

UPMC Vision Advantage – Basic Vision

Benefit	Basic Vision	
	In-Network Amount Covered (Less Copayment ¹)	Out-of-Network Amount Reimbursed
Copayment ¹	\$15	N/A
Examination	100%	\$30
Lenses		
Single Vision	Discount ²	Not Covered
Bifocal	Discount ²	Not Covered
Trifocal	Discount ²	Not Covered
Polycarbonate Lens Material	Discount ²	Not Covered
Frames	Discount ²	Not Covered
Contact Lenses		
In Lieu of Glasses		
Contact Lens Fitting and Follow Up	Not Covered	Not Covered
Contact Lens Material	Not Covered	Not Covered
Frequency of Service		
Examination		
Employee/Spouse/Adult Dependents	24 months	
Children (through age 18)	24 months	
Lenses		
Employee/Spouse/Adult Dependents	Not Covered ²	
Children (through age 18)	Not Covered ²	
Frames		
Employee/Spouse/Adult Dependents	Not Covered ²	
Children (through age 18)	Not Covered ²	

¹A \$15 copayment applies to the vision examination

²Members receive a 20% discount for frames and lenses for glasses only