

**UPMC Health Benefits, Inc.**

**Pediatric Vision Schedule of Benefits for Members up to Age 19**

			Frequency <sup>3</sup>
	In-Network <sup>1</sup>	Out-of-Network Reimbursement <sup>2</sup>	Children up to Age 19
Benefit			
Examination	Covered at 100%	Up to \$30	Once every 12 Months
<b>Lenses (for eyeglasses)<sup>4</sup></b>			
Single Vision	Covered at 100%	Up to \$25	Once every 12 Months
Bifocal	Covered at 100%	Up to \$35	Once every 12 Months
Trifocal	Covered at 100%	Up to \$45	Once every 12 Months
<b>Frames</b>			
Collection Frames <sup>5</sup>	Covered at 100%	Up to \$30	Once every 12 Months
Non-Collection Frames <sup>6</sup>	Covered		Once every 12 Months
<b>Contact Lenses (in lieu of eyeglasses) — If deemed Medically Necessary, Prior Authorization is required.</b> Contact lens fitting and follow-up reimbursement is separate from contact lens materials.			
Contact Lens Fitting and Follow Up	Covered at 100%	Up to \$225	Once every 12 Months
Contact Lens Material	Covered at 100%		Once every 12 Months

<sup>1</sup>In-Network reimbursement is based on percentage of Provider reimbursement. Participating Vision Providers are not permitted to bill the Member the difference for any services unless otherwise stated. Participating Vision Providers may charge a Member fee for optional lenses and treatments listed below. Participating Vision Providers include in-network providers who choose to utilize an out-of-network laboratory.

<sup>2</sup>Out-of-Network reimbursement is based on Usual, Customary, and Reasonable as determined by UPMC Health Plan. Nonparticipating Vision Providers may bill the Member the difference between the Provider’s billed charges and the plan allowance.

<sup>3</sup>Frequency is based on the Member’s Benefit Period.

<sup>4</sup>Lens coverage includes coverage for polycarbonate lenses when received in-network. Polycarbonate is included up to age 19.

<sup>5</sup>Collection Frames are defined as frames which an in-network Provider may make available at no out-of-pocket expense. In-network Providers have agreed to maintain a collection of at least 30 frames within their collection.

<sup>6</sup>Participating Vision Provider may also make available non-collection frames. Non-collection frames are frames that are any amount over the retail allowance for collection frames. If non-collection frames are chosen, Members are responsible for the difference in cost between the retail allowance amount for collection frames and the retail price of the frame, minus a 20% discount. Nonparticipating Vision Provider non-collection frames will be reimbursed up to \$30.

Members are eligible for additional lens options at a fixed fee, in-network only\*. If Members choose extra options, they are responsible for the additional cost of the options paid directly to the Participating Vision Provider.

20% discount may apply to amounts exceeding the plan allowance and may vary by provider\*. For additional lens options, refer to the chart below. Not all Participating Vision Providers participate in the discount plan.\*

Optional Lens and Treatment	Fixed Fee	Optional Lens and Treatment	Fixed Fee
Plastic Dyes – Solid	\$8.00	Progressives (Tier 1)	\$50.00
Plastic Dyes & Single Gradient	\$10.00	Progressives (Tier 2)	\$80.00
Anti-Reflective Coating (Tier 1)	\$40.00	Polarized (Tier 1)	\$65.00
High-Index Plastic 1.53-1.60/Trivex	\$40.00	Transitions VII	\$70.00
High-Index Plastic 1.66/1.67	\$71.00	Transitions VII MF	\$85.00
High-Index Plastic 1.70 and above	\$80.00		

	Additional Discounted Services performed by Participating Vision Providers
NVA EYEESSENTIAL® Plan*	The NVA EYEESSENTIAL® Plan is an additional benefit available to all members once the benefits as described in this Schedule of Benefits have been exhausted for the term. Benefit frequencies are unlimited, excluding examination. For more information, see the Plan document in your enrollment materials or on MyHealth Online. To see if your vision provider is participating visit [www.upmchealthplan.com] and select Find Care.
Mail-Order Contact Lens Replacement Program	For more information on this program, call Contact Fill® at 1-866-234-1393, or visit www.contactfill.com.
Lasik Surgery	Participants are also eligible for discounts on LASIK surgery, when received at one of the following preferred providers: UPMC Eye Center, TLC Vision, Qualsight, or LCA.

**\*Not all vision providers participate in the discount plan. To find a vision provider that participates in the discount plan, please contact the Member Services number at the back of your member identification card or visit the UPMC Health Plan provider directory at [www.upmchealthplan.com](http://www.upmchealthplan.com).**

*See the Pediatric Vision Certificate of Insurance for the details of the terms of coverage for your health benefit plan. In the event that the terms of your Pediatric Vision Certificate of Insurance conflict with this Pediatric Vision Schedule of Benefits, the terms of this Pediatric Vision Schedule of Benefits control.*

UPMC Health Plan is the marketing name used to refer to the following companies, which are licensed to issue individual and group health insurance products or which provide third party administration services for group health plans: UPMC Health Network Inc., UPMC Health Options Inc., UPMC Health Coverage Inc., UPMC Health Plan Inc., UPMC Health Benefits Inc., UPMC for You Inc., Community Care Behavioral Health Organization, and/or UPMC Benefit Management

Services Inc.

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[www.upmchealthplan.com](http://www.upmchealthplan.com)

## **Nondiscrimination Notice**

UPMC Health Plan<sup>1</sup>, on behalf of itself and its affiliates, complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

UPMC Health Plan provides free aids and services to people with disabilities so they can communicate effectively with us. Aids and services may include:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

UPMC Health Plan provides free language services to people whose primary language is not English. Language services may include:

- Qualified interpreters.
- Information written in other languages.

If you need these services, contact the Member Services phone number listed on the back of your member ID card.

If you believe that UPMC Health Plan has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a complaint with:

Complaints and Grievances  
PO Box 2939  
Pittsburgh, PA 15230-2939

Phone: 1-844-755-5611 (TTY: 711)

Fax: 1-412-454-5964

Email: [HealthPlanCompliance@upmc.edu](mailto:HealthPlanCompliance@upmc.edu)

You can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019. TTY/TDD users should call 1-800-537-7697.

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

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## Translation Services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-869-7228 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-869-7228 (TTY : 711)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-869-7228 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-869-7228 (телетайп: 711).

Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-869-7228 (TTY: 711).

주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . 1-855-869-7228 (TTY: 711) 번으로 전화해 주십시오 .

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-869-7228 (TTY: 711).

برقم اتصل بالمجان. لك تتوافر اللغوية المساعدة خدمات فإن اللغة، اذكر تتحدث كنت إذا ملحوظة). 711: والبكم: الصم 1-855-869-7228 هاتف (رقم)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-869-7228 (ATS: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-869-7228 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નન:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન ્કરો 1-855-869-7228 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-869-7228 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-869-7228 (TTY: 711).

សង្កា ល៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ បយើងម្តងលំបសវាជំនួយឧត្តកភាសាដោយមិនគិតថ្លៃ។ សូមទូរស័ព្ទលេខ 1-855-869-7228 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-869-7228 (TTY: 711).