



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

	IN-NETWORK ONLY BENEFITS
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 st 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	
Item	Benefit
Health Care Reimbursement Account (HCRA) <i>(Available only to those opting out of the medical plans)</i>	Annual Maximum: \$2,600
Dependent Care Reimbursement Account (DCRA)	Annual Maximum: \$5,000

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