

## Out-of-Network Benefits

If you choose an out-of-network provider, you will be reimbursed **up to**:

**Exam** \$25

### **Lenses**

Single vision \$25  
Bifocal \$30  
Trifocal \$70  
Lenticular \$70

**Frames** \$15

### **Contact Lenses in Lieu of Eyeglasses (lenses & frame)**

Elective \$70\*  
Necessary\*\* \$100

\* Less any network fitting/evaluation fee.

\*\* Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following cataract surgery without intraocular lens implant; To correct extreme vision problems that cannot be corrected with spectacle lenses; With certain conditions of anisometropia; With certain conditions of keratoconus. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare Vision concerning the reimbursement that UnitedHealthcare Vision would make before you purchase such contacts.

If you visit an **out-of-network provider**, you will need to send your itemized receipts, with the primary-insured's unique identification number and the patient's name and date of birth, to:

**UnitedHealthcare Vision  
Claims Department  
P.O. Box 30978  
Salt Lake City, UT 84130  
FAX: 248.733.6060**

Receipts for services and materials purchased on different dates must be submitted at the same time to receive reimbursement. Receipts must be submitted within 12 months of the date of service.

### **Did you know?**

About 80% of learning in a child's first 12 years comes through the eyes.

-and-

Nearly 90% of computer users suffer vision problems associated with computer eye strain.

\* Journal of Behavioral Optometry

\*\* AOA, Jan. 2007

## Laser Vision Correction

You may receive access to discounted laser vision correction procedures from numerous provider locations throughout the United States. To find a participating laser vision correction surgeon in your area, visit our Web site at [www.uhclasik.com](http://www.uhclasik.com) or call 1.888.563.4497.

## Important to Remember

- Your \$70 contact lens allowance is applied to the fitting/evaluation fee and the purchase of contact lenses. For example, if the fitting/evaluation fee is \$30, you will have \$40 towards the purchase of contact lenses. The allowance may be separated at some retail chain locations between the examining physician and the optical store.
- Benefits are available every 12 months (depending on the benefit frequency), based on last date of service.

**Please note: If there are differences in this document and the Group Policy, the Group Policy is the governing document.**

UnitedHealthcare Vision Corporate Headquarters  
Liberty 6, Suite 200  
6220 Old Dobbin Lane  
Columbia, Maryland 21045

### **[www.myuhcvision.com](http://www.myuhcvision.com)**

*Underwritten by United HealthCare Insurance Company, or United HealthCare Insurance Company of New York.*

The following services and materials are excluded from coverage under the Policy: Post cataract lenses; Non-prescription items; Medical or surgical treatment for eye disease that requires the services of a physician; Worker's Compensation services or materials; Services or materials that the patient, without cost, obtains from any governmental organization or program; Services or materials that are not specifically covered by the Policy; Replacement or repair of lenses and/or frames that have been lost or broken; Cosmetic extras, except as stated in the Policy's Table of Benefits.

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

### VISION CARE PROGRAM 2009-2010 for



### WASHINGTON TEACHERS UNION Local #6 American Federation of Teachers, AFL-CIO

## Vision Care Benefits

12/12/12

**[www.myuhcvision.com](http://www.myuhcvision.com)**

Customer Service: 1.800.638.3120  
TDD for Hearing Impaired: 1.800.524.3157  
Provider Locator: 1.800.839.3242

## 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<sup>sm</sup>

#### Washington Teachers Union

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

\*(in lieu of lenses & frames)

Exam Copay	\$ 0
Materials Copay	\$ 0

## 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](http://www.myuhcvision.com)  
 Click on **Provider Locator** on the top left portion of the screen. Click on whether you are a **Current Member** or a **Future Member**. Then enter 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 (\$0 copay, once every 12 months):

Receive a comprehensive eye examination from a state-licensed optometrist or ophthalmologist, covered-in-full, after exam copay.

**Materials (\$0 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.

<b>Pair of Lenses</b> (once every 12 months)	If prescribed, one pair of standard single vision or standard multi-focal lenses is covered-in-full.
<b>Lens Options</b>	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.
<b>Frames</b> (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.
<b>Contact Lenses in Lieu of Eyeglasses</b> (once every 12 months)	<ul style="list-style-type: none"> <li>• <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.</li> <li>• <u>All other elective contact lenses</u>                      A \$70 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.</li> <li>• <u>Necessary contact lenses</u>                      Covered-in-full after applicable copay.</li> </ul>