

# GWU Vision Plan 2024 Comparison Sheet



|                                   |  | Vision Plan Comparison  |   |   |
|-----------------------------------|--|---|---|---|
|                                   |  | GW PPO Medical Plan<br>Vision Coverage  | Buy-up<br>Basic<br>Vision Plan  | Buy-up<br>Enhanced<br>Vision Plan   |
| Plan Details                      | <b>Benefit Frequency</b>   |   |   |   |
|                                   | Comprehensive Exam   | Once every 24 months  | Once every 12 months  | Once every 12 months  |
|                                   | Spectacle Lenses   | Once every 24 months  | Once every 12 months  | Once every 12 months  |
|                                   | Frames   | Once every 24 months  | Once every 24 months  | Once every 12 months  |
|                                   | Contact Lenses in Lieu Eyeglasses  | Once every 24 months  | Once every 12 months  | Once every 12 months  |
|                                   | <b>Copays</b>  | \$30 copay  | \$0   | \$0   |
|                                   | <b>Materials</b><br>(Frames/Spectacle Lenses or Contact Lenses)  |   |   |   |
|                                   | Lens: Single Vision, Lined Bifocal, Lined Trifocal, Lenticular   | No coverage   | \$20 copay  | \$20 copay  |
|                                   | Covered-in-full Lens Options   | No coverage   | Standard Scratch Coating  | Glass Coating (Gradient); Glass Coating (Solid); Gradient Tint; Polycarbonate Lenses (Multi Focal); Polycarbonate Lenses (Single Vision); Solid Tint; Standard Anti-Reflective Coating; Standard Progressive Lenses; Standard Scratch Coating; Ultraviolet Coating Glass; Ultraviolet Coating Plastic |
|                                   | Non-covered Lens Options:  | No coverage   | Price Protection available for non-covered lens options ranging from 20-60% off retail pricing at participating providers   | Price Protection available for non-covered lens options ranging from 20-60% off retail pricing at participating providers   |
| Retail Frame Allowance            | No coverage  | Up to \$130<br>30% discount on frame coverage at participating providers  | Up to \$130<br>30% discount on frame coverage at participating providers  |   |
| <b>Contact Lens</b>               | No coverage  | \$105 allowance<br>If you choose disposable contacts, up to 4 boxes are included when obtained from an in-network provider.<br><br><b>Find covered contacts at <a href="http://www.uhccontacts.com">www.uhccontacts.com</a></b> | \$150 allowance<br>If you choose disposable contacts, up to 6 boxes are included when obtained from an in-network provider.<br><br><b>Find covered contacts at <a href="http://www.uhccontacts.com">www.uhccontacts.com</a></b> |   |
| <b>Out of Network</b>             | 60% of eligible expenses after satisfying \$2,000 deductible   | Refer to Vision Buy-Up summary  | Refer to Vision Buy-Up summary  |   |
| <b>How to search for provider</b> | Go to <a href="http://www.myuhc.com">www.myuhc.com</a> > Find Care & Costs > Medical Directory > People > Specialty Care | Go to <a href="http://www.myuhc.com">www.myuhc.com</a> , enter Zip Code in Provider Quick Search  | Go to <a href="http://www.myuhc.com">www.myuhc.com</a> , enter Zip Code in Provider Quick Search  |   |
| <b>Additional Information</b>     | Provider your UHC Medical ID card at the provider's office   | You don't need your ID card to use your benefits. If you would prefer an ID card, you may access it from your computer or mobile device at <a href="http://www.myuhc.com">www.myuhc.com</a>                                     | You don't need your ID card to use your benefits. If you would prefer an ID card, you may access it from your computer or mobile device at <a href="http://www.myuhc.com">www.myuhc.com</a>                                     |   |