



Vision

Vision Insurance

Frequently Asked Questions

1. Q: How do I verify my coverage and when I am eligible to receive benefits?

A: You can check your eligibility and plan coverage either online at myuhcvision.com or by calling our customer care line at **1-800-638-3120**. The customer service department is open Monday through Friday, from 8 a.m. to 11 p.m. ET and Saturday, from 9 a.m. to 6:30 p.m. ET.

2. Q: How do I find a provider in the vision network?

A: There are two ways for you to find a provider.

- 1) Visit myuhcvision.com and use the “*Finding a Provider*” link
- 2) Call customer service at **1-800-638-3120**

3. Q: Can I go to a vision care provider outside of the UnitedHealthcare vision network?

A: You get the greatest cost savings with an in-network provider. If you'd prefer to see a provider outside of our network, most plans cover part of your exam and eyewear. You will be required to pay for your purchases at the time of service and request reimbursement from UnitedHealthcare. You can also check the out-of-network claims link located on the benefit information page at myuhcvision.com for more information.

4. Q: How do I nominate a vision care provider?

A: You can nominate a provider by completing the Provider Nomination Form on myuhcvision.com or call customer service at **1-800-638-3120**. All nominated providers are subject to credentialing through our Department.

5. Q: How do I identify myself as a UnitedHealthcare vision participant?

A: When scheduling your appointment, tell the provider you have UnitedHealthcare vision coverage. Give your last name and date of birth. No ID card is necessary to use your vision benefit.

6. Q: How do I get a vision ID card?

A: With our convenient paperless benefits and claims, you do not need a vision ID card to use your benefits. However, if you'd like one, you can easily print one from myuhcvision.com. Once you've logged in, click on “*Print ID Card*” from the main dashboard page.



7. Q: How does the wholesale versus retail frame allowance work?

A: Under our plan, you are free to choose any frame available at any provider location, or any frame that a provider is willing to order for you. At network retail locations, you will receive a \$130 retail allowance toward the cost of the frame. At network private practice locations, you will receive a \$50 wholesale allowance (\$125 to \$150 retail equivalent). If the frame falls within the allowance, it will be fully covered with no out-of-pocket expenses beyond the material copay. If you choose a frame that exceeds the allowance, you only pay the difference, along with any applicable material copay, and may also take advantage of any provider discounts offered.

8. Q: What out-of-pocket expenses will I incur for eyeglasses?

A: When visiting an in-network provider, you only have to pay any applicable copayments and non-covered items such as any elective patient options you select (i.e. tints, coatings and lens upgrades). Non-covered items are often discounted by the provider because you have vision coverage but it is best to verify your balance due with your provider prior to making your purchase. If you choose a frame more than your frame allowance, you are responsible for the difference between the allowance and the cost. Please click on the “*View Benefits*” page on myuhcvision.com.

9. Q: Can I get contact lenses instead of eyeglasses?

A: You are entitled to eyeglasses OR contact lenses in a given benefit period. Please click on the “*View Benefits*” page of myuhcvision.com to get details of your plan.

10. Q: How does my contact lens benefit work?

A: If you select contact lenses instead of eyeglasses, you receive full coverage, after applicable copayment, at a network vision provider when you elect contacts from the covered selection. UnitedHealthcare covers the fitting and evaluation fees, contact lenses (including disposables) and up to two follow-up visits with your eye doctor. If you choose contacts that are not listed on the covered selection, you will receive an allowance toward the purchase price and we waive the copayment (if applicable).

11. Q: When is a contact lens exam/fitting not covered in full?

A: For the contact lens evaluation and fitting to be covered in full it must be with an in-network provider and contacts must be bought from the same provider. If you get a contact lens evaluation and fitting from one in-network provider and buy contacts from another provider or mail order service, you have to pay for the the evaluation and fitting fee. If you get a contact lens evaluation and fitting from an in-network provider and then select eyeglasses, under your plan benefit, the contact lens evaluation and fitting fee will be your responsibility.

If you select contacts that are not on the covered selection list, at an in-network provider, such as Gas Permeable or Bifocal contacts etc, your contact lens allowance will be subtracted from the total cost of the contact lens evaluation, fitting fee and contacts purchased and you will be responsible for the difference, (if any). When applying your contact lens allowance, your materials copay is waived.

12. Q: What contact lenses are covered by my vision plan?

A: To see the contact lenses covered by your vision plan, log into myuhcvision.com and click on “*Materials*.” Select the “*Contact Lens Selection List*” and then click “*Selection Contact Lenses for Vision Plans*.” In the covered-in-full contact lens selection click the link to “*covered selection*” for a complete listing or ask your provider.

