UnitedHealthcare Vision
2025 Summary of Benefits and Coverage

We rely on our sight more than any other sense, and the Publix Group Vision Plan provides vision benefits at an affordable cost. This summary lists the most common covered services and materials, along with your share of the cost. The complete Schedule of Benefits, including the applicable exclusions and limitations are available by visiting the UnitedHealthcare Vision website. Visit publix.org and log in to PASSport to find associate pay period deductions for all coverage tiers and a link to the provider website, including a provider locator. You also may call UnitedHealthcare Vision toll-free at 1-800-815-8119. ID cards are not issued or needed to access benefits. You will need to provide your name, date of birth and nine-digit personnel number (including any necessary leading zeros) to make an appointment.

	Network Provider[2] Patient Pays	Out-of-Network Provider[3] Patient Pays
COMPREHENSIVE EYE EXAM[1] (once every calendar year)	$10 copay – No deductible	Full charge up to a $40 allowance
PAIR OF LENSES FOR EYEGLASSES[4]		
(once every calendar year)	$15 copay – No deductible	Full charge up to a $40 allowance
Standard single vision	$15 copay – No deductible	Full charge up to a $60 allowance
Standard lined bifocal	$15 copay – No deductible	Full charge up to a $80 allowance
Standard lined trifocal	$15 copay – No deductible	Full charge up to a $80 allowance
Standard lenticular	$15 copay plus additional cost	Full charge up to a $60 allowance
Progressive	$55 Tier 1; $100 Tier 2; $150 Tier 3; $200 Tier 4; and $250 Tier 5 – No deductible	
FRAMES[4,5] (once every two calendar years)	$0 – No deductible	Full charge up to a $45 allowance
CONTACT LENSES (in lieu of frames and lenses)	$15 copay – No deductible	Full charge up to a $200 allowance
Formulary contact lenses (includes fitting/evaluation fees, up to eight boxes of contact lenses and up to two follow-up visits)[6]	Full charge less $200 allowance	Full charge up to a $200 allowance
Non-Formulary contact lenses (allowance is applied toward the purchase of contact lenses)[7]	$15 copay – No deductible	Full charge up to a $210 allowance
Medically necessary contact lenses[8]		
LASER EYE SURGERY (LASIK)	Discount pricing available [9]	Full charge up to a $45 allowance

[1] Pregnant or breastfeeding women and children up to age 19 are eligible for a second eye exam each calendar year. If their vision prescription changes 0.5 diopter or more in a calendar year, they are eligible for a second pair of glasses (frames and lenses). The exam and materials copays still apply. The second pair does not include contact lenses or fittings.

[2] Providers located at competitors such as Costco, Target and Walmart are excluded from this plan even if they otherwise accept UnitedHealthcare Vision insurance.

[3] When receiving services or materials from an out-of-network provider, you are responsible for paying the provider's full charge at the time of your visit. The allowances shown in this column are the maximum amounts you may be reimbursed upon filing a claim for benefits with UnitedHealthcare Vision, unless otherwise noted. If the provider's charge is less than the maximum allowance shown, you may be reimbursed only up to the provider's charge. Progressive lenses are shown with anapproximate allowance, not a maximum allowance.

[4] The $15 copay applies to the entire purchase of eyeglasses (frames and/or lenses) from a network provider. Polycarbonate lenses for adults, polycarbonate lenses for children up to age 19 and standard scratch-resistant coating are covered in full with a network provider. Other lens options, such as tints, UV coating, anti-reflective coating and blue light protection, are available under the plan from a network provider for an additional cost Prescription sunglasses are available from a network provider, in lieu of standard frames and lenses or contact lenses, at the $15 copay plus an additional cost for tinting.

[5] The UnitedHealthcare Vision benefit of $150 applies to all frames in the network provider's office. If you wish to select a frame with a higher price (e.g. a designer frame), you are responsible for paying the provider a reduced cost for the frame.

[6] Formulary contact lenses refer to contact lenses available on our formulary contact list. Contact lenses not on this list are referred to as Non-Formulary. A copy of the list can be found at myuhcvision.com.

[7] An allowance is applied toward the purchase of contact lenses not on the formulary contact list. The allowance is for materials. No portion will be applied to the fitting and evaluation. Contact lens copay is waived.

[8] Medically necessary contact lenses are prescribed at the doctor's discretion for one or more of the following conditions: following post cataract surgery without intraocular lens implant, to correct extreme vision problems that cannot be corrected with spectacle lenses, with certain conditions of anisometropia and with certain conditions of keratoconus. If your doctor considers your contacts medically necessary, ask your doctor to contact UnitedHealthcare Vision concerning the reimbursement that UnitedHealthcare Vision may make before you purchase such contact lenses.

[9] UnitedHealthcare has partnered with QualSight LASIK, the largest LASIK manager in the United States, to provide our members with access to discounted laser vision correction services. Member savings represent up to 35% off the national average price of Traditional LASIK.