

Keeping you healthy is our top priority. Your vision benefits will help you to maintain optimal health and ensure that you receive the quality care you deserve.

Vision Examination

- Plan pays 100% of the eligible charge for one routine vision examination and refraction per member, per calendar year

Appliances

- Up to **\$150** every calendar year towards the purchase of eyeglasses, contact lenses, frames, lenses, or any combination thereof
- The member is responsible for paying the provider the difference between UHA's payment and the total actual charge

Vision Care Providers

Members have the choice of going to a participating or non-participating UHA vision provider who must be a licensed Ophthalmologist (M.D.) or Optometrist (O.D.).

Limitations And Exclusions

The following services are not covered:

- Contact lens fitting
- Repair or replacements of frame parts and accessories
- Sunglasses
- Prescription inserts for diving masks
- Nonprescription industrial safety goggles
- Tinting of glasses

How To File A Vision Claim For Services From A Non-Participating Provider

- Send your receipt or invoice and copy of your UHA medical card

Via Mail:

700 Bishop Street, Suite 300
Honolulu, HI 96813

Via Fax:

866-572-4393

- All claims must be filed within one year from the date of service; claims filed after one year will not be paid

If you have any questions about your vision plan benefits, please contact UHA Customer Services at 808-532-4000, or 1-800-458-4600 from the neighbor islands.