

UnitedHealthcare Vision

Your vision is important to your health. Whether your vision is 20/20 or less than perfect, everyone should receive regular vision care. The UnitedHealthcare Vision benefit is being offered as a part of our commitment to your well-being.

UnitedHealthcare Vision provides affordable, quality vision care, nationwide. Through our national provider network, you will receive a comprehensive vision examination, as well as eyeglasses (lenses and frames), or contact lenses in lieu of eyeglasses.

Carefully review the summary of your vision benefit. Please, don't take chances with your most precious possession – the gift of sight. Take advantage of this very important benefit.

If you have any questions or concerns about your vision options, please call UnitedHealthcare Vision's Customer Service Center.

1.800.638.3120 or
TDD 1.800.524.3157 for the hearing impaired
Monday - Friday 8:00 a.m. to 11:00 p.m. EST
Saturday 9:00 a.m. to 6:30 p.m. EST

Vision Benefit Reference Card UnitedHealthcare Vision™

MISD

(Group D204/C1480)

Exam	once every 12 months
Lenses	once every 12 months
Frames	once every 24 months
Contacts*	once every 12 months

*(in lieu of lenses & frames)

Exam Copay	\$0
Materials Copay	\$0

Easy Benefit Access

With UnitedHealthcare Vision, you are able to visit any provider you choose, but you maximize your savings when you visit a network provider.

How to locate a network provider:

- www.myuhcspecialtybenefits.com

Place your mouse over “Members and Future Members,” and select “Locate a Provider.” Then choose your search options, and select a provider near you. The online Provider Locator offers door-to-door directions to your selected network provider's office. Other services, such as claim status tracking, order tracking, and answers to frequently asked questions, are also available online.

- **1.800.839.3242**

You may also find a network provider through UnitedHealthcare's Interactive Voice Response (IVR) system. Simply follow the voice prompts.

Once you've chosen a network provider, call them to schedule your appointment. Let your provider know you have UnitedHealthcare Vision coverage, and give your primary insured's unique identification number and the patient's name and date of birth.

The convenience and value are easy to see.

- A balanced nationwide network of private practice and retail chain providers
- Evening and weekend hours available from many providers
- A generous frame benefit at network providers that covers in full many of the most popular frames on the market today, after applicable copay.
- Innovative contact lens benefit including coverage for monthly contact lens wearers.

Network Benefits

Examination (\$0 copay, once every 12 months): Receive a comprehensive eye examination from a state-licensed optometrist or ophthalmologist, covered-in-full, after exam copay.

Materials (\$0 copay): The materials copay is a single payment that applies to the entire purchase of eyeglasses (lenses and frames), or contacts in lieu of eyeglasses.

Pair of Lenses (once every 12 months)	If prescribed, one pair of standard single vision or standard multi focal lenses is covered in full.
Lens Options	Standard scratch resistant coating, UV and tints are covered in full. Lens options not covered by the plan, such as progressive lenses, polycarbonate lenses, high index, and anti reflective coating, may be available at a discount.
Frames (once every 24 months)	Receive a \$50 wholesale frame allowance applied toward the wholesale price of a frame at private practice providers, or a \$130 retail frame allowance at retail chain providers.
Contact Lenses in Lieu of Eyeglasses (once every 12 months)	<ul style="list-style-type: none"> • <u>Covered in full elective contact lenses</u> The fitting/evaluation fees, contact lenses, and up to two follow up visits are covered in full (after copay). If you choose disposable contacts, up to eight boxes are included when obtained from a network provider. • <u>All other elective contact lenses</u> A \$200 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside the covered selection (materials copay does not apply). Toric, gas permeable, and bifocal contact lenses are examples of contact lenses that are outside of our covered contacts. • <u>Necessary contact lenses</u> Covered in full after applicable copay.

Out-of-Network Benefits

If you choose an out-of-network provider, you will be reimbursed **up to**:

Exam	\$63
Lenses	
Single vision	\$75
Bifocal	\$105
Trifocal	\$130
Lenticular	\$130
Frames	\$98
Contact Lenses in Lieu of Eyeglasses (lenses & frame)	
Elective	\$130*
Necessary**	\$130

* Less any network fitting/evaluation fee.

** Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following 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 concerning the reimbursement that UnitedHealthcare Vision would make before you purchase such contacts.

If you visit an **out-of-network provider**, you will need to send your itemized receipts, with the primary-insured's unique identification number and the patient's name and date of birth, to:

**UnitedHealthcare Vision
Claims Department
P.O. Box 30978
Salt Lake City, UT 84130**

Receipts for services and materials purchased on different dates must be submitted at the same time to receive reimbursement. Receipts must be submitted within 12 months of the date of service.

Laser Vision Correction

You may receive access to discounted laser vision correction procedures from numerous provider locations throughout the United States. To find a participating laser vision correction surgeon in your area, visit our Web site at www.myuhcspecialtybenefits.com or call 1-888-563-4497.

Important to Remember

- Your \$200 contact lens allowance is applied to the fitting/evaluation fee and 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.
- Benefits are available every 12 or 24 months (depending on the benefit frequency), based on last date of service.

Please note: If there are differences in this document and the Group Policy, the Group Policy is the governing document.

UnitedHealthcare Vision Corporate Headquarters
Liberty 6, Suite 200
6220 Old Dobbin Lane
Columbia, Maryland 21045

www.myuhcspecialtybenefits.com

Underwritten by United HealthCare Insurance Company, or United HealthCare Insurance Company of New York.

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.

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UnitedHealthcare VisionSM

MISD

Vision Care Benefits

12/12/24

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