

UC ClearVision[™] Plan Comparison

Bundle dental and vision together—Give employees the flexibility to customize dental and vision to fit their families' needs. Use these product charts to help your clients choose the right vision plan.

UC ClearVision[™] In-Network Benefits

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Frequencies (WellVision Exam [®] /Lenses/Frames)	12/12/24	12/12/24	12/12/12	12/12/12	12/12/12
WellVision Exam Copay	\$25	\$10	\$10	\$10	\$0

PRESCRIPTION GLASSES						
Prescription Glasses Copay		\$25	\$25	\$25	\$10	\$0
Frames Allowances	Featured Frame Brands	\$170	\$170	\$170	\$195	\$170
	Frames	\$150	\$150	\$150	\$175	\$150
	Frames at Costco [®]	\$80	\$80	\$80	\$95	\$80
Lenses	Single vision, lined bifocal and lined trifocal lenses	Included in prescription glasses				
	Polycarbonate lenses for dependent children up to age 18					
	Polycarbonate lenses for adults	Single Vision \$31 Multi-vision \$35				
Lens Enhancements	Standard Progressive Lenses	\$0	\$0	\$0	\$0	\$0
	Premium Progressive Lenses	\$95-105	\$95-105	\$95-105	\$95-105	\$95-105
	Custom Progressive Lenses	\$150-175	\$150-175	\$150-175	\$150-175	\$150-175

CONTACTS (INSTEAD OF GLASSES)						
Contact Allowance		\$150	\$150	\$150	\$175	\$150
Contact Lens Exam Copay (Fitting and Evaluation)		Up to \$60				

UC ClearVision™ Out-of-Network Benefits

All States Except GA and MD

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Exam	\$45	\$45	\$45	\$45	\$45
Frames	\$70	\$70	\$70	\$70	\$70
Single Vision Lenses	\$30	\$30	\$30	\$30	\$30
Bifocal Lenses	\$50	\$50	\$50	\$50	\$50
Trifocal Lenses	\$65	\$65	\$65	\$65	\$65
Lenticular Lenses	\$100	\$100	\$100	\$100	\$100
Progressive Standard*	\$50	\$50	\$50	\$50	\$50
Progressive Premium	\$50	\$50	\$50	\$50	\$50
Progressive Custom	\$50	\$50	\$50	\$50	\$50
Elective Contacts	\$105	\$105	\$105	\$105	\$105
Medically Necessary Contacts	\$210	\$210	\$210	\$210	\$210

Georgia

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Exam	\$48	\$48	\$48	\$48	\$48
Frames	\$105	\$105	\$105	\$125	\$105
Single Vision Lenses	\$30	\$30	\$30	\$30	\$30
Bifocal Lenses	\$50	\$50	\$50	\$50	\$50
Trifocal Lenses	\$65	\$65	\$65	\$65	\$65
Lenticular Lenses	\$100	\$100	\$100	\$100	\$100
Progressive Standard*	\$50	\$50	\$50	\$50	\$50
Progressive Premium	\$50	\$50	\$50	\$50	\$50
Progressive Custom	\$50	\$50	\$50	\$50	\$50
Elective Contacts	\$105	\$105	\$105	\$125	\$105
Medically Necessary Contacts	\$825	\$825	\$825	\$825	\$825

Maryland

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Exam	\$55	\$55	\$55	\$55	\$55
Frames	\$70	\$70	\$70	\$75	\$70
Single Vision Lenses	\$30	\$30	\$30	\$30	\$30
Bifocal Lenses	\$50	\$50	\$50	\$50	\$50
Trifocal Lenses	\$65	\$65	\$65	\$65	\$65
Lenticular Lenses	\$100	\$100	\$100	\$100	\$100
Progressive Standard*	\$50	\$50	\$50	\$50	\$50
Progressive Premium	\$50	\$50	\$50	\$50	\$50
Progressive Custom	\$50	\$50	\$50	\$50	\$50
Elective Contacts	\$120	\$120	\$120	\$140	\$120
Medically Necessary Contacts	\$1,028	\$1,028	\$1,028	\$1,028	\$1,028

*Progressive lens allowance matches bifocal allowance

Learn more about UC ClearVision™
Contact your broker or United Concordia Account Representative today.

For Broker use only

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Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.