



VISION PLAN

Flores & Associates administers the vision plan.

There's an app for that!
Search "United Healthcare"



Submit claims to Flores & Associates (PO Box 31397, Charlotte, NC 28231-1397) or if your eye doctor will not file the claims for you, you will need to complete a claim form and submit to Flores.

VISION PLAN			
	Plan I	Plan II	Plan III
Annual Eye Exam Reimbursement (once per insured employee or dependent every plan year)			
Optometrist	\$25.00	\$50.00	\$85.00
Ophthalmologist	\$25.00	\$50.00	\$85.00
Lenses (once per insured employee or dependent every plan year)			
Single Vision	\$18.00	\$ 35.00	\$ 53.00
Bi-focal	\$23.00	\$ 45.00	\$ 68.00
Tri-focal	\$28.00	\$ 55.00	\$ 83.00
Contacts (in lieu of eyeglass frames & lenses)	\$75.00	\$100.00	\$125.00
Frames (once per insured employee or dependent every plan year)			
	\$50.00	\$75.00	\$100.00
2021—Weekly Employee Contributions			
Employee	\$0.10	\$0.20	\$0.28
Employee + Child(ren)	\$0.12	\$0.24	\$0.30
Employee + Spouse	\$0.15	\$0.26	\$0.34
Family	\$0.17	\$0.28	\$0.38