

## COVERAGE FOR VISION SERVICES

MEMBER RESPONSIBILITY	UNITED HEALTHCARE INSURANCE PROGRAM DESCRIPTION
<p><b>Yearly Eye Examinations (Routine Only)</b></p> <p>Network Providers: \$0 Copay per visit Non-Network Providers: \$50 Copay per visit</p>	<p>Expenses for one (1) routine eye exam performed by an Ophthalmologist or Optometrist. <b>Claims for eye examinations are submitted to United Healthcare (UHC) for processing.</b> Present you UHC ID card to the provider to ensure accurate claims processing. Inform the provider that the claim is paid under the medical plan, (not a separate vision plan), and to submit the claim to the address listed on the back of the UHC medical ID card.</p>
<p><b>Prescription Eyewear</b>, including eye glasses, contact lenses and eye exam (when not covered by Medicare)</p>	<p>Effective January 1, 2021: \$300 benefit maximum toward the purchase of eyeglasses (lenses and frames) and/or contact lenses during two (2) Rolling Years.</p> <p><b><u>Priests must present an invoice from the provider to the PMBS office for reimbursement or the provider may submit an invoice to PMBS.</u></b></p>
MEMBERS ELIGIBLE FOR MEDICARE	
<p><b>Yearly Eye Examinations</b></p>	<p><b>How often is it covered?</b> Expenses for one (1) routine eye exam every 12 months. <u>Submit claims to United Healthcare Medicare Advantage for processing.</u></p> <p><b>NOTE:</b> Special rules apply in case of cataract surgery.</p>
<p><b>Prescription Eyewear</b>, including eye glasses, contact lenses and eye exam (when not covered by Medicare)</p>	<p>Effective January 1, 2021: \$300 benefit maximum toward the purchase of eyeglasses (lenses and frames) and/or contact lenses during two (2) Rolling Years. ("Rolling years" means that two years must elapse before you are eligible for the benefit again.)</p> <p><b><u>Priests must present an invoice from the provider to the PMBS office for reimbursement or the provider may submit an invoice to PMBS.</u></b></p>