

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

Did you know?
 14 million Americans are visually impaired. Of these, more than 11 million have uncorrected visual impairments.

* Science Daily, May 2006

Vision Benefit Reference Card

UnitedHealthcare Vision™

AMHIC Client code #4232

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

*(in lieu of lenses & frames)

Exam Copay \$ 10
 Materials Copay \$ 10

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.myuhcvision.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 (\$10 copay, once every 12 months): Receive a comprehensive eye examination from a state-licensed optometrist or ophthalmologist, covered-in-full, after exam copay.

Materials (\$10 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 is covered-in-full. Lens options not covered by the plan, such as progressive lenses, polycarbonate lenses, high index, tints, UV, and anti-reflective coating, may be available at a discount.
Frames (once every 12 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 four boxes are included when obtained from a network provider. • <u>All other elective contact lenses</u> A \$105 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.

