Vision - Group Size 2-100

Vision plans designed to deliver more for less

For decades, UnitedHealthcare has been offering flexible vision coverage with an integrated approach. And with our network of over 175,000 providers[1] – retail and private practice – we're helping make taking advantage of their benefits easier and more convenient for employees.

Clear benefits and value

- Routine eye exams
- Complete sets of eyeglasses or contacts
- Polycarbonate lenses for dependent children
- For those with diabetes: A second exam and $0 retinal screening photography
- For children up to age19 and members who are pregnant or breastfeeding: A second exam and new frames and lenses if their prescription changes by at least 0.5 diopter

Access to discounts

- Up to 35% off the national average price of laser vision correction with QualSight® LASIK
- Discounts on extra pairs of eyewear
- 20% - 40% discount on premium hearing aides
- 10% off contact lenses ordered through uhccontacts.com

The choice of when, how and who to see

The UnitedHealthcare world-class vision network is one of the the nation's largest - and growing. Members have the freedom to choose a provider or retailer - whether virtual or in person, national, local, specialty or online - including exclusive alliances with Warby Parker and GlassesUSA.com, or even buying direct from UnitedHealthcare.

United Healthcare | uhcglasses.com uhccontacts.com | WARBY PARKER | LensCrafters | Costco Optical | Target Optical | Walmart | 1800contacts | America's Best Contacts & Eyeglasses | Visionworks | sam's club | GlassesUSA.com

How your employees can save

Vision service	Without plan	With plan
If they prefer glasses:		
Routine eye exam	$60	$10
Materials copay (frames and lenses)	$0	$25
Frames	$130	$0
Tier I progressive	$219	$55
Tier I anti-reflective coating	$70	$30
Standard scratch-resistant coating	$27	$0
Total Cost	**$506**	**$120**
If they prefer contact lenses:		
Routine eye exam	$65	$25
Fitting at example provider	$65	$35
Contact lenses (materials copay does not apply)	$136	$31
Total Cost	**$266**	**$91**

NOTE: This is a sample savings chart with no specific plan design or vision provider costs. Example reflects $130 frame allowance, $105 contact lens allowance and $30 contact fitting allowance. Plan allowance and copayments may be different. The following states and territory don't include a contact lens benefit with 2 allowances: WA, MT, and PR. These states have an allowance for the purchase of contact lenses only. Costs shown do not include vision plan premiums. Additional costs may apply.

United Healthcare Vision

Vision discounts are not available for New York or North Dakota based employers.

UHC - California

For groups with effective dates 7/1/2025 - 9/30/2025

50% to 100% Employer Paid	Contribution Plan Number	Exam/Lenses*/Frames (months)	Copay	Frame Allowance	Contact Lens Allowance	Fit/Eval Allowance	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
	S1001	12/12/12	$10/$10	$130	$105	$30	$8.24	$15.63	$18.34	$25.82
	S1004	12/12/24	$10/$25	$130	$105	$30	$6.46	$12.26	$14.38	$20.24
	S1021	12/12/12	$0/$0	$130	$105	$30	$9.81	$18.61	$21.83	$30.73
	S1025	12/12/12	$15/$30	$130	$105	$30	$6.55	$12.42	$14.57	$20.51
	S1026	12/12/24	$15/$30	$130	$105	$30	$6.09	$11.56	$13.55	$19.08
	S1076	12/12/24	$10/$25	$130	$125	$40	$7.04	$13.35	$15.66	$22.04
	S1102	12/12/12	$10/$25	$130	$150	$40	$7.84	$14.87	$17.44	$24.55
	SH106	12/12/24	$10/$25	$150	$150	$40	$7.62	$14.46	$16.97	$23.88
	SH410	12/12/12	$10/$10	$150	$150	$40	$9.73	$18.46	$21.65	$30.48
	SH413	12/12/12	$10/$25	$200	$200	$40	$9.35	$17.74	$20.81	$29.29
	SH416	12/12/24	$10/$25	$200	$200	$40	$8.70	$16.50	$19.35	$27.24
	SH418	12/12/12	$10/$25	$175	$175	$30	$8.74	$16.59	$19.46	$27.39
	SH424	12/12/24	$15/$30	$175	$175	$40	$7.79	$14.77	$17.33	$24.39
	SL004	12/12/24	$10/$25	$100	$105	$30	$6.02	$11.42	$13.39	$18.85
Voluntary	Contribution Plan Number	Exam/Lenses*/Frames (months)	Copay	Frame Allowance	Contact Lens Allowance	Fit/Eval Allowance	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
	S1008	12/12/24	$10/$25	$130	$105	$30	$7.35	$13.94	$16.35	$23.01
	S104V	12/12/12	$10/$25	$130	$125	$40	$8.60	$16.32	$19.15	$26.95
	S105V	12/12/12	$20/$20	$130	$125	$40	$8.62	$16.35	$19.18	$27.00
	S1077	12/12/24	$10/$25	$130	$125	$40	$8.00	$15.18	$17.81	$25.07
	S1107	12/12/24	$10/$25	$130	$150	$40	$8.29	$15.73	$18.45	$25.97
	SH005	12/12/12	$10/$10	$150	$105	$30	$9.81	$18.60	$21.82	$30.72
	SH006	12/12/12	$10/$25	$150	$105	$30	$8.26	$15.67	$18.38	$25.88
	SH107	12/12/24	$10/$25	$150	$150	$40	$8.67	$16.45	$19.30	$27.16
	SH115	12/12/24	$10/$0	$150	$150	$40	$10.76	$20.41	$23.94	$33.70
	SH370	12/12/24	$15/$30	$150	$125	$40	$8.13	$15.42	$18.09	$25.46
	SH415	12/12/12	$10/$25	$200	$200	$40	$12.24	$23.22	$27.24	$38.34
	SH417	12/12/24	$10/$25	$200	$200	$40	$9.89	$18.77	$22.01	$30.99
	SH425	12/12/24	$15/$30	$175	$175	$40	$8.86	$16.80	$19.71	$27.75

* Lenses or contacts may be received every 12 months, but not both.

Participation and Contribution Requirements:

50% to 100% Employer Paid: 50 - 100% employer contribution for employees. At least 75% participation of eligible employees less valid waivers, not to fall below 50% of total eligible employees.	Voluntary: 0 - 49% employer contribution for employees. No employer contribution requirements for dependents. Two eligible, only 1 to enroll.

- 24 month rate guarantee
- Monthly premiums
- 10% level broker commission is included

For a group quote with additional tier structure, situs states or plan designs, please contact your UnitedHealthcare Account Executive.

Fully Insured quotes: The Dental and/or Vision premium includes expenses related to state & federal taxes, fees, and assessments. It may also include additional new taxes, fees and assessments from the Afffordable Care Act.

The rates and benefits provided are for general information and discussion purposes only and are not valid unless approved by UnitedHealthcare Specialty Benefits. This rate quote is not an offer or guarantee of coverage. The group should not, under any circumstances, cancel its existing coverage unless and until coverage is offered by UnitedHealthcare Specialty Benefits and final rates have been accepted by and initial premium paid by the groups. Final rates are determined by UnitedHealthcare Specialty Benefit's underwriting guidelines and final enrollment. The insurance Policy, not general rates and descriptions on this rate sheet, will form the contract between the insured and the insurance company, and the Certificate of Coverage issued to the subscriber will provide the legal description of coverage.

UnitedHealthcare Vision® coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, 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 and associated COC form number VCOC.INT.06.TX.