

Member Tools

Online member accounts empower your team to get the most from their plan through Single Sign-On (SSO) access to free online tools and resources, such as:

- View your member card, benefits and claims
- Find an Eye Care Professional
- Frame Try-On Tool (Exclusive Collection only)
- Online Shopping that connects your benefits with leading online retailers, such as 1800Contacts.com, Glasses.com, and Befitting.com.



- Every Vision plan includes low-cost eye exams to catch vision and health concerns early, plus benefits for corrective eyewear including frames, lenses, and contact lenses, as well as options for covering contact lens evaluations.
- Eyewear choices are available for every family member, lifestyle and budget, and come with a 1-year breakage warranty.7
- · All employees have access to great discounts on lens add-ons, additional pairs of eyeglasses, LASIK services and other great extras just for being a member.⁷
- **Convenience and Simplicity**
 - Simplify your benefits administration with a single point of contact for all health care benefits, plus streamlined implementation and administration with combined enrollment forms and unified online bill pay system.
 - Enjoy coordinated COBRA administration through our partnership with Lifetime Benefit Solutions.
 - Through our partner, Davis Vision, employees have access to a large network that includes 350 provider locations in the 8-county Western New York region and 131,000 points of access nationwide⁶, including independent eye care professionals, 4 of the top 5 eyewear retailers and online retailers.

Vision disorders account for more than **\$8 billion** annually in sick days, lost productivity and medical bills²



Roughly 50% of visual impairment and blindness can be prevented through early diagnosis and timely treatment.⁴





Vision difficulty (including blindness and other vision problems) is the **5th most common disability** among adults aged 18 years and older.3

4 in 10 U.S. adults are at high risk for vision loss, but only half of those have visited an eye doctor in the past 12 months.5





- † Specified benefits and coverage are included for Fully Insured plans. Ask your account representative about Self-Funded options.
- 1 CDC, Vision Health Initiative: Keep an Eve on Your Vision Health, October 2020 Vision Council of America. Vision in Business, 2016.
- 3 CDC. Prevalence of Disabilities and Health Care Access by Disability Status and Type Among Adults, December 2022.
- 4 CDC. Vision Health Initiative: Vision Health Frequently Asked Questions. December 2022.
 5 JAMA Ophthalmology. Eye Care Among US Adults at High Risk for Vision Loss in the United States in 2002 and 2017. March 2020.
- 7 Not all providers participate in Davis Vision Discounts, including the fixed lens option pricing. Members should contact their provider prior to scheduling an appointment to confirm if he/she offers the discount and fixed lens option pricing.
- Davis Vision is an independent company providing vision benefit management services and access to their network.

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With Univera Healthcare's Vision Plans, complete wellbeing can be 20/20.

It's widely known that keeping up with routine physical and dental exams is important for maintaining overall health. Practicing good eye care is just as important to employee wellbeing and productivity but is often overlooked. We want to help change that.

Why? Regular eye exams can help catch eye diseases early before leading to permanent vision loss or blindness. Plus, eye exams can also help identify other health conditions such as high blood pressure and diabetes.1

When you help employees take care of their eye health, they can enjoy a better quality of life, lower costs, and peace of mind in knowing they're taking care of their whole health.

See the Univera Healthcare difference:



A Local Partner

- Our more than 85 years of experience serving our Western New York neighbors gives us unique insight into what you and your team want and need to get and stay healthy.
- As a non-profit invested in our local community, we proudly pass savings directly on to our members and into things like community health programs or grants.



Affordable Options

- · Competitively-priced plan options and multiple contribution options give you flexibility to select premiums that fit both your and your employees' budgets.
- Low member out-of-pocket costs make it easier for employees to get care they need, including:
- » Low copays for exams for the whole family
- » Fully covered and low-cost on-trend frame options through the Exclusive Collection are included with every Univera Healthcare Vision plan
- » Exclusive member-only pricing and discounts on extras like specialty lens enhancements and laser vision correction7



Vision Plan Options for a healthier team and business

	Vis	sion Value Pl	an	Vision Bronze Plan			Vision Silver Plan		Vision Gold Plan			Out of Network
Select a benefit frequency option:	Once every plan year	Once every plan year, except frames once every 2 plan years	Once every 2 plan years	Once every plan year	Once every plan year, except frames once every 2 plan years	Once every 2 plan years	Once every plan year, except frames once every 2 plan years	Once every 2 plan years	Once every plan year	Once every plan year, except frames once every 2 plan years	Once every 2 plan years	
Employer Sponsored Rates - Voluntary	y rates are als	o available. S	ee Univera on	Demand fo	r additional o	ptions.						
Single	\$3.28	\$3.18	\$2.80	\$4.00	\$3.87	\$3.39	\$5.31	\$4.50	\$6.04	\$5.88	\$4.95	
Subscriber & Spouse	\$5.90	\$5.74	\$5.05	\$7.20	\$6.96	\$6.12	\$9.56	\$8.07	\$10.89	\$10.58	\$8.92	
Subscriber & Child(ren)	\$6.23	\$6.04	\$5.33	\$7.61	\$7.34	\$6.45	\$10.10	\$8.53	\$11.49	\$11.15	\$9.42	
amily	\$9.84	\$9.55	\$8.41	\$12.00	\$11.61	\$10.18	\$15.94	\$13.46	\$18.15	\$17.64	\$14.86	
Eye Exam	\$10 Copay		\$10 Copay		\$10 Copay		\$10 Copay			Allowance up to \$30		
Retinal Imaging	\$39 Copay		\$39 Copay		\$39 Copay		\$39 Copay			Not covered		
Prescription Glasses - Eyeglasses in lie	eu of contact	lenses										
.ENSES (per pair) Single, Bifocal, Trifocal, Lenticular	\$25 Copay		\$25 Copay			\$25 Copay		\$25 Copay			Allowance up to: Single - \$25 Bifocal - \$35 Trifocal - \$45 Lenticular - \$60	
EXClusive Collection**** Available in most participating independent provider offices. Exclusive Collection in lieu of Frame allowance.												
Fashion Tier / Designer Tier / Premier Tier OR	Covered i	Covered in full/\$15 copay/\$40 copay		Covered in full/Covered in full/\$25 copay			Covered in full/Cove	Covered in full/Covered in full/\$25 copay Covered in		ull/Covered in full/	/Covered in full	Not covered
Frame Allowance In lieu of Exclusive Collection						100	All	4400			200	
Frames purchased at VisionWorks*	PLUS a 20%	Allowance up to \$150 PLUS a 20% discount on any overage**		Allowance up to \$180 PLUS a 20% discount on any overage**			Allowance PLUS a 20% discou	on any overage** PLUS a 2		Allowance up to \$2 0% discount on an Allowance up to \$1	y overage**	Allowance up to \$30
Frames purchased at any other in-network provider	PLUS a 20	Allowance up to \$100 PLUS a 20% discount on any overage**		Allowance up to \$130 PLUS a 20% discount on any overage**		Allowance PLUS a 20% discou	up to \$130 nt on any overage**				Allowance up to \$30	
ontact Lenses - Contact lenses in lie	u of eyeglasse	:S										
EXCLUSIVE COLLECTION CONTACT LENSES*** Available in most participating independent provider offices. Exclusive Collection in lieu of Contact lens allowance.												
Disposable/Planned Replacement Evaluation, Fitting and Follow-Up Care OR	Not covered Not covered		Up to 4 boxes/Up to 2 boxes \$25 Copay		Up to 8 boxes/Up to 4 boxes \$25 Copay		Up to 8 boxes/Up to 4 boxes \$25 Copay			Not covered Not covered		
Contact lens allowance:												
In lieu of Collection	A)()	Allowance up to \$130 PLUS α 15% discount on any overage**		Allowance up to \$130 PLUS a 15% discount on any overage**		A	Allowance up to \$1		Allowance up to \$75	
Disposable or Non-Disposable	PLUS a 15	llowance up to \$10 % discount on any	overage**	PLUS a 15	% discount on any	overage**	PLUS a 15% discour	nt on any overage**		5% discount on any	/ overage**	Allowance up to \$75
Disposable or Non-Disposable Evaluation, Fitting and Follow-Up Care: Standard Lenses	PLUS a 153	5% discount on any of 15% Discount**	overage**	PLUS a 15	15% Discount**		PLUS a 15% discour	nt on any overage** Topay	PLUS a 18	\$25 Copay		Not covered
Disposable or Non-Disposable Evaluation, Fitting and Follow-Up Care: Standard Lenses Evaluation, Fitting and Follow-Up Care: Specialty Lenses	PLUS a 153	5% discount on any	overage**	PLUS a 15			PLUS a 15% discour	nt on any overage** Copay PLUS a 15% discount	PLUS a 18		15% discount	•
Disposable or Non-Disposable Evaluation, Fitting and Follow-Up Care: Standard Lenses Evaluation, Fitting and Follow-Up Care: Specialty Lenses OR	PLUS a 153	5% discount on any of 15% Discount**	overage**	PLUS a 15	15% Discount**		PLUS a 15% discour \$25 C Allowance up to \$60	nt on any overage** Copay PLUS a 15% discount	PLUS a 18	\$25 Copay up to \$60 PLUS a	15% discount	Not covered
Disposable or Non-Disposable Evaluation, Fitting and Follow-Up Care: Standard Lenses Evaluation, Fitting and Follow-Up Care: Specialty Lenses OR Visually Required Contact Lenses (Preauthorization required)	PLUS a 153	5% discount on any 15% Discount** 15% Discount**	overage**	PLUS a 18	15% Discount**		PLUS a 15% discour \$25 C Allowance up to \$60 on any o	nt on any overage** copay PLUS a 15% discount verage**	PLUS a 18	\$25 Copay up to \$60 PLUS a on any overage*	15% discount	Not covered Not covered
Disposable or Non-Disposable Evaluation, Fitting and Follow-Up Care: Standard Lenses Evaluation, Fitting and Follow-Up Care: Specialty Lenses OR Visually Required Contact Lenses (Preauthorization required) Prescription contact lenses	PLUS a 153	5% discount on any of 15% Discount** 15% Discount** Covered in full	overage**	PLUS a 18	15% Discount** 15% Discount** Covered in full		PLUS a 15% discour \$25 C Allowance up to \$60 on any o	nt on any overage** lopay PLUS a 15% discount verage**	PLUS a 18	\$25 Copay up to \$60 PLUS a on any overage* Covered in full	15% discount	Not covered Not covered Allowance up to \$225
Disposable or Non-Disposable Evaluation, Fitting and Follow-Up Care: Standard Lenses Evaluation, Fitting and Follow-Up Care: Specialty Lenses OR Visually Required Contact Lenses (Preauthorization required) Prescription contact lenses Evaluation, Fitting and Follow-Up Care	PLUS a 153	5% discount on any of 15% Discount** 15% Discount** Covered in full Covered in full	overage**		15% Discount** 15% Discount** Covered in full		PLUS a 15% discour \$25 C Allowance up to \$60 on any o Covere	nt on any overage** lopay PLUS a 15% discount verage**	PLUS a 18	\$25 Copay up to \$60 PLUS a on any overage*	15% discount	Not covered Not covered
Disposable or Non-Disposable Evaluation, Fitting and Follow-Up Care: Standard Lenses Evaluation, Fitting and Follow-Up Care: Specialty Lenses OR Visually Required Contact Lenses (Preauthorization required) Prescription contact lenses Evaluation, Fitting and Follow-Up Care All plans include discounted member	PLUS a 155	15% Discount on any of 15% Discount ** 15% Discount ** Covered in full Covered in full rariety of lens	options, like	progressives	15% Discount** 15% Discount** Covered in full Covered in full , scratch prote	ection plans	PLUS a 15% discour \$25 C Allowance up to \$60 on any o Covere Covere	ton any overage** lopay PLUS a 15% discount verage** d in full d in full	PLUS a 18	\$25 Copay up to \$60 PLUS a on any overage* Covered in full Covered in full	15% discount *	Not covered Not covered Allowance up to \$225 Allowance up to \$225
Disposable or Non-Disposable Evaluation, Fitting and Follow-Up Care: Standard Lenses Evaluation, Fitting and Follow-Up Care: Specialty Lenses OR Visually Required Contact Lenses (Preauthorization required) Prescription contact lenses Evaluation, Fitting and Follow-Up Care All plans include discounted member Progressive Lenses Standard / Premium / Ultra / Ultimate) Scratch Protection Plan	PLUS a 155	15% Discount on any of the second of the sec	options, like	progressives	15% Discount** 15% Discount** Covered in full Covered in full , scratch prote \$50/\$90/\$140/\$17	ection plans	PLUS a 15% discour \$25 C Allowance up to \$60 on any o Covere Covere and more!**	ton any overage** lopay PLUS a 15% discount verage** d in full d in full 290/\$125	PLUS a 18	\$25 Copay up to \$60 PLUS a on any overage* Covered in full Covered in full \$0/\$40/\$90/\$125	15% discount *	Not covered Not covered Allowance up to \$225 Allowance up to \$225 Not covered
Disposable or Non-Disposable Evaluation, Fitting and Follow-Up Care: Standard Lenses Evaluation, Fitting and Follow-Up Care: Specialty Lenses OR Visually Required Contact Lenses (Preauthorization required) Prescription contact lenses Evaluation, Fitting and Follow-Up Care All plans include discounted member Progressive Lenses Standard / Premium / Ultra / Ultimate)	PLUS a 155	15% Discount on any of 15% Discount ** 15% Discount ** Covered in full Covered in full rariety of lens	options, like	progressives	15% Discount** 15% Discount** Covered in full Covered in full , scratch prote	ection plans	PLUS a 15% discour \$25 C Allowance up to \$60 on any o Covere Covere	d in full d in full 990/\$125	PLUS a 18	\$25 Copay up to \$60 PLUS a on any overage* Covered in full Covered in full	15% discount *	Not covered Not covered Allowance up to \$225 Allowance up to \$225

This is not a summary of benefits. See member contract for details. Discounted prices are not insurance. Vision Silver Plan and Vision Gold Plan may include some lens options as an insured benefit. See contract for full details.
*Enhanced frame allowance is available at all Visionworks locations nationwide. Excludes Maui Jim eyewear.
**Additional discounts not applicable at Walmart, Sam's Club, or Costco locations or where limited by law or manufacturer restrictions. Discounts are not insurance.

^{***}Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

****Participating retail providers typically do not display the Collection, but are contractually required to maintain a comparable selection (in both quantity and quality) of frames that would be covered, with no additional member out-of-pocket expense. Collection is subject to change.

*****Polycarbonate lenses are covered for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.