

GWU Vision Plan 2025 Comparison Sheet



		Vision Plan Comparison		
		GW PPO/HSP Medical Plan Vision Coverage	Buy-up Basic Vision Plan	Buy-up Enhanced Vision Plan
Plan Details	Benefit Frequency*			
	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
		*Benefit Frequency is based on date of service. For example, if you had a vision exam on 1/15/25, you will be eligible for a vision exam 12 months (1/15/2026.) If you only have vision through the Medical Plans (PPO/HSP), you are eligible for an exam every 24 months based on last date of service.		
	Copays	PPO - \$30 copay HSP - Ded, then 20%	\$0	\$0
	Materials (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 30% discount on frame coverage at participating providers	Up to \$150 30% discount on frame coverage at participating providers
	Contact Lens	No coverage	\$130 allowance If you choose disposable contacts, up to 4 boxes are included when obtained from an in-network provider. Find covered contacts at www.uhccontacts.com	\$150 allowance If you choose disposable contacts, up to 6 boxes are included when obtained from an in-network provider. Find covered contacts at www.uhccontacts.com
	Out of Network	60% of eligible expenses after satisfying \$2,000 deductible	Refer to Vision Buy-Up summary	Refer to Vision Buy-Up summary
	How to search for provider	Go to www.myuhc.com > Find Care & Costs > Medical Directory > People > Specialty Care	Go to www.myuhc.com , enter Zip Code in Provider Quick Search	Go to www.myuhc.com , enter Zip Code in Provider Quick Search
	Additional Information	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 www.myuhc.com	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 www.myuhc.com