



Customer Service  
Website

800-638-3120

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

## FAQ's

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

**A.** You may log on to the "[My Benefits](#)" section of the Web site to obtain the specifics of your plan. UnitedHealthcare Vision also provides each plan participant with a brochure communicating all in and out-of-network benefits.

**Q. How do I obtain a list of vision care providers in your network?**

**A.** Participants may utilize UnitedHealthcare Vision's Internet [Provider Locator](#) 24-hours a day, 7 days a week to locate a convenient participating provider. Through the Web site, choose the provider locator option and click on the "current member" link.

**Q. Can I go to a vision care provider outside of the UnitedHealthcare Vision network?**

**A.** UnitedHealthcare Vision offers both in and out-of-network benefits. Please consult your benefits brochure or the "[My Benefits](#)" section of the Web site to determine the out-of-network reimbursement benefit. You simply pay the out-of-network provider in full for all services and materials received. You must submit all receipts for all services received in the same year, at one time to UnitedHealthcare Vision's Claim Department to maximize your reimbursement. **Please follow the directions listed under "[How do I submit a claim?](#)"**

**Q. How do I identify myself as a UnitedHealthcare Vision participant?**

**A.** You do not need a claim form or an ID card to use this benefit, however, ID cards are now available to download and print on UnitedHealthcare's website at: [www.myuhcvision.com](http://www.myuhcvision.com)

When contacting the provider to make your appointment, simply give the provider the participant's name, date of birth, the Unique Identification Number of the primary subscriber and the employer's name. Identify yourself as having UnitedHealthcare Vision coverage. An in-network provider will verify eligibility and receive authorization prior to your appointment.

**Q. Can I get contact lenses instead of eyeglasses?**

**A.** You are entitled to eyeglasses OR contact lenses in a given year. Please log on to the "[My Benefits](#)" section of the Web site to obtain the specifics of your plan.

**Q. When is a contact lens exam/fitting not covered in full?**

**A.** If you receive a contact lens evaluation and fitting from one in-network provider and purchase contacts from another provider or mail order service, the evaluation and fitting fee will be your responsibility.

- If you receive a contact lens evaluation and fitting from an in-network provider and then select eyeglasses under your plan benefit, the contact lens evaluation and fitting fee will be your responsibility.
- If you select contacts that are not from the **UnitedHealthcare Vision selection** at an in-network provider, such as Daily Disposables, Toric, Gas Permeable or Bifocal contacts etc, your contact lens allowance will be subtracted from the total cost of the contact lens evaluation, fitting fee and contacts purchased and you will be responsible for the difference, (if any). When applying your contact lens allowance, your materials copay is waived.



## FAQ's

**Q. Can I purchase contact lenses at an out-of-network provider or mail order website?**

**A.** In lieu of lenses and a frame, you may select contact lenses from an out-of-network provider or mail order web site. UnitedHealthcare Vision provides discounts on mail order contacts from VisionDirect which can be accessed from the UnitedHealthcare Vision web site. Your allowance for elective contacts will be paid to you once we receive your receipts for your total purchase. **PLEASE NOTE:** in order to receive the total allowance for which you're eligible, you must submit all receipts for all services received in the same year at one time to UnitedHealthcare Vision's Claim Department. **Please follow the directions listed under ["How do I submit a claim?"](#)**

**Q. What is the difference between necessary and elective contact lenses?**

**A.** Contact lenses that are recommended in lieu of eyeglasses are only considered necessary due to specific medical conditions including Keratoconus, Anisometropia of 3.50 diopters or more or post cataract surgery without intraocular lens implants, etc. The provider will submit a request to UnitedHealthcare Vision for approval prior to dispensing the contact lenses. Necessary contact lenses dispensed by an in-network provider are covered in full. If dispensed by an out-of-network provider, you must submit receipts to UnitedHealthcare Vision and are limited to a \$210 reimbursement.

**Q. What out-of-pocket expenses will I incur for Eyeglasses?**

**A.** When visiting an in-network provider, you are only responsible to pay any applicable copayments and surcharges associated with non-covered items such as any elective patient options you select (i.e. tints, coatings and lens upgrades). Should you choose a frame outside of the **UnitedHealthcare Vision selection** or in excess of your generous frame allowance, you are responsible for the difference between the allowance and the cost. Please refer to "My Benefits" on the UnitedHealthcare Vision web site or your benefit summary document for details about your coverage.

When visiting an out-of-network provider, you simply pay the out-of-network provider in full for all services and materials received. You must submit all receipts for all services received in the same year at one time to UnitedHealthcare Vision's Claim Department. **Please follow the directions listed under ["How do I submit a claim?"](#)**

**Q. What out-of-pocket expenses will I incur for Contact Lenses?**

**A.** If you select contacts that are not from the UnitedHealthcare Vision selection at an in-network provider, such as Daily Disposables, Toric, Gas Permeable or Bifocal contacts etc, your contact lens allowance will be subtracted from the total cost of the contact lens evaluation, fitting fee and contacts purchased and you will be responsible for the difference, (if any). You are responsible to pay for any additional boxes of contacts beyond your coverage limits. If the contact lenses you select are within the selection, you will only pay the material copay for the benefit described in you benefit summary document. As with non-selection contacts, you are responsible to pay for any additional boxes of contacts beyond your coverage limits. Please refer to ["My Benefits"](#) on the UnitedHealthcare Vision web site or your benefit summary document for details about your coverage and any discounts that may apply.

When visiting an out-of-network provider, you simply pay the out-of-network provider in full for all services and materials received. You must submit all receipts for all services received in the same year at one time to UnitedHealthcare Vision's Claim Department. **Please follow the directions listed under ["How do I submit a claim?"](#)**