Contact lenses not appearing on the formulary or section listing, are considered non-selection, unless otherwise specified on the individual plan outline. An allowance, or specific dollar amount toward the fitting/evaluation fee and purchase of non-selection contact lenses. The contact lens formulary list does not apply at Costco, Walmart or Sam's Club locations. The allowance for all other elective contact lenses will be applied toward the fitting/evaluation fee and purchase of all contacts at Costco, Walmart and Sam's Club.

13. Q: Can I purchase contact lenses at an out-of-network provider or mail order website?

A: Instead of lenses and a frame, you may select contact lenses from an out-of-network provider or mail order website. We offer additional discounts when contact lenses are ordered online at myuhcvision.com. Your allowance for elective contacts will be paid to you once we receive your receipts for your total purchase. PLEASE NOTE: 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 date of service to the following address: UnitedHealthcare vision, Attn. Claim Dept., P.O. Box 30978, Salt Lake City, UT 84130.

14. Q: What is the difference between necessary and elective contact lenses?

A: 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 such as keratoconus, anisometropia, irregular corneal/astigmatism, aphakia, facial deformity, or corneal deformity. If your provider considers your contacts necessary, please ask your provider to contact UnitedHealthcare vision confirming the necessary contact lenses process.

15. Q: What out-of-pocket expenses will I incur for Contact Lenses?

A: If you select contacts that are not from the UnitedHealthcare vision selection at an in-network provider, such as Gas Permeable or Bifocal contacts etc, your contact lens allowance will be subtracted from the total cost of the contact lens evaluation, fitting fee and contacts purchased and you will be responsible for the difference, (if any). You are responsible to pay for any additional boxes of contacts beyond your coverage limits. If the contact lenses you select are within the selection, you will only pay the material copay for the benefit described in your benefit summary document. As with non-selection contacts, you are responsible to pay for any additional boxes of contacts beyond your coverage limits. Please refer to "View Benefits" on myuhcvision.com for details about your coverage and any discounts that may apply.

When visiting an out-of-network provider, you simply pay the out-of-network provider in full for all services and materials received. You must submit all receipts for all services received in the same year at one time to UnitedHealthcare vision claim department. Please follow the directions listed under "How do I submit a claim?".

16. Q: How do I submit a claim?

A: Under UnitedHealthcare's vision program, you do not have to complete paperwork for in-network services. In-network providers are responsible for obtaining the eligibility pre-determination from UnitedHealthcare to perform covered services and provide eyewear.

You are only asked to submit receipts for out-of-network services - a Claim Form is not required. To access out-of-network benefits, simply pay the out-of-network provider in full for all services and materials received. You must submit all receipts for all services received in the same year together to UnitedHealthcare's vision claim department to maximize your reimbursement. Out-of-network reimbursements are processed within 30 days from the date we receive a complete request.

The following information must be attached to the receipts:

- ▶ Subscriber's unique identification number, name and home address
- ▶ Patient's name and date of birth

You may elect to fax this information or mail it to:

UnitedHealthcare vision claims department
P.O. Box 30978
Salt Lake City, UT 84130
Fax: 248-733-6060

17. Q: Is laser vision correction a covered benefit?

A: No, but UnitedHealthcare offers access to discounted laser eye surgery procedures through Laser Vision Network of America (LVNA) with your vision care program. You and your family receive discounts from highly reputable providers throughout the United States. Go to myuhcvision.com and select “*Discounts on LASIK*” to learn more or visit our lasik site directly at uhclasik.com for more details.

18. Q: How do I get discounts on hearing aids?

A: UnitedHealthcare vision plan members have access to a no-cost program that offers premium digital hearing aids starting at \$699 each through hi HealthInnovations™. Review your plan details on myuhcvision.com under “*Discounts on Hearing Aids*” for more information.

19. Q: Is the hearing test or the hearing aids considered covered benefits?

A: UnitedHealthcare vision members have access to preferred pricing on hearing aids through hi HealthInnovations. This is not an insured benefit. The member’s medical plan may provide a hearing test and/or hearing aid allowance or coverage. Members should check with their medical plan to determine available coverage prior to testing or ordering.

20. Q: Does this work with the hearing aid benefit offered in most UnitedHealthcare medical plans?

A: Because this is not a network based program, if a member has an allowance as part of their medical benefits, they may use that towards their purchases through hi HealthInnovations.

21. Q: What do I do if I have other questions?

A: UnitedHealthcare’s vision customer service representatives are available to answer any questions you may have regarding your benefits by calling **1-800-638-3120**. All representatives are trained in the specifics of each plan. Bilingual customer service representatives are available for non-English speaking members. The hours of operation for the customer service department are Monday through Friday, from 8 a.m. to 11 p.m. ET and Saturday, from 9 a.m. to 6:30 p.m. ET.



UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA.