Frequently Asked Questions

Q: What do I do if I have other questions?
A: UnitedHealth Vision's customer service representatives are available to answer any questions you may have regarding your benefits. You may reach UnitedHealthcare Vision's Customer Service department at 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 8:00 a.m. to 11:00 p.m. ET and Saturday, from 9:00 a.m. to 6:30 p.m. ET.

Q: How do I know what is covered under my plan?
A: You may log on to the "My Benefits" section of the Web site to obtain the specifics of your plan. UnitedHealthcare Vision also provides each plan participant with a brochure communicating all in and out-of-network benefits.

Q: How do I obtain a list of vision care providers in your network?
A: A: Participants may utilize UnitedHealthcare Vision's Internet Provider Locator 24-hours a day, 7 days a week to locate a convenient participating provider. Through the Web site, choose the provider locator option and click on the "current member" link. Enter the necessary information and search criteria and you will be supplied with a list of convenient providers to select from, including the distance in miles to that provider. Once a participating provider is chosen, call the provider directly to schedule your appointment. Participants may also call our 24-hour, toll-free number at 1-800-839-3242 for an automated list. Following the voice prompts, simply enter your Unique Identification Number and your work or home ZIP code. The system will respond with a list of the names, addresses, and telephone numbers of conveniently located providers.

Q: How do I nominate a vision care provider?
A: UnitedHealthcare Vision participants may nominate a provider by completing the Provider Nomination Form and submitting it to UnitedHealthcare Vision. All nominated providers are subject to credentialing through UnitedHealthcare Vision's Quality Assurance Department.

Q: Can I go to a vision care provider outside of the UnitedHealthcare Vision network?
A: UnitedHealthcare Vision offers both in and out-of-network benefits. Please consult your benefits brochure or the "My Benefits" section of the Web site to determine the out-of-network reimbursement benefit. 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's Claim Department to maximize your reimbursement. **Please follow the directions listed under "How do I submit a claim?"**

Q: How do I verify my coverage and when I am eligible to receive benefits?
A: You may verify your eligibility and plan coverage either online or by contacting UnitedHealthcare Vision's Customer Service Department at 1-800-638-3120. The hours of operation for the customer service department are Monday through Friday, from 8:00 a.m. to 11:00 p.m. ET and Saturday, from 9:00 a.m. to 6:30 p.m. ET.

Q: How do I identify myself as a UnitedHealthcare Vision participant?
A: When contacting the provider to make your appointment, simply give the provider the participant's name, date of birth, the Unique Identification Number of the primary subscriber and the employer's name. Identify yourself as having UnitedHealthcare Vision coverage. An in-network provider will verify eligibility and receive authorization prior to your appointment.

Q: Is laser vision correction a covered benefit?
A: No, but UnitedHealthcare Vision offers access to discounted laser eye surgery procedures through Laser Vision Network of America (LVNA) in conjunction with your vision care program. You and your family receive substantial discounts from highly reputable providers throughout the United States. Simply visit our lasik site at www.uhclasik.com for more details.

Q: How does the wholesale versus retail frame allowance work?
A: Under our plan, members are free to choose any frame available at any provider location, or any frame that a provider is willing to order for them. At network retail locations, members receive a $130 retail allowance toward the cost of the frame. At network private practice locations, members 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 a member chooses a frame that exceeds these allowances, he or she only pays the difference and may also take advantage of any provider discounts offered at the provider's discretion.

Q: How do I submit a claim?
A: Under UnitedHealthcare Vision's program, participants are not required to complete paperwork or obtain vouchers to pre-authorize in-network services; instead, in-network providers are responsible for obtaining the pre-authorization from UnitedHealthcare Vision 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 Vision's Claim Department to maximize your reimbursement. 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

The following information must be attached to the receipts:

1. Subscriber's unique identification number, name and home address
2. Patient's name and date of birth

Out-of-network reimbursements are processed within 30 days from the date we receive a complete request.

Q: Can I get contact lenses instead of eyeglasses?
A: You are entitled to eyeglasses OR contact lenses in a given year. Please log on to the "My Benefits" section of the web site to obtain the specifics of your plan.

Q: How does my contact lens benefit work?
A: In lieu of lenses and a frame, you may select contact lenses. After your applicable copayment, you will receive your evaluation and fitting fee covered in full AND either one (1) pair of standard contact lenses or a supply of covered disposables from a **UnitedHealthcare Vision selection**, as defined by your plan limits, when obtained from an in-network provider. **Please note:** in order to receive your full in-network contact lens benefit allowance, you must receive all the boxes of covered contacts, included under your plan limits, at the time of your initial visit. When you elect contact lenses from an in-network provider, not from the **UnitedHealthcare Vision selection**, the copayment does not apply. In this case, your applicable contact lens allowance will be applied toward the evaluation, fitting and purchase of contact lenses. In order to have the full allowance deducted from your bill, you must receive your exam, fitting, evaluation and contact lenses from the same provider. Some contact lenses that are considered non-standard include Disposables other than bi-weekly, Toric, Bifocal and Gas Permeable lenses. Please contact Customer Service or your Provider to determine whether your contacts are considered standard or non-standard.

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

- If you receive a contact lens evaluation and fitting from one in-network provider and purchase contacts from another provider or mail order service, the evaluation and fitting fee will be your responsibility.
- If you receive 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 from the **UnitedHealthcare Vision selection** at an in-network provider, such as Daily Disposables, Toric, 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.

Q: Can I purchase contact lenses at an out-of-network provider or mail order website?
A: In lieu of lenses and a frame, you may select contact lenses from an out-of-network provider or mail order web site. UnitedHealthcare Vision provides discounts on mail order contacts from VisionDirect which can be accessed from the UnitedHealthcare Vision web site. Your allowance for elective contacts will be paid to you once we receive your receipts for your total purchase. **PLEASE NOTE:** in order to receive the total allowance for which you're eligible, you must submit all receipts for all services received in the same year at one time to UnitedHealthcare Vision's Claim Department. **Please follow the directions listed under How do I submit a claim?**

Q: What is the difference between necessary and elective contact lenses?
A: Contact lenses that are recommended in lieu of eyeglasses are only considered necessary due to specific medical conditions including Keratoconus, Anisometropia of 3.50 diopters or more or post cataract surgery without intraocular lens implants, etc. The provider will submit a request to UnitedHealthcare Vision for approval prior to dispensing the contact lenses. Necessary contact lenses dispensed by an in-network provider are covered in full. If dispensed by an out-of-network provider, you must submit receipts to UnitedHealthcare Vision and are limited to a $210 reimbursement.

Q: What out-of-pocket expenses will I incur for eyeglasses?
A: When visiting an in-network provider, you are only responsible to pay any applicable copayments and surcharges associated with non-covered items such as any elective patient options you select (i.e. tints, coatings and lens upgrades). Should you choose a frame outside of the **UnitedHealthcare Vision selection** or in excess of your generous frame allowance, you are responsible for the difference between the allowance and the cost. Please refer to "My Benefits" on the UnitedHealthcare Vision web site or your benefit summary document for details about your coverage.

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's Claim Department. **Please follow the directions listed under How do I submit a claim?**

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 Daily Disposables, Toric, 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 you 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 "My Benefits" on the UnitedHealthcare Vision web site or your benefit summary document 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's Claim Department. **Please follow the directions listed under How do I submit a claim?**

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