

Out-of-Network Benefits

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

Exam	\$ 40.00
Lenses	
Single vision	\$ 40.00
Bifocal	\$ 60.00
Trifocal	\$ 80.00
Lenticular	\$ 80.00
Frames	\$ 45.00
Contact Lenses in Lieu of Eyeglasses (lenses & frame)	
Elective*	\$ 125.00
Necessary**	\$ 210.00

* 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 how much of a reimbursement you can expect to receive 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.

Laser Vision Correction

UnitedHealthcare Vision has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser vision correction providers. Members receive 15% off usual and customary pricing, 5% off promotional pricing at over 500 provider locations and greater discounts through set pricing at LasikPlus locations. For more information, call 1.888.563.4497 or visit us at www.uhclasik.com.

Additional Materials Discount Program

UnitedHealthcare Vision offers an Additional Materials Discount Program. At a participating network provider you will receive a 20% discount on an additional pair of eyeglasses or contact lenses. This program is available after your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare Vision shall neither pay nor reimburse the provider or member for any funds owed or spent. Not all providers may offer this discount. Please contact your provider to see if they participate. Discounts on contact lenses may vary by provider. Additional materials do not have to be purchased at the time of initial material purchase. Additional materials can be purchased at a discount any time after the insured benefit has been used.

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, MD 21045
www.myuhcvision.com

UnitedHealthcare Vision coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06 and associated COC form number VCOO.INT.06.TX.

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.

Vision Care Benefits

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**Morehouse School
of Medicine**

UnitedHealthcare Vision®

www.myuhcvision.com

Customer Service: 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.

UnitedHealthcare Vision provides affordable, quality vision care, nationwide. With your vision benefit, you can take advantage of a comprehensive vision examination, and receive covered eyeglasses (lenses and frames), or contact lenses in lieu of eyeglasses, after applicable copays.

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 benefits, please call our Customer Service Center.

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

Vision Benefit Card

UnitedHealthcare Vision®

Morehouse School
of Medicine

Exam	once every 12 months
Lenses	once every 12 months
Frames	once every 24 months
Contacts†	once every 12 months

†(in lieu of lenses & frames)

Exam Copay	\$10.00
Materials Copay	\$10.00

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
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.

Print a Vision ID card:

Log on to www.myuhcvision.com to print a personalized ID card off the My Benefits page. The ID card is not required for service, but is available as a convenience should you wish to have an ID card to take to your appointment. If you don't have access to the internet, your provider can take care of you without an ID card, just schedule your appointment by following the directions above.

Important to Remember

- Your \$125.00 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 \$95.00 toward 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 based on last date of service.

In-Network Benefits

Examination (\$10.00 copay, once every 12 months)	Receive a comprehensive eye examination from a state-licensed optometrist or ophthalmologist, covered-in-full, after exam copay.
Materials (\$10.00 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.
Frames (once every 24 months)	Receive a \$130 frame allowance at private practice and retail chain providers.
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 – covered in full. Other optional upgrades may be offered at a discount. (Discount varies by provider.)
Contact Lenses in Lieu of Eyeglasses (once every 12 months)	Covered-in-full elective contact lenses 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 4 boxes are included when obtained from a network provider. All other elective contact lenses A \$125.00 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. Necessary contact lenses** Covered-in-full after applicable copay.