	\$10 copay	Reimbursement up to \$40	\$10 copay	\$10 copay; Plan pays up to \$35
\$25 copay Standard Progressive: \$25 copay See notes on next page	Plan pays up to: \$26 single \$39 bifocals \$49 trifocals \$78 lenticular Standard Progressive: up to \$49 See notes on next page	\$25 copay Standard single vision, lined bifocal & trifocal lenses covered in full; scratch resistant, UV coating, tints, polycarbonate lenses are also covered in full	Plan pays up to: \$40 single \$60 bifocals \$80 trifocals \$80 lenticular	\$25 copay applies to lenses or frames Single vision, lined bifocal, and trifocal lenses covered in full Average 35-40% discount on lens options	\$25 copay then plan pays up to: \$25 single \$40 bifocals \$55 trifocals \$80 lenticular
\$25 copay then plan pays up to \$125 retail	Plan pays up to \$68	\$25 copay \$130 retail frame allowance	Reimbursement up to \$45	\$25 copay then plan pays up to \$120	\$25 copay then plan pays up to \$45
\$0 copay; plan pays up to \$120 all contacts Medically necessary contacts covered in full (Contact lens fit copay : standard \$25, after copay, covered in full; specialty \$25, after copay, plan pays up to \$50)	\$0 copay Plan pays up to \$100 all contacts; \$210 medically necessary contacts (Contact lens fit copay : standard not covered; specialty not covered)	\$25 copay on covered-in-full qualifying lenses (covers fittings and evaluation fees, contact lenses and up to 2 follow-up visits) See notes on next page	Reimbursement up to \$150 elective contact lenses; \$210 medically necessary contact lenses	\$0 copay; plan pays up to \$120 conventional or disposable Medically necessary contacts covered in full	\$0 copay Plan pays up to \$105 for conventional or disposable \$210 medically necessary contacts
5% - 50% discount off surgical fees	No benefit	15% discount off the usual and customary price; 5% off promotional price	No benefit	15% average off usual and customary price or 5% off the laser center's promotional price	No benefit
				Plan utilizes the VSP Signature provider network	