

Vision



Vision coverage on many UnitedHealthcare Medicare Advantage plans provides valuable, **additional benefits** not covered by Original Medicare and **broad access to a large national network** of vision providers and retail locations.

\$0 Routine eye exam
Eyewear allowance starting at \$250

2027 Benefit Overview



Biennial allowance period. Most members don't need new glasses every year, in fact, many members use their allowance benefit every two years. To align, the eyewear allowance period is extended to two years for Non-SNP, C-SNP and Partial D-SNP members. Most I-SNP, Full D-SNP plans designed for consumers with both Medicare and Medicaid members will continue to receive an annual eyewear allowance. If a member used their eyewear benefit in 2026 and they remain on the same plan in 2027, they will not be eligible for their eyewear benefit again until 2028 if they have a biennial allowance period.

Plans with an exam only benefit will have access to our new eyewear discount program in 2027 with many familiar retailers partners our members use today.



Copays removed for standard lenses. Members now receive a flat credit for lenses and frames or contacts. For most plans the credit levels have increased to accommodate the change.



Adding out-of-network coverage to PPO plans. 90% coinsurance will apply to frames, lenses and contacts purchased from a provider outside of the UHC Vision network. 90% coinsurance will be applied to the allowance amount – member is responsible for 90% and the plan 10%. The member is responsible for any cost above the allowance amount.

Note: 2027 benefits are subject to final regulatory approval and may not be communicated to consumers or members prior to Oct. 1, 2026.

Why UnitedHealthcare?

- \$0 routine eye exams when members visit an in-network provider.
- Allowance can be used toward the purchase of 1 pair of eyeglasses (lenses/frames) **or** contacts.
- UnitedHealthcare Vision network provides members both access and choice.
- In 2027 members will continue to have access to one of the nation's largest vision networks, with more than 185,000 access points across the country. That scale helps members find care where and how they prefer, whether that's close to home, or while traveling.
- Just as important as access is choice. Members can select from national retailers, regional providers, independent private practices, online providers, and specialty vision care options.





How does it work?

Vision coverage on UnitedHealthcare Medicare Advantage plans offers in-network, routine vision benefits. Members can find a network provider for routine vision care by visiting the member website. As a reminder, members' medical benefits cover medical care for eye diseases such as cataracts, macular degeneration, etc.

UnitedHealthcare Vision

Plan Eligibility

- Non-SNP
- C-SNP
- Partial D-SNP

- Biennial allowance for 1 pair eyeglasses (lenses/frames) **or** contacts
- \$0 copay for yearly routine eye exam (including refraction)
- Access to a large national network

UnitedHealthcare Vision

Plan Eligibility

- D-SNP (Full/All/MS\$0/ plans designed for consumers with both Medicare and Medicaid)
- Most I-SNP

- Annual allowance for 1 pair eyeglasses (lenses/frames) **or** contacts
- \$0 copay for yearly routine eye exam (including refraction)
- Access to a large national network

March Vision

Plan Eligibility

- Select D-SNPs in DC, ID, IN, KY, MI, NC, NE, NM, NY, OH, OK, PA, TN, TX, VA, & WI

- \$0 copay for yearly routine eye exam (including refraction)
- Annual allowance for 1 pair of eyeglasses (frames/ lenses) **and** contacts
- Smaller network of private practice providers

How can you support your members?

- Help members know what to expect for 2027 and how to get the most out of their benefits.
- Help members use our self-service tools to find a provider by logging into the member website and using the Vision Provider Search tool. Or you can find a provider by visiting Jarvis > Quick Access > UHC Vision Care Providers or March Vision Care.
- Help members with out-of-network reimbursement requests by pointing them to Ch. 7 of the Evidence of Coverage (EOC).

