

## IMPORTANT MESSAGE to Vision Members:

The following is a National list of vision providers and all may not be applicable to our area.

It is advised that Vision Members should contact their provider first to verify if they participate.

Vision Members may also visit the UHC website:  
[welcometouhc.com/vision](http://welcometouhc.com/vision)

**Or**

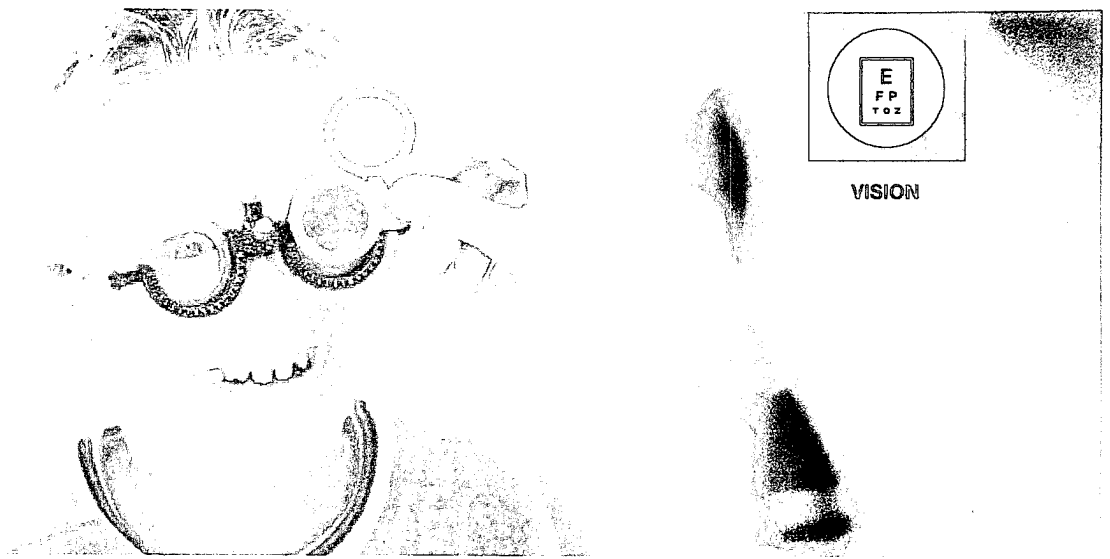
Call Customer Care at 1-800-638-3120 and use the *Find A Doctor* prompt.

In addition to Retail locations, there are many private practices that are not listed here.

That is why Vision Members are encouraged to confirm a participating provider by either using the website, calling Customer Care or calling the provider's office directly.

*\*\*\*Please Note:*

***LensCrafters is NOT a participating provider in CT or in the Northeast section of the country.***



VISION INSURANCE

With our large network, there's always a provider within sight.

Some well known retail providers

America's Best | 2011

EYEGLOSS  
WORLD

Visionworks

FOR EYES

Costco  
OPTICAL

Walmart

We've created a large vision network so you can easily find a provider who meets your lifestyle, eye care and eyewear needs. You can choose to get more personalized care from a private practice. Or, you can take advantage of the convenience retail chains offer with evening and weekend hours.

✓ **Our national eye care network includes private practices and leading retail locations.**

Providers in our vision network<sup>1</sup>

- ✓ ABBA Eye Care
- ✓ Accurate Optical
- ✓ Advanced Sight Center
- ✓ ALL ABOUT EYES
- ✓ Allegany Optical
- ✓ Alvernon Optical, Inc
- ✓ America's Best
- ✓ American Vision Center
- ✓ Bard Optical
- ✓ Boone Trail Opto
- ✓ California Eye Institute
- ✓ Clarkson Eyecare
- ✓ Co/op Optical Vision Designs
- ✓ Cohen's Fashion Optical
- ✓ Costco Optical
- ✓ Crown Optical
- ✓ Cunningham Optical One
- ✓ Doctors on Sight
- ✓ Downtown Opticians
- ✓ Dr. Lonesky
- ✓ Dr. Tavel Family Eye Care
- ✓ Easton Optical
- ✓ Exact Eye Care
- ✓ Eye Boutique
- ✓ Eye Care Associates
- ✓ Eye Care One
- ✓ Eye Doctors Optical Outlet
- ✓ Eye Express
- ✓ Eye Health Northwest
- ✓ Eye Medical of Fresno
- ✓ Eye Surgeons Associates
- ✓ Eyecare Plus
- ✓ eyecarecenter, OD PA
- ✓ EyeDeal Vision Center
- ✓ Eyefit Centers
- ✓ Eyeglass World
- ✓ EyeMasters
- ✓ EyesFirst Vision Centers

SEE MORE providers on back.

# More providers in our vision network<sup>1</sup>

- ✓ EYE-MART
- ✓ EyeMart Express
- ✓ Eyemart Optical
- ✓ First Sight Vision Services
- ✓ Fogg Maxwell and Lanier
- ✓ For Eyes
- ✓ Fred Meyer Optical
- ✓ Fritz & Hawley Vision Centers
- ✓ General Vision Services
- ✓ Grand Rapids Ophthalmology
- ✓ Greenwood Family Eyecare
- ✓ H. Rubin Vision Centers
- ✓ Halpern Eye Associates
- ✓ Harvey & Lewis
- ✓ Head
- ✓ Henry Ford OptimEyes
- ✓ Herslof Opticians
- ✓ Horizon Eye Care
- ✓ Hour Eyes
- ✓ Inland Eye Specialists
- ✓ InnoVision
- ✓ Insight Vision Center
- ✓ Las Colinas
- ✓ Lenscrafters
- ✓ Longe Optical
- ✓ MANN
- ✓ Marx Optical
- ✓ Michiana Eye Center
- ✓ Midwest Eye Consultants
- ✓ Midwest Vision Centers
- ✓ MyEyeDr.
- ✓ National Optometry
- ✓ National Vision
- ✓ Nationwide Vision
- ✓ Novus Clinics
- ✓ NUCROWN
- ✓ OH Gerry Optical
- ✓ One Hour Optical
- ✓ Optical Fashions Center
- ✓ Optiview Vision Center
- ✓ Optyx
- ✓ Ossip Optometry
- ✓ Pearle Vision
- ✓ Primary Vision
- ✓ PRIME EYE
- ✓ Real Optics
- ✓ Rosin Eyecare
- ✓ Rx Optical
- ✓ Sam's Club
- ✓ SEE Eyewear
- ✓ See Inc.
- ✓ Shawnee Optical
- ✓ ShopKo
- ✓ Site for Sore Eyes
- ✓ Southeast Eye Specialist
- ✓ Spex
- ✓ Standard Optical
- ✓ Stanton Optical
- ✓ Sterling Optical
- ✓ SVS Vision
- ✓ Texas State Optical
- ✓ The Eye Center
- ✓ The Hour Glass
- ✓ Thoma & Sutton Optical
- ✓ Versailles De Toro
- ✓ Vision Mart
- ✓ Vision Point
- ✓ Vision Trends
- ✓ Vision4Less
- ✓ VisionFirst
- ✓ Visionmakers
- ✓ Visionmart Express
- ✓ Visionworks
- ✓ Vogue Vision Center
- ✓ Walkersville Eye Care
- ✓ Walmart
- ✓ Wentzville Eye Center
- ✓ Whylie Eye Care Center
- ✓ Wing Eyecare
- ✓ Wisconsin Vision
- ✓ Wise Eyes
- ✓ Younkens Vision Center

We've made it easy for you to find a provider.



Visit [welcometouhc.com/vision](http://welcometouhc.com/vision) to see the most current provider and Provider Locator Tool.



Call **1-800-638-3120** to talk to Customer Care.



**"Highest in Customer Satisfaction with Vision Plans, Three Years in a Row\*\*"**

\*UnitedHealthcare received the highest numerical score in the proprietary J.D. Power 2013-2015 Vision Plan Satisfaction Reports<sup>SM</sup>. 2015 report measures opinions of consumers with vision plans, includes four plans, and is based on responses from 1,998 consumers. Proprietary study results are based on experiences and perceptions of consumers surveyed September-October 2015. Your experiences may vary. Visit [www.jdpower.com](http://www.jdpower.com)

Note: Our doctors may also refer to us as Spectera Eyecare Networks.

<sup>1</sup> Please visit our website at [myuhcvision.com](http://myuhcvision.com) or call UnitedHealthcare vision's Customer Care at 1-800-638-3120 for the most up-to-date list of participating providers. Although UnitedHealthcare vision contracts with each of these retail chain providers, not all locations within each retail chain participate in UnitedHealthcare vision's network.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA.

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### Vision Benefit Summary

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

Customer Service: (800) 638-3120

Provider Locator: (800) 839-3242

Plan V1007

	NETWORK	NON-NETWORK
<b>Comprehensive Vision Exam</b>	\$10 Copay	Up to \$40
<b>Materials - Eyeglass Lenses/Eyeglass Frames or Contact Lenses</b>	\$10 Copay <sup>1</sup>	See below
<b>Frequencies - Based on last date of service</b>	Exam Once every 12 months Lenses Once every 12 months Frames Once every 24 months	

COVERED SERVICES	NETWORK	NON-NETWORK
<b>Pair of Lenses (for Eyewear)</b>		
<ul style="list-style-type: none"> <li>Standard single vision lenses</li> <li>Standard lined bifocal lenses</li> <li>Standard lined trifocal lenses</li> <li>Standard lenticular lenses</li> </ul> <p>Lens options such as progressive lenses, tints, UV, and anti-reflective coating may be available at a discount at participating providers.</p>	<p>Covered in full after applicable copay<sup>1</sup></p> <p>Includes standard scratch-resistant coating</p>	<p>Up to \$40</p> <p>Up to \$60</p> <p>Up to \$80</p> <p>Up to \$80</p>
<b>Frames</b>		
You will receive a retail frame allowance toward the purchase of any frame at a network provider. For frames that exceed your allowance, you may receive an additional 30% discount on the overage (available only at participating providers and may exclude certain frame manufacturers).	\$130 Retail Frame Allowance (after applicable copay <sup>1</sup> )	Up to \$45
<b>Contact Lenses<sup>2</sup></b>		
<ul style="list-style-type: none"> <li>Covered contact lens selection</li> </ul> <p>It is important to note the covered contact lens selection may vary by provider but does include the most popular brands on the market today.<sup>3</sup> A complete list can be found by visiting our website <a href="http://www.myuhcvision.com">www.myuhcvision.com</a>.</p>	Up to 4 boxes of contact lenses plus the fitting/evaluation fees and up to two follow-up visits are covered-in-full (after applicable copay <sup>1</sup> )	Up to \$105
<ul style="list-style-type: none"> <li>Non-selection contacts</li> </ul> <p>You receive an allowance which is applied toward the fitting/evaluation fees and purchase of contact lenses outside the covered contact lens selection.</p>	Up to \$105 (material copay is waived)	Up to \$105
<ul style="list-style-type: none"> <li>Necessary contact lenses<sup>4</sup></li> </ul>	Covered in full after applicable copay <sup>1</sup>	Up to \$210

<sup>1</sup> The material copayment will apply once if frames and lenses, or contact lenses in lieu of eyewear, are purchased at the same time at a network provider.

<sup>2</sup> Contact lenses are in lieu of eyeglass lenses and/or eyeglass frames.

<sup>3</sup> Coverage for Covered Contact Lens Selection does not apply at Walmart, Sam's Club and Costco locations. The allowance for non-selection contact lenses will be applied toward the fitting/evaluation fee and purchase of all contacts.

<sup>4</sup> 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 eyeglass lenses and/or eyeglass frames; with certain conditions of anisometropia, keratoconus, irregular corneals/astigmatism, aphakia, facial deformity, or corneal deformity. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare concerning the reimbursement that UnitedHealthcare will make before you purchase such contacts.

## Vision Benefit Summary

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

**Customer Service: (800) 638-3120**

**Provider Locator: (800) 839-3242**

Plan V1007

### Important to Remember:

#### Network

- Always identify yourself as a UnitedHealthcare customer when making your appointment. This will assist your provider in obtaining a claim authorization before your visit.
- Your participating provider will help you determine which contact lenses are available in the UnitedHealthcare selection.
- Your contact lens allowance is applied to the fitting/evaluation fees, as well as the purchase of non-covered selection contact lenses. For example, if your allowance is \$105 and the fitting fee and evaluation is \$35, you will have \$70 toward the purchase of non-selection contact lenses. Evaluation and fitting fees may vary among providers and type of fitting required. Your material copay is waived when purchasing non-selection contacts.
- Patient options, such as UV coating, progressive lenses, etc., which are not covered-in-full, may be available at a discount at participating providers.

#### Choice and Access of Vision Care Providers

UnitedHealthcare offers its vision program through a national network including both private practice and retail chain providers. To access the Provider Locator service, visit our Web site at [www.myuhcvision.com](http://www.myuhcvision.com) or call 1-800-839-3242, 24 hours a day, seven days a week. You may also view your benefits, search for a provider or print an ID card online at [www.myuhcvision.com](http://www.myuhcvision.com).

Retain this UnitedHealthcare vision benefit summary which includes detailed benefit information and instructions on how to use the program. Please refer to your Certificate of Coverage for a full explanation of benefits.

**Network Provider** - Copays and non-covered patient options are paid to provider by program participant at the time of service.

**Non-Network Provider** - Participant pays full fee to the provider, and UnitedHealthcare reimburses the participant for services rendered up to the maximum allowance. Copays do not apply to non-network benefits. All receipts must be submitted at the same time. Written proof of loss should be given to the Company within 90 days after the date of the loss. If it was not reasonably possible to give written proof in the time required, the Company will not reduce or deny the claim for this reason. However, proof must be filed as soon as reasonably possible, but no later than 1 year after the date of service unless the Covered Person was legally incapacitated.

#### Additional Materials Benefit

UnitedHealthcare 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 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.

**Customer Service is available toll-free at 1-800-638-3120 from 8:00 a.m. to 11:00 p.m. Eastern Time Monday through Friday; and 9:00 a.m. to 6:30 p.m. Eastern Time on Saturday.**

This Benefit Summary is intended only to highlight your benefits and should not be relied upon to fully determine coverage. This benefit plan may not cover all of your healthcare expenses. More complete descriptions of benefits and the terms under which they are provided are contained in the certificate of coverage that you will receive upon enrolling in the plan. If this Benefit Summary conflicts in any way with the Policy issued to your employer, the Policy shall prevail.

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