



**Vision Plan Benefit Summary – 1815 Part-Time Employees  
United Healthcare**

<b>IN-NETWORK ONLY BENEFITS</b>	
Vision Exams	Covered at 100% once every 12 months
Single Vision Lenses	Covered at 100% once every 12 months
Bifocal Lenses	Covered at 100% once every 12 months
Trifocal Lenses	Covered at 100% once every 12 months
Lenticular Lenses	Covered at 100% once every 12 months
Additional Services	Sunglasses / Tints      UV coating Polycarbonate lenses      Anti-reflective coating Edge coating      Transition coating Photochromatic coating      Progressive lenses Scratch resistant coating
Eyeglass Frames	Covered up to 100% once every 12 months. Applicable allowance depending on whether the frames are acquired through an independent or retail provider.
Contact Lenses, in lieu of glasses	Covered at 100% once every 12 months up to the following: \$200 per pair for elective contacts \$455 per pair for medically necessary soft contacts \$230 per pair for medically necessary hard contacts
Lasik Eye Surgery	Not available
Miscellaneous	No claim forms are required There is no outlay of cash for covered services up to the maximum benefit There is no balance billing

*This Benefit Summary is only a brief summary of your benefits. We have tried to ensure its accuracy, but if there is any discrepancy between the benefits shown above and the official plan documents and agreements, the official documents will rule.*



**Basic Life/AD&D Benefit Summary – 1815**

**Unum**

Item	Benefit
Benefit Amount	2 times salary to a maximum of \$150,000 or flat \$50,000 (less the \$50,000 provided through MESSA)
Reduction Schedule	Basic Life: None Basic AD&D: None

**Short Term Disability Benefit Summary – 1815**

**Unum**

Item	Benefit
Elimination Period (period of disability before Short Term Disability benefits are payable)	Accident, Hospital Confinement or 1 <sup>st</sup> day out-patient surgery – first day of disability Sickness - 14 days (benefits are payable on the 15th day)
Benefit Amount	60% of earnings
Weekly Benefit Maximum	\$750
Duration of Benefit Period	26 weeks (when you may become eligible for Long Term Disability benefits)
Benefit Offsets	State disability benefits No-fault motor vehicle disability income Family social security benefits

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**Flexible Spending Accounts – 1815  
Employee Benefit Concepts**

<b>Item</b>	<b>Benefit</b>
Health Care Reimbursement Account (HCRA) <i>(Available only to those opting out of the medical plans)</i>	Annual Maximum: \$3,050
Dependent Care Reimbursement Account (DCRA)	Annual Maximum: \$5,000

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