

UnitedHealthcare Vision has been trusted for more than 40 years to deliver affordable, innovative vision care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible, diversified vision care network.



### Co-Pays

Comprehensive Exam	\$10
Materials	\$25

### Benefit Frequency

Comprehensive Exam	12 months
Spectacle Lenses	24 months
Frames	24 months
Contact Lenses- (in lieu of eyeglasses)	24 months

### Out of Network Reimbursement

Network copays do not apply

Comprehensive Exam	\$60
Lenses	
Single Vision	\$40
Bifocal	\$60
Trifocal	\$80
Lenticular	\$80
Frames	\$45
Contact Lenses (in lieu of eyeglasses)	
Elective	\$200
*Necessary	\$210

You do not need to submit a claim for In-Network benefits. However, you must submit a claim to UnitedHealthcare Vision for benefit reimbursement for Out of Network services.

### Laser Vision Benefit

UnitedHealthcare Vision has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser vision correction providers. (877) 28-SIGHT

### Covered in Full (after applicable copays)

#### In-Network Benefits

- Comprehensive Exam
- Lenses
  - Standard Single Vision
  - Standard Lined Bifocal
  - Standard Lined Trifocal
- Lens Options
  - Standard Scratch Resistant Coating
  - Polycarbonate Lenses
- Frame
- Contact Lenses (in lieu of eyeglasses)
  - Elective
  - \*Necessary

### Frame Benefit

- Private Practice Provider- \$50 wholesale allowance (approximate retail value of \$120-\$150)
- Retail Chain Provider- \$130 retail frame allowance

### Network Contact Lens Benefit

- Covered-in-full contact lenses in lieu of eyeglasses. The covered-in-full contact lens benefit at network providers includes fittings/evaluation, contacts and two follow-up visits (after \$25 copay). For those who choose disposable lenses, up to 8 boxes are included when obtained from a network provider.

### UnitedHealthcare Vision™

#### Vision Care Benefits

Copays	Exam	\$10
	Materials	\$25
Frequency		
	Exams	Every 12 months
	Lenses	Every 24 months
	Frames	Every 24 months
	Contacts	Every 24 months

(Contacts are in lieu of lenses and frames)

**This card does not guarantee eligibility and benefits**

## Choosing Vision Benefits Just Makes Sense

- Vision care and eyewear can cost an average of \$275 without a vision plan\*\*
- Routine eye exams provide an opportunity for spotting systemic health problems, such as diabetes, hypertension, multiple sclerosis, brain tumors, lupus, AIDS, osteoporosis, rheumatoid arthritis, and Grave's disease.<sup>1</sup>
- About 80% of learning in a child's first 12 years comes through the eyes.<sup>2</sup>
- Nearly 90 % of computer users suffer vision problems associated with computer eye strain.<sup>3</sup>
- 14 million Americans are visually impaired. Of these, more than 11 million have uncorrected visual impairments.<sup>4</sup>

## Network Flexibility and Convenience

UnitedHealthcare Vision's vision provider network has over 30,000 locations nationwide. With more than 17,000 private practice providers and over 13,000 retail chain locations, UnitedHealthcare Vision's national network clearly offers the greatest convenience and access to care, including evening and weekend hours!

## Ease-of-Use

As a UnitedHealthcare Vision member, we make it easy for you to start using your benefits.

1. Choose a provider via our Provider Locator or our web site [www.myuhcspecialtybenefits.com](http://www.myuhcspecialtybenefits.com)
2. Call them to schedule your appointment. Identify yourself as a UnitedHealthcare Vision member.
3. Receive your exam
4. Choose your eyewear

## Important to Remember

- Benefits available every 12 or 24 months (depending on the benefit frequency), based on last date of service.
- Lens Options such as progressive lenses, tints, UV and anti-reflective coating may be available at a discount.
- Your \$200 contact lens allowance is applied to the fitting/evaluation fees as well as the purchase of contact lenses. For example, if the fitting/evaluation fee is \$30, you will have \$170 towards the purchase of contact lenses. The allowance may be separated at some retail chain locations between the examining physician and the optical store. If you choose disposable contacts, you may receive up to 8 boxes of disposable contacts (depending on prescription). Toric, gas permeable and bifocal contacts are all examples of contacts that are outside of our covered-in-full selection.
- If you elect vision coverage and choose to use an out-of-network provider, you still receive a great benefit. You will be reimbursed up to the out-of-network maximums. In order to receive reimbursement, all you need to do is submit the itemized paid receipt(s), along with the primary insured's unique identification number and patient's name and date of birth, to the following address: **UnitedHealthcare Vision, Attn: Claims Dept., P.O. Box 30978 Salt Lake City, UT 84130** Receipts for services and materials purchased on different dates must be submitted together at the same time to receive reimbursement. Receipts must be submitted within 12 months of the date of service.
- \*Necessary contact lenses are determined at the provider'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; with certain conditions of keratoconus. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare Vision to confirm reimbursement that UnitedHealthcare Vision will make before you purchase such contacts.

### FOR MORE INFORMATION

**Customer Service:** (800) 638-3120

Monday through Friday: 8:00 a.m. - 11:00 p.m. ET  
Saturday: 9:00 a.m. - 6:30 p.m. ET

**Provider Locator:** (800) 839-3242

**TDD for the hearing impaired:** (800) 524-3157

**Submit Out-of-Network Claims to:**

UnitedHealthcare Vision Claims Department

P.O. Box 30978

Salt Lake City, UT 84130

For more information about your UnitedHealthcare Vision, vision plan, visit [www.myuhcspecialtybenefits.com](http://www.myuhcspecialtybenefits.com) or call Customer Service.

**Please note: Please consult the applicable policy/certificate of coverage for a full description of benefits, including exclusions and limitations. If there are differences in this document and the Group Policy, the Group Policy is the governing document.**

The following services and materials are excluded from coverage under the Policy: Post cataract lenses; Non-prescription items; Medical or surgical treatment for eye disease that requires the services of a physician; Worker's Compensation services or materials; Services or materials that the patient, without cost, obtains from any governmental organization or program; Services or materials that are not specifically covered by the Policy; Replacement or repair of lenses and/or frames that have been lost or broken; Cosmetic extras, except as stated in the Policy's Table of Benefits.

\*\* Approximate retail value illustrated: Exam & refraction (\$65), Single Vision (\$80), and Frames (\$130).

Average retail costs may vary by provider.

<sup>1</sup> *Employee Benefit News*, April 15, 2005

<sup>2</sup> *Journal of Behavioral Optometry*, AOA, Jan. 2007

<sup>3</sup> *Journal of Behavioral Optometry*, AOA, Jan. 2007

<sup>4</sup> *Science Daily*, May 2006

UnitedHealthcare Vision is underwritten by United HealthCare Insurance Company or United HealthCare Insurance Company of New York..

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