

# Gold Complete 130

## Allowance Summary

Oral Roberts University -Group #9022

	UV Standard Network	UV PLUS Network	Out of Network
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### Benefit Frequency

Eye Exam	12 Months	12 Months	12 Months
Frames	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Contacts	12 Months	12 Months	12 Months

### Member Fees

Eye Exam	\$10	\$10	\$0
Glasses	\$20	\$20	\$0
Polycarbonate for Kids	\$0	\$0	\$0
Contacts	\$0	\$0	\$0
Lasik	\$0	\$0	\$0

### Eye Exam (amount included after exam fee listed above)

Comprehensive eye health examination including refraction and dilation	100%	100%	\$50
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### Flexible Exam Benefit

In the event you have an eye exam included with another plan, Unity Vision allows you to use your exam benefit for other services or materials. A credit will be applied to your bill at time of service toward non-covered items.

	\$65	\$65	\$0
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### Frames

Frame allowance toward retail price of any frame in provider's office.	\$130	\$130	\$60
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### Lenses (amount included after glasses fee listed above)

Single Vision: CR-39 in glass or plastic	100%	100%	\$50
Bifocal: CR-39 in glass or plastic	100%	100%	\$75
Trifocal: CR-39 in glass or plastic	100%	100%	\$100
Standard Progressive Lenses	Up to retail price of lined trifocal	Up to retail price of lined trifocal	\$100
Premium Progressive Lenses	Up to retail price of lined trifocal	Up to retail price of standard progressive	\$100

### Lens Options

Scratch Resistant Coating	Not Included	100%	\$0
Ultraviolet Coating	Not Included	100%	\$0
Anti-Reflective Coating	Not Included	100%	\$0
Oil & Water Resistant Coating	Not Included	100%	\$0
Polycarbonate for Kids (after PK fee listed above)	100%	100%	\$0
Polycarbonate for Adults	Not Included	Not Included	\$0

### Contacts

Elective Contact Lenses: In lieu of glasses. Can be used toward multi-focal contacts and contact lens fitting fees.	\$130	\$130	\$80
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Medically Necessary Contact Lenses: Requires prior authorization from your doctor to the Unity Vision Medical Director. Medically necessary is defined as 1) Keratoconus; or 2) monocular and/or binocular aphakia

	\$750	\$750	\$80
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### Lasik

In lieu of glasses and contacts. Allowance of \$200 toward Lasik procedure in the form of a reimbursement directly to the member. To file for Lasik reimbursement, go to <https://unityvision.care/lasik-discount-network/>

### GENERAL LIMITATIONS AND EXCLUSIONS:

Unity Vision guarantees benefits only for the products/services listed above. Any charges incurred for items not detailed here, or that are incurred after the membership ends, are the sole responsibility of the member. Out of network benefits are provided in the form of a reimbursement directly to the member. To file for an out of network reimbursement, visit <https://unityvision.care/member-resources/>