



Vision

Vision Insurance

Vision Administration Guide





Vision insurance

Thank you for choosing UnitedHealthcare.

The information in this booklet will guide you through the administration of your vision plan. To make the administration of vision benefits easy, fast and accurate for you and your employees, we offer Employer eServices[®], your website for secure online benefit administration. If you don't find the information you need in this guide, please contact us.

We look forward to serving you throughout the year.

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Quick reference list

| Resource | Contact Information | E-mail / Phone / Fax |
|--|---|--|
| <p>Employer eServices® customer support</p> <p>Assistance with online navigation and technical support</p> | <p>EmployereServices.com</p> | <p>1-800-651-5465</p> |
| <p>UnitedHealthcare vision Customer Support</p> | <p>myuhcvision.com</p> | <p>1-800-638-3120</p> |
| <p>General administrative support (Vision Customers without UHC Medical)</p> | <p>specialty_client_services@uhc.com</p> | <p>1-888-866-3192</p> |
| <p>Customer Service for Benefit Administrators</p> <ul style="list-style-type: none"> ▶ Enrollment / Eligibility* ▶ Billing information and payment ▶ Forms <p>*Make eligibility changes online at EmployereServices.com. If you do not have access to the Internet, please fax or mail eligibility changes to us.</p> <p>Billing Address For billing address, please see your invoice remittance stub or call customer service.</p> | <p>EmployereServices.com</p> <p>Enrollment / Eligibility Address UnitedHealthcare vision P.O. Box 30964 Salt Lake City, UT 84130-0964</p> <p>Overnight mail UnitedHealthcare vision Eligibility 4050 South 500 West Salt Lake City, UT 84123</p> | <p>1-888-842-4571</p> <p>Fax: 1-248-733-6062</p> |
| <p>Customer Care for Members</p> <ul style="list-style-type: none"> ▶ Vision claims ▶ Benefits and eligibility ▶ Provider locator | <p>myuhcvision.com</p> <p>Out-of-Network Claims Address UnitedHealthcare vision Claims Department P.O. Box 30978 Salt Lake City, UT 84130</p> | <p>1-800-638-3120</p> <p>Available weekdays 8 a.m. to 11 p.m. Eastern time</p> <p>Saturday 9 a.m. to 6:30 p.m. Eastern timedd</p> |

Employer eServices®

EmployerServices.com allows you to manage most of your benefits administration online and in real-time, increasing efficiency and saving time and money.

- ▶ Enroll, verify or change eligibility status of employees and dependents
- ▶ View, sort and search current and prior month's invoices
- ▶ Request adjusted invoices after adding or changing employee and dependent eligibility
- ▶ Authorize payments online and choose when to view and pay bills

Setting up and managing your Web site access

If you provided your e-mail address on the employer application, you have been automatically registered on the Employer eServices Web site and a **Client Master Administrator (CMA)** has been designated from your company. Your CMA sets up, manages and controls who in your company has access to the various information and tools within Employer eServices.

The CMA can:

- ▶ Create or deactivate users
- ▶ View a list of current users
- ▶ Assign or change data access levels and privileges
- ▶ Reset users' passwords

Your CMA should have received two e-mails from us that contain their user ID and password. They can simply go to EmployerServices.com, use their new ID and password to log on and begin setting up company users' access. If your CMA has not received or cannot locate their ID and password, please call us at **1-800-651-5465**. If your CMA has questions, there's an easy-to-follow online tutorial on the Web site.

Eligibility and enrollment information

Retroactive Eligibility Adjustments

All requests for changes of eligibility must be received within 60 days of the effective date. The 60-day limit is used unless prohibited by state law or by the policy. Examples of eligibility changes include:

- ▶ Terminations of employee benefits
- ▶ Adoption
- ▶ Marital status change
- ▶ Dependent insurance change
- ▶ PT to FT status change
- ▶ Rehired employee

Continuation of Coverage

For continuation of coverage details, please refer to the policy and Certificate of Coverage.

Enrollment Process

The best and quickest way to enroll new plan participants is by using EmployerServices.com. This tool allows you to enroll new employees, late applicants or rehired employees during open enrollment and throughout the year. Enrollments that are submitted through EmployerServices.com are processed in two business days.

If you do not have access to Employer eServices, please submit a completed enrollment form to the address or fax on page two.

Paper Enrollment Form Submission Requirements

The timeframe for processing manual paper forms is four business days.

- ▶ Complete an Enrollment Form. All information must be completed in full to process the plan participant's enrollment. We may return incomplete forms.
- ▶ Include your company name, policy number, plan selection, employee's signature and effective date on all forms submitted.
- ▶ Qualifying Event (birth of a child, new hire, marriage, etc.) change requests are effective on the day of the event if received within 31 days of the event.
- ▶ Change requests must be submitted through the group/benefit administrator.
- ▶ Do not mail enrollment forms with your premium payment. This will delay processing.
- ▶ Do not mail the originals if you have faxed or e-mailed your enrollment information.
- ▶ Keep a copy for your records.
- ▶ Fax or mail enrollment forms to the address or fax number on page two.

To order Enrollment Forms, please call 1-888-842-4571 or download forms from EmployerServices.com.

Billing and payment information

Online Billing and Payment

Because electronic transactions are delivering faster access to benefits for enrollees, and reducing billing and claims errors for customers and providers, online billing and payment is our preferred method of operation.

Employer eServices online billing offers fast service, simplified invoices, downloadable data and real-time calculations and payments.

- ▶ A reminder e-mail will be sent to you every month when your invoice is ready for your review and payment on Employer eServices. Click on the [Billing](#) tab to view, sort or download current activity, view account balance and past due aging payment history, as well as submit payments.
- ▶ If you have made eligibility changes after the original invoice was generated, you can request a new adjusted invoice.
- ▶ Elect to submit your payments online or through [Scheduled Direct Debit](#). Scheduled Direct Debit allows payment electronically through an automatic monthly debit from a designated checking account on the due date of your invoice. To set up Scheduled Direct Debit or establish an online payment method, go to the billing section of EmployerServices.com and select [Edit Payment Method](#) in the menu bar.

If you don't have access to the online billing tool, please call customer service at [1-888-842-4571](tel:1-888-842-4571) to pay by phone or receive assistance in setting up Scheduled Direct Debit.

Billing Statement Schedule

Payment is due and should be received by the payment due date on your invoice each month to ensure uninterrupted coverage (please allow five business days for manual payment and two business days for electronic bank processing). If your premium payment is not received in full and posted to your account by the payment due date, your policy is subject to termination (see your master group contract).

Customers who have selected a list billing will receive statements that include:

- ▶ A list of each insured employee listed under the plan and premium date
- ▶ A report of adjustments made from the previous month's statement

Check your statement carefully to ensure all eligible employees are included on the statement and that the benefits are correct.

Eligibility Adjustments

If we do not receive enrollment information in time to be reflected on your current invoice, your additions or terminations will be reