

# UnitedHealthcare Vision<sup>SM</sup>

(formerly Spectera Vision)

## ID Reference Card

Dear UnitedHealthcare Vision Member:

Thank you for enrolling in the UnitedHealthcare Vision Benefit. Your vision is important to your health. Whether your vision is 20/20 or less than perfect, everyone needs to receive regular vision care.

UnitedHealthcare Vision provides access to a nationwide network of private practice optometrists and ophthalmologists, as well as conveniently-located retail providers. Through our provider network, you will receive a complete eye examination, as well as eyeglass lenses and frames, or contacts. You will receive most services at no additional cost, above any applicable copays.

We have provided two vision benefit reference cards for your convenience. The front of these cards summarizes your vision plan benefits, while the back identifies where to mail out-of-network claims and how to obtain additional information. Although these cards do not guarantee benefits, you may present them to your vision care provider to communicate important vision plan information. These reference cards are not required to visit a vision provider.

Welcome to UnitedHealthcare Vision. We look forward to serving you. Your satisfaction is very important to us and we encourage you to share your feedback about our vision plan by calling our toll-free number: 1.800.638.3120.

### UnitedHealthcare Vision<sup>SM</sup>

#### Vision Care Benefits for AMHIC #4232

Copays	Exam	\$ 10
	Materials	\$ 10
Frequency	Exam	Every 12 months
	Lenses	Every 12 months
	Frames	Every 12 months
	Contacts	Every 12 months*

\*Contacts are in lieu of eyeglass lenses & frames.

Patient is responsible for any amount over covered-in-full allowances for frames or contacts, as well as any non-covered lens options. (Standard scratch-resistant coating is covered in full.)

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# How to Use Your Vision Care Benefits

## Step 1. Review Your Customized Benefits

Carefully review your customized benefits to determine your program design and applicable copays. A copy of your benefits brochure may be obtained from your benefits representative, or you can access our Website, [www.myuhcvision.com](http://www.myuhcvision.com), to obtain specifics of your program.

## Step 2. Find a Conveniently-Located Provider

You may easily locate providers by logging on to [www.myuhcvision.com](http://www.myuhcvision.com) and selecting the Provider Locator option. You may also call toll-free 1.800.839.3242 to reach UnitedHealthcare Vision's 24-hour Provider Locator Line. Simply follow the prompts to locate the provider nearest you.

## Step 3. Schedule Your Appointment

Once a provider is chosen, simply call the provider directly to schedule your appointment. Provide the primary insured's unique identification number and patient's name and date of birth, and identify yourself as having UnitedHealthcare Vision coverage.

## Step 4. Receive Your Eye Exam

The network provider, a state-licensed optometrist or ophthalmologist, will perform a complete eye examination, which includes a case history of the patient, an examination for eye pathology and abnormalities, visual analysis (refraction), confrontation visual fields testing, condition diagnosis, and prescription determination.

## Step 5. Choose Your Eyewear

If prescription eyewear is necessary, your UnitedHealthcare Vision provider will assist you with your selection and order your prescription. Your UnitedHealthcare Vision provider will telephone you when your eyewear arrives. Eyewear is dispensed at the provider's office to ensure optical accuracy and proper fit.

## How to File an Out-of-Network Claim

If you 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 listed on your Benefit Summary. 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 the patient's name and date of birth to the address on the back of your Reference Card.

### For More Information

**Customer Service** 1.800.638.3120  
**TDD for the hearing impaired:** 1.800.524.3157  
Monday-Friday: 8:00 a.m. – 11:00 p.m. ET  
Saturday: 9:00 a.m. – 6:30 p.m. ET

**Submit Out-of-Network Claims to:**  
UnitedHealthcare Vision Claims Department  
PO Box 30978  
Salt Lake City, UT 84130  
Fax: (248) 733-6060

**Please Note:** Receipts for services and materials purchased on different dates must be submitted at the same time to receive reimbursement.

**For more information** about your UnitedHealthcare Vision plan, visit [www.myuhcvision.com](http://www.myuhcvision.com)

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