

UnitedHealthcare

Small Business Vision Rates (2-100 lives)

Available to Rocky Mountain Health Plan groups situated in Colorado
Effective dates 1/1/20 - 12/31/20



Plan Design	SRM01	SRM02		
Employee Only	\$6.63	\$7.13		
Employee + Spouse	\$12.52	\$13.47		
Employee + Children	\$14.67	\$15.79		
Employee + Family	\$20.62	\$22.19		
Exam/Lenses*/ Frames Frequency (months)	12/12/24	12/12/12		
Contribution	Employee Core/ Voluntary Dependents	Employee Core/ Voluntary Dependents		
Exam Co-Pay	\$10	\$10		
Material Co-Pay	\$25	\$25		
Benefits	In-Network**	Out-Of-Network	In-Network**	Out-Of-Network
Eye Examination	100%	Up to \$40	100%	Up to \$40
Eyeglass Lenses				
Single Vision	100%	Up to \$40	100%	Up to \$40
Bifocal	100%	Up to \$60	100%	Up to \$60
Trifocal	100%	Up to \$80	100%	Up to \$80
Lenticular	100%	Up to \$80	100%	Up to \$80
Frames				
Retail Allowance***	Up to \$130	Up to \$45	Up to \$130	Up to \$45
Contact Lenses				
All other elective contacts	Up to \$130	Up to \$105	Up to \$130	Up to \$105
Contact lens Fit and Evaluation Allowance	\$40	\$0	\$40	\$0
Necessary Contact Lenses	100%	Up to \$210	100%	Up to \$210

- 24 Month Rate Guarantee
- Monthly Premiums
- 10% level broker commissions included
- **For Rocky Mountain Health Plan groups situated in Colorado**

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

** After Applicable copay

*** Additional 30% discount off frame cost above the allowance at participating network providers. Additional frame allowance available based on plan design.

The group should not, under any circumstances, cancel its existing coverage unless and until coverage is offered by UnitedHealthcare and final rates have been accepted by and initial premium paid by the group.

Final rates are determined by UnitedHealthcare'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 UnitedHealthcare, 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.

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