

UnitedHealthcare VisionSM

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 will check to ensure the contacts fit properly.

Q: What is the difference between planned replacement contact lenses and disposable contact lenses?

A: Planned replacements are not the same as disposable contact lenses. Our planned replacement contact lenses are replaced at a planned interval. Our planned replacement lenses have been approved for daily wear up to 30 days. Disposable contact lenses are designed to be used daily for a 2 week maximum. Always follow your practitioner's instructions for their replacement schedule and care.

Q: Why should I have a regular eye exam?

A: Regular eye examinations are important to your overall health. 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 Grave's disease.

Chances are you, or someone in your family, needs vision correction. Nearly 80 percent of U.S. residents 18 and over need vision correction (Jobson, April 2005). Additionally, computer eyestrain has been named the number one occupational hazard of the 21st century, because nearly nine out of every 10 workers experience symptoms of computer eyestrain (Vision Council of America, 2004).

Q: What do I do if I have other questions?

A: Our customer service representatives are available to answer any questions you may have regarding your benefits. All representatives are trained in the specifics of each plan. Bilingual customer service representatives are available for non-English speaking employees. Our customer service department can be reached at 1-800-638-3120; we are available 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.

BENEFIT PLAN QUESTIONS AND ANSWERS

Q: Am I limited in the kind of frames I can choose?

A: We are committed to customer choice. Our frame allowance applies to virtually all the frames on the market.

If you visit a participating in-network provider and select a frame with a price equal to or less than your plan allowance, there is no cost to you, other than applicable copays. If you select a frame that exceeds your plan allowance, your allowance will be applied to the price of the frame and you are simply responsible for the difference.

If you visit a provider outside the network, consult your benefits brochure or you may log onto our website at 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 out-of-network provider in full at the time of service. Then submit an itemized copy of the receipts along with a note requesting reimbursement.

Q: How do I know what is covered under my plan?

A: Once enrolled in our vision care program, members can access information about their comprehensive vision benefits anytime, day or night, through our state-of-the-art Web site. For specific plan information, simply log onto our website at www.myuhc.vision.com and select the My Benefits section of this site. You may also contact your benefits manager for more information about your vision plan.

Q: How do I verify my eligible benefits and plan coverage?

A: For specific plan information, simply log onto our website at www.myuhcvision.com and select the My Benefits section of this site. You may also contact our customer service department to verify your eligible benefits. 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: How do I identify myself as a vision plan member?

A: When contacting the provider to make your appointment, simply give the in-network provider the subscriber's unique identification number, the patient's name and date of birth, and identify the patient as a vision plan member. The network provider will verify the patient's eligibility and coverage with us prior to the scheduled appointment.

Q: What is a copay?

A: A copay is a one-time payment for an exam and/or a one-time payment for materials that the patient makes,

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 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 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 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 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 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 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 mail or fax your receipts to us, requesting reimbursement.

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 and select the My Benefits section of this Web site. To request reimbursement, submit your receipts to:

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- Subscriber's unique identification number

Q: Is laser vision correction a covered benefit?

A: In response to the ever-increasing popularity of laser vision correction, we are able to provide our members with access to discounted laser eye surgery procedures through an alliance with the Laser Vision Network of America.

The Laser Vision Network of America, (LVNA), 1-888-563-4497, provides our members with a nationwide network of more than 400 laser vision locations. The LVNA credentials its providers according to NCQA-recommended standards.

Q: How do I learn more about my benefits?

A: For specific information about your plan, simply log onto our website at www.myuhcvision.com and select the My Benefits section of this Web site.

We also provide each member with a customized plan brochure detailing the in- and out-of-network benefits. Please visit your human resources department for your copy and/or your copy of your Certificate of Coverage.

For additional information, please contact our customer service department. We are available 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.

PROVIDER QUESTIONS AND ANSWERS

Q: Do I need to notify you when I select or change my provider?

A: There's no need to notify us when you select or change your provider. Simply contact the provider you have chosen to schedule your appointment. Identify yourself as a vision plan member and give the provider the patient's name, unique identification number and date of birth. We will take care of the rest.

If you select a provider outside the network, consult your benefits brochure or log onto our website at 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 out-of-network provider in full at the time of service. Then submit an itemized copy of the receipts along with a note requesting reimbursement.

Q: How do I obtain a list of in-network vision care providers?

A: Simply select our provider locator and enter the subscriber's unique identification number and ZIP code. A list of providers, along with their address, phone number, and door-to-door directions (including mileage) will be displayed.

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 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
Columbia, MD 21045
-or-
Fax: 443-896-0515

Upon receipt, we will contact the nominated provider.

Q: Can I visit a vision care provider outside of the network?

A: We offer both in- and out-of-network benefits. Please consult your benefits brochure or log onto our website at www.myuhcvision.com and select the My Benefits section of this Web site to determine if your plan provides an out-of-network reimbursement benefit.

If your plan has an out-of-network benefit, you will pay the out-of-network provider in full at the time of service. Then submit an itemized copy of the receipts along with a note requesting reimbursement.

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

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- Subscriber's unique identification number