Carrier Name: UnitedHealthcare

Plan Name: B846

In-Network Eye Exam: $10

Out-of-Network Eye Exam: Up To $40.00

In-Network Single Vision Lens:

Out-of-Network Single Vision Lens: Up To $0.00

In-Network Lined Bi-Focal Lens:

Out-of-Network Lined Bi-Focal Lens: Up To $0.00

In-Network Lined Tri-Focal Lens:

Out-of-Network Lined Tri-Focal Lens: Up To $0.00

In-Network Lenticular Lens:

Out-of-Network Lenticular Lens: Up To $0.00

In-Network Contact Lens Allowance: $0

Out-of-Network Contact Lens Allowance: Up To

In-Network Frame Allowance: $0

Out-of-Network Frame Allowance: Up To $0.00

Exam Frequency: Once every 12 months

Lens Frequency: Once every 0 months

Frame Frequency: Once every months

Out of Network Explanation: Participant pays all billed charges to the provider, and UnitedHealthcare reimburses the participant for services rendered up to the maximum allowance

Plan Year: 03/25

Network Name:

Member Website: myuhcvision.com

Customer Service Phone Number: 1-800-638-3120