UPMC Health Benefits, Inc.

Pediatric Vision Schedule of Benefits for Members up to Age 19

			Frequency[3]
	In-Network[1]	**Out-of-Network Reimbursement[2]**	**Children up to Age 19**
Benefit			
Examination	Covered at 100%; you pay $0	Up to $30	12 months
Lenses (for eyeglasses)[4]			
Single Vision	Covered at 100%; you pay $0	Up to $25	12 months
Bifocal	Covered at 100%; you pay $0	Up to $35	12 months
Trifocal	Covered at 100%; you pay $0	Up to $45	12 months
Frames			
Collection Frames[5]	Covered at 100%; you pay $0	Up to $30	12 months
Non-Collection Frames[6]	Covered	Up to $30	12 months
Contact Lenses (in lieu of eyeglasses) Contact lens fitting and follow-up reimbursement is separate from contact lens materials.			
Contact Lens Fitting and Follow Up	Covered at 100%; you pay $0	Up to $225	12 months
Contact Lens Material	Covered at 100%; you pay $0	Up to $225	12 months

[1]In-Network reimbursement is based on a 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 Members a fee for optional lenses and treatments listed below. Participating Vision Providers include in-network providers who choose to utilize an out-of-network laboratory.

[2]Out-of-Network reimbursement is based on Usual, Customary, and Reasonable charges 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.

[3]Frequency is based on the Member's Benefit Period.

[4]Lens coverage includes coverage for polycarbonate lenses when received in-network. Polycarbonate is included up to age 19.

[5]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.

[6]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**
Plastic Dyes – Solid	$8.00
Plastic Dyes & Single Gradient	$10.00
Anti-Reflective Coating (Tier 1)	$40.00
High-Index Plastic 1.53-1.60/ Trivex	$40.00
High-Index Plastic 1.66/1.67	$71.00
High-Index Plastic 1.70 and above	$80.00
Progressives (Tier 1)	$50.00
Progressives (Tier 2)	$80.00
Polarized (Tier 1)	$65.00
Transitions VII	$70.00
Transitions VII MF	$85.00

	Additional Discounted Services performed by Participating Vision Provider
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 the UPMC Health Plan member site. 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 on your member identification card or visit the UPMC Health Plan provider directory at 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.

UPMC Health Plan
U.S. Steel Tower
600 Grant Street
Pittsburgh, PA 15219
www.upmchealthplan.com

Discrimination is Against the Law

UPMC Health Plan, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. **UPMC Health Plan** does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

UPMC Health Plan:

- Provides free aids and services to people with disabilities so that they can communicate effectively with us. Aids and services may include:
  - Qualified interpreters.
  - Written information in other formats (large print, Braille, other formats).
- Provides free and timely language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters.
  - Information written in other languages
- If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact UPMC Health Plan Member Services at 1-844-220-4785. Help is available Monday to Friday 8 a.m. to 6 p.m.

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

Complaints/Grievances/Appeals
Attn:Chief Risk, Compliance & Ethics Officer
PO Box 2939
Pittsburgh, PA 15230-2939

Phone: 1-844-220-4795
TTY: 711
Fax: 412-454-7920
Email: HealthPlanCompliance@upmc.edu

You can file a compliant/grievance in person or by mail, fax, or email. If you need help filing a complaint/grievance, UPMC Health Plan Member Services is available to help you.

You can also 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/smartscreen/main.jsf, or by mail or phone at:

U.S. Department of Health and Human Services,
200 Independence Ave.SW, Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

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

This notice is available at UPMC Health Plan's website http://www.upmchealthplan.com/members/

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.

Translation Services

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **1-855-869-7228 (TTY: 711)** or speak to your provider.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-869-7228 (TTY: 711) o hable con su proveedor.

Chinese; Mandarin

注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-855-869-7228（文本电话：711）或咨询您的服务提供商。

Nepali

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-855-869-7228 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

Russian

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-869-7228 (TTY: 711) или обратитесь к своему поставщику услуг.

Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-855-869-7228 (711) أو تحدث إلى مقدم الخدمة.

Vietnamese

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-855-869-7228 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Ukrainian

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-855-869-7228 (TTY: 711) або зверніться до свого постачальника».

Portuguese

ATENÇÃO: Se você fala inserir idioma, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-855-869-7228 (TTY: 711) ou fale com seu provedor.

French

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-869-7228 (TTY : 711) ou parlez à votre fournisseur.

Korean

주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-855-869-7228 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Pennsylvania Dutch

ACHTUNG: Wann du Pennsylvanisch Deitsch schwetzscht, sin Hilfsdienst fer die Sprooch fer dich gratis verfügbar. Passende Hilfsmittel un Dienscht, fer Informatione in zugängliche Formate ze gebbe, sin aa gratis verfügbar. Ruf 1-855-869-7228 (TTY: 711) oder schwetz mit dein Anbieter.

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-855-869-7228 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Igbo

NLEBARA ANYA : Ọ bụrụ na ị na-asụ asụsụ Igbo, enwere ọrụ enyemaka asụsụ n'efu maka gị. A na-enyekwa ihe enyemaka na ọrụ ndị kwesịrị ekwesị iji nye ihe ọmụma n'ụdị ndị dị mfe inweta n'efu. Kpọọ 1-855-869-7228 (TTY: 711) ma ọ bụ gwa ndị na-ahụ maka ahụike gị okwu.

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-855-869-7228 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Italian

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama 1-855-869-7228 (TTY: 711) o parla con il tuo fornitore.