

	 UnitedHealthcare Healing health care. Together.™
	<i>Renewal</i>
Benefit	United Healthcare Plan S1041
In Network Copay	Exam - \$25 copay; Materials - \$25 copay
Allowances	Frame - \$130 Elective Contact Lens - \$105
Frequency of Benefits	Exam every 12 Months Lenses every 12 Months Frames every 12 Months
Loss of Sight Benefit	N/A
Out of Network Reimbursement	Exam - up to \$40 Lenses - up to \$80 Frame - up to \$45