

GW Plan Vision Comparison

Vision Plan Comparison			
	GW PPO Medical Plan Vision Coverage	Buy-up Basic Vision Plan	Buy-up Enhanced Vision Plan
Benefit Frequency			
Comprehensive Exam(s)	Up to one exam every 24 months	Once every 12 months	Once every 12 months
Eyeglass Lenses	Not covered	Once every 12 months	Once every 12 months
Frames	Not covered	Once every 24 months	Once every 12 months
Contact Lenses in Lieu of Eyeglasses	Not covered	Once every 12 months	Once every 12 months
In-Network Services			
Copays			
Comprehensive Exam(s)	\$30 per visit Copay	No Charge	No Charge
Materials	Not Covered	\$20 copay	\$20 copay
Frame Benefit			
Private Practice or Retail Chain	Not Covered	\$130 allowance <i>For frames that exceed the allowance, an additional 30% discount may be applied to the overage</i>	\$130 allowance <i>Standard Scratch-resistant Coating, Polycarbonate Lenses for Dependents. Other optional lens upgrades may be offered at a discount (discount varies by provider).</i>
Lens Options	Not Covered	<i>Standard Scratch-resistant Coating, Polycarbonate Lenses for Dependents</i>	<i>Standard Scratch-resistant Coating, Polycarbonate Lenses for Dependents. Other optional lens upgrades may be offered at a discount (discount varies by provider).</i>
Contact Lens Benefit	Not Covered	<i>Selection contact lenses refer to our formulary contact list. Contact lenses not listed on the formulary are referred to as non-selection. A copy of the list can be found at https://hr.gwu.edu/vision-benefits</i>	<i>Selection contact lenses refer to our formulary contact list. Contact lenses not listed on the formulary are referred to as non-selection. A copy of the list can be found at https://hr.gwu.edu/vision-benefits</i>
Selection Contact Lenses	Not Covered	<i>If you choose disposable contacts, up to 4 boxes are included when obtained from an in-network provider</i>	<i>If you choose disposable contacts, up to 6 boxes are included when obtained from an in-network provider</i>
Non-Selection Contact Lenses	Not Covered	\$105.00	\$150.00
Additional Information			
Out-of-Network Services	60% after you meet \$2,000 annual out-of-network deductible	See Vision Buy-up Benefit Summary which can be found on https://hr.gwu.edu/vision-benefits	
ID Card(s)	Provider your UHC Medical ID card at the provider's office	Do not show your medical ID card. You don't need your ID card to use your benefits. If you would prefer to have an ID card, you can download a copy at www.myuhc.com or by using the UHC App.	
How to find in-network providers	Go to www.myuhc.com > Find a provider (do not select Vision Provider) > Medical Directory > Employer & Individual Plans > Choice Plus > Change location > People > Specialty Care	Log-in to myuhc.com > Find Care & Cost > Vision Providers	

