



## **GENERAL QUESTIONS AND ANSWERS**

**Q: Who is the subscriber?**

**A:** The subscriber is the individual enrolled through his/her employer, also referred to as the enrolled employee or primary insured. Dependents include the subscriber's spouse or children.

**Q: Who is the member?**

**A:** Members are individuals covered under our vision plan. Members include the subscriber (also referred to as the individual enrolled through his/her employer) as well as any enrolled dependents.

**Q: Do I need an identification card?**

**A:** We make it easy to access your benefits. We offer a paperless system, so there are no identification cards to track. When making your appointment, simply give the provider the subscriber's unique identification number, along with the patient's name and date of birth, and identify the patient as a vision plan member. The provider will verify the patient's eligibility and coverage with us prior to the scheduled appointment.

**Q: What is my unique subscriber identification number?**

**A:** The number assigned to the subscriber or enrolled employee during open enrollment. The unique identification number is typically either the subscriber's Social Security number or employee identification number.

**Q: How often should I have my eyes examined?**

**A:** You and your eye care provider should determine the eye exam schedule that best meets your eye care needs. The American Optometric Association recommends that adults age 19 to 40 with normal vision receive eye exams every two to three years, adults 41 to 60 receive eye exams every two years, and adults 61 and older receive annual eye exams. People with vision problems, including those who wear prescriptions, should visit their eye care professional at least annually.

**Q: When should my child have his/her first eye exam?**

**A:** You and your eye care provider should determine the eye exam schedule that best meets your child's eye care needs. The American Optometric Association recommends that infants receive their first eye exam before six months of age, then again at age three, as well as before the child begins first grade. Regular eye exams should be conducted every other year thereafter.

**Q: What is the difference between a routine eye exam and a contact lens exam?**

**A:** Routine eye exams are designed to detect vision problems and are an important preventive measure for maintaining your overall health and wellness. In fact, eye exams can be used to spot symptoms of diseases and conditions like diabetes, high cholesterol, hypertension, cataracts, multiple sclerosis, brain tumors, lupus, AIDS, osteoporosis, rheumatoid arthritis, and Graves' disease. Contact lens exams are designed to evaluate your vision with contact lenses. Your eye care provider

**Q: Why should I have a regular eye exam?**

**A:**

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usually at the time of service. It is important to note that copays are only applicable to in-network services. Please log onto our website at [www.myuhcvision.com](http://www.myuhcvision.com) and select the My Benefits section of this Web site for specific copays applicable to your benefit plan.

**Q: How do I submit a claim?**

**A:** We partner with providers in the network to offer members easy access to quality care. If you visit a network provider, there are no claim forms to fill out or file. When making an appointment, identify yourself as a vision plan member.

If you visit a provider outside of our network, consult your benefits brochure or you may log onto our website at [www.myuhcvision.com](http://www.myuhcvision.com) and select the My Benefits section of this Web site to determine if your program provides an out-of-network reimbursement benefit. If your plan has an out-of-network benefit, you will pay the provider in full at the time of service. Then simply mail or fax your receipts to us, requesting reimbursement. We will process your claim and reimburse you up to the maximum allowances of your out-of-network schedule. For more specific information on your plan allowances, you may log onto our website at [www.myuhcvision.com](http://www.myuhcvision.com) and select the My Benefits section of this Web site.

To request reimbursement, submit your receipts to:

UnitedHealthcare Vision Claims Department  
PO Box 30978  
Salt Lake City, UT 84130  
-or-  
Fax: 248-733-6060

The following information should be included with your itemized receipt submission:

- Subscriber's name and address
- Member or patient's name and date of birth
- Subscriber's unique identification number

**Q: Can I get contact lenses instead of glasses?**

**A:** Many of our plans include this option. For specific information about your plan, simply log onto our website at [www.myuhcvision.com](http://www.myuhcvision.com) and select the My Benefits section of this site. You may also contact your benefits manager or our customer service department. We can be reached at 1-800-638-3120, Monday through Friday, from 8:00 a.m. to 11:00 p.m., and Saturday, from 9:00 a.m. to 6:30 p.m., Eastern Standard Time.

**Q: What out-of-pocket expenses will I incur?**

**A:** When visiting an in-network provider, you are only responsible for any applicable copays and non-covered options. We provide a generous frame allowance that applies to virtually all the frames on the market – and most are covered in full. Should you select a frame that is not covered in full, your allowance is applied to the price of the frame and you are only responsible for the difference and copay.

For specific information about your plan, simply log onto our website at [www.myuhcvision.com](http://www.myuhcvision.com) and select the My Benefits section of this Web site. You may also contact our customer service department. We can be reached at 1-800-638-3120, Monday through Friday, from 8:00 a.m. to 11:00 p.m., and Saturday, from 9:00 a.m. to 6:30 p.m., Eastern Standard Time.

When visiting an out-of-network provider consult your benefits brochure log onto our website at [www.myuhcvision.com](http://www.myuhcvision.com) and select the My Benefits section of this Web site to determine if your program provides an out-of-network reimbursement benefit. If your plan has an ou

We will process your claim and reimburse the subscriber up to the plan's out-of-network schedule. For more specific information on your plan allowances, log onto our website at [www.myuhcvision.com](http://www.myuhcvision.com) and select the My Benefits section of this Web site. To request reimbursement, submit your receipts to:

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In addition, we provide a 24-hour automated Interactive Voice Response (IVR) system. A toll-free call is all that is necessary to choose from a continuously updated directory of providers. Call 1-800-638-3120, select the provider locator option, and key in the subscriber's unique identification number and the desired ZIP code. A list of providers, along with their address and phone number will be given.

If you prefer to speak to a customer service representative, we are available Monday through Friday, 8:00 a.m. to 11:00 p.m., and Saturday, 9:00 a.m. to 6:30 p.m., Eastern Standard Time at 1-800-638-3120 .

**Q: How do I nominate a vision care provider for inclusion in the network?**

**A:** Understanding how important a broad network of providers is in helping us deliver affordable vision care benefits, we strongly recommend that our members nominate vision providers to be added to our network. Please login our website at [www.myuhcvision.com](http://www.myuhcvision.com) and fill out and submit our online Provider Nomination form electronically or download a PDF version that you may fill out and mail or fax to us at:

UnitedHealthcare Vision  
Attention: Network Development  
Liberty 6, Suite 200

6220 Old Dobbin Lane, Liberty, MO 64034-1128  
Phone: 1-800-272-2852  
Fax: 1-800-272-2852