

UPMC Vision Care

Administered by National Vision Administrators (NVA)

Exam Only \$0 Copay

	In-Network	Out-of-Network ¹	Frequency	
			Employee/ Spouse/Adult Dependents	Children Through Age 18
Benefit				
Copayment	\$0	N/A		
Examination	100%	\$30	12 months	12 months
Lenses (for glasses) — Standard Glass or Plastic. ²				
Single	\$35	Not Covered	Unlimited	Unlimited
Bifocal	\$55	Not Covered	Unlimited	Unlimited
Trifocal	\$70	Not Covered	Unlimited	Unlimited
Polycarbonate	\$35	Not Covered	Unlimited	Unlimited
Frames — Any eligible frame at provider's location. Provider is responsible for shipping of frames.				
Frames	35% off retail	Not Covered	Unlimited	Unlimited
Contact Lenses — Discount does not apply at Contact Fill. Discounts do not apply to certain brands of contact lenses.				
Elective Contact Lens Fitting & Follow Up	10% off retail	Not Covered	Unlimited	Unlimited
Contact Lens Material	Conventional 15% off retail	Not Covered	Unlimited	Unlimited
	Disposable 10% off retail			

For further lens selections, refer to the Additional Lens Options document included in your Welcome Kit.

1. Out-of-network reimbursement is based on Usual, Customary, and Reasonable as determined by UPMC Vision Care.
2. The dollar amount shown for lenses is the member's responsibility based on their usage of the NVA EYEESSENTIAL Plan®.

	Additional Discounted Services Included
NVA EYEESENTIALPLAN®	The NVA EYEESENTIAL Plan® is an interim benefit available to all UPMC Vision Care members once the funded benefit has been exhausted for the term. Benefit frequencies are unlimited, excluding examination. For more information, see the attached plan details.
Mail-order Contact Lens Replacement Program	For more information on this program, call Contact Fill at 1-866-234-1393 or visit www.contactfill.com .
Lasik Surgery	UPMC Vision Care participants are also eligible for discounts on LASIK Surgery when received at one of the following preferred providers: UPMC Eye Center, TLC Vision, QualSight, LCA, or other specified preferred providers.

IMPORTANT: IF COVERED PARTICIPANTS CHOOSE EXTRA OPTIONS, THEY ARE RESPONSIBLE FOR THE ADDITIONAL COST OF THE OPTIONS PAID DIRECTLY TO THE PROVIDER.

This rider may expand or restrict the benefits set forth in your UPMC Vision Care 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.

Attachment

UPMC HEALTH PLAN

U.S. Steel Tower, 600 Grant Street
Pittsburgh, PA 15219
www.upmchealthplan.com



UPMC Vision Care

Additional Lens Options

Lens Options	Fixed Fee
Progressives (add to bifocal base)	
Progressives – Tier 1	\$50
Progressives – Tier 2	\$80
Progressives – Tier 3	\$100
Progressives – Tier 4	\$120
Progressives – Tier 5	\$140
Progressives – Tier 6	\$165
Progressives – Tier 7	\$190
Materials	
High Index Plastic 1.53-1.60/Trivex	\$40
High Index Plastic 1.66/1.67	\$71
High Index Plastic 1.70 and above	\$80
Polycarbonate (Adults)	\$25
Aspheric	
Aspheric (Plastic/Poly) SV	\$30
Aspheric (Plastic/Poly) MF	\$35
Anti-Reflective Coating	
Anti-Reflective Coating – Tier 1	\$40
Anti-Reflective Coating – Tier 2	\$65
Anti-Reflective Coating – Tier 3	\$85
Anti-Reflective Coating – Tier 4	\$110
Polarized	
Polarized – Tier 1	\$65
Polarized – Tier 2	\$75
Polarized – Tier 3	\$100
Polarized – Tier 4	\$125
Polarized – Tier 5	\$150
Polarized – Tier 6	\$175
Photochromics	
Transitions VII	\$70
Transitions VII MF	\$85
Transitions XTRActive	\$110
Transitions Vantage	\$125

Lens Options	Fixed Fee
Near Variable Lenses	
Essilor Computer MF	\$65
Specialty and Digital Single Vision	
Digital SV Tier 1	\$100
Digital SV Tier 2	\$145
Other Lens Treatments and Services	
Mirror – Solid and Single Gradient	\$60
Mirror – Double Gradient	\$70
Overpower (+6.00D or 3.00D Cylinder, per Lens)	NC
Add Power over 4.00D	NC
Prism over Range (over 3D per Eye)	NC
Press on Prism	\$30
Double Facetting	\$75
Facetted Lenses (includes Polish)	\$55
Slab Off	\$100
Rimless Drill	\$20
Groove Rimless	NC
Center Thickness Below 1.5	\$16.50
Plastic Dyes – Solid	\$8
Plastic Dyes – Single Gradient	\$10
Plastic Dyes – Double/Triple Gradient	\$20
UV Protection	\$10
UV Protection – Backside (Add on to Front Side UV)	\$12
Scratch Resistant – Standard	\$10
Scratch Resistant TD2	\$30
Scratch Resistant w/Optifog Technology	\$55
Edge Polish, Roll Edge, Roll & Polish	\$20
Edge Coating	\$30

Note: UPMC Vision Care additional lens options are available in-network only. Members receive a 20 percent courtesy discount on lens options not listed above.

UPMC Vision Care

NVA EYEESENTIAL® Plan

UPMC Vision Care introduces the NVA EYEESENTIAL® Plan discount – an additional low-cost, member-friendly interim vision benefit that includes significant discounts on materials through participating NVA network providers.

- After enrolled members have exhausted their funded benefit they are eligible to access the NVA EYEESENTIAL® Plan discount on additional purchases during the plan period.

Please Note: The NVA EYEESENTIAL® Plan is an in-network benefit only. Benefit frequency is unlimited, except for vision exams. The NVA EYEESENTIAL® Plan discount program prices do not apply at select retail locations, including Walmart, Sam’s Club, and Cole corporate locations. Specific site location discounts may be available.

Service or Material	Member Cost
Comprehensive Vision Examination (Including Dilation as Professionally Indicated) Once Every 12 Months	\$10 discount
Lenses – Standard Glass or Plastic	
Single	\$35
Bifocal	\$55
Trifocal	\$70
Lenticular	\$70
Lens Options	
UV Coating	\$12
Tint (Solid and Gradient)	\$12
Scratch-Resistant Coating (Standard)	\$15
Polycarbonate (Standard)	\$35
Anti-Reflective Coating (Standard)	\$45
Polarized	\$75
Transitions (Standard)	Single Vision – \$65 Bifocal and Trifocal – \$70
Progressive (Standard)	\$50 + Bifocal/Trifocal Charge ¹
Other Add-On Services	20% Off Retail
Frames	
Frames ²	35% Off Retail
Contact Lenses – Discount does not apply at Contact Fill. Discounts do not apply to certain brands of contact lenses.	
Conventional	15% Off Retail
Disposable	10% Off Retail
Fitting and Follow-Up	10% Off Retail

¹ Progressive (Standard) – Progressive lens copayment is based on the base cost of the lens plus additional copayments. Member cost is the total of \$50 plus the cost of bifocal or trifocal lens, depending on the lens type prescribed.

² Any eligible frame at provider’s location.

Nondiscrimination Notice

UPMC Health Plan¹ complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression. UPMC Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression.

UPMC Health Plan:

- Provides free aids and services to people with disabilities so that they can communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).

- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters.
 - Information written in other languages.

If you need these services, contact the Member Services phone number listed on the back of your member ID card.

If you believe that UPMC Health Plan has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or gender expression, you can file a complaint with:

Complaints and Grievances
PO Box 2939
Pittsburgh, PA 15230-2939

Phone: 1-888-876-2756 (TTY: 1-800-361-2629)
Fax: 1-412-454-7920
Email: HealthPlanCompliance@upmc.edu

You can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019. TTY/TDD users should call 1-800-537-7697.

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

¹UPMC Health Plan is the marketing name used to refer to the following companies, which are licensed to issue individual and group health insurance products or which provide third party administration services for group health plans: UPMC Health Network Inc., UPMC Health Options Inc., UPMC Health Coverage Inc., UPMC Health Plan Inc., UPMC Health Benefits Inc., UPMC *for You* Inc., and/or UPMC Benefit Management Services Inc.

Translation Services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-869-7228 (TTY: 1-800-361-2629).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-869-7228 (TTY: 1-800-361-2629)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-869-7228 (TTY: 1-800-361-2629).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-869-7228 (телетайп: 1-800-361-2629).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-869-7228 (TTY: 1-800-361-2629).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-869-7228 (TTY: 1-800-361-2629)번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-869-7228 (TTY: 1-800-361-2629).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-869-7228 (رقم هاتف الصم والبكم: 1-800-361-2629).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-869-7228 (ATS : 1-800-361-2629).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-869-7228 (TTY: 1-800-361-2629).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-869-7228 (TTY: 1-800-361-2629).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-869-7228 (TTY: 1-800-361-2629).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-869-7228 (TTY: 1-800-361-2629).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-855-869-7228 (TTY: 1-800-361-2629)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-869-7228 (TTY: 1-800-361-2629).