

UPMC Vision Advantage – Premium Vision

Benefit	Premium Vision	
	In-Network Amount Covered (Less Copayment ¹)	Out-of-Network Amount Reimbursed ²
Copayment ¹	\$15	NA
Examination	100%	\$40
Lenses		
Single Vision	100%	\$40
Bifocal	100%	\$50
Trifocal	100%	\$75
Polycarbonate Lens Material ³	100%	Not Covered
Frames	\$100 Retail Allowance plus discount ⁴	\$55
Contact Lenses		
In Lieu of Glasses		
Contact Lens Fitting and Follow Up	\$50 Allowance ⁵	\$40
Contact Lens Material	\$100 Retail Allowance	\$80
Frequency of Service		
Examination		
Employee/Spouse/Adult Dependents	12 months ⁶	
Children (through age 18)	12 months ⁶	
Lenses		
Employee/Spouse/Adult Dependents	12 months ⁶	
Children (through age 18)	12 months ⁶	
Frames		
Employee/Spouse/Adult Dependents	12 months ⁶	
Children (through age 18)	12 months ⁶	

¹A \$15 copayment applies to the vision examination

²Usual, Customary, and Reasonable as determined by UPMC Health Plan.

³ Available In-Network at no charge for children under age 19.

⁴ Plan pays up to \$100 retail value on frames. Plan will reimburse the provider 70% of the member's plan maximum for frames. The additional 30% is a contractual discount to the plan and cannot be billed to the patient. Any remainder above the patient's frame allowance is to be charged to the patient, minus a 20% discount, and can be collected at the time of service.

⁵ Plan will reimburse provider 70% of their billed charges up to the member's maximum. For specialty lens evaluation, the provider may bill the patient the difference between the provider's billed charges and the plan/member allowance. Provider cannot balance bill for standard lens evaluation

⁶ Additional examination, frames, and lenses for glasses purchased prior to the next eligibility period are available at a discounted rate of 20%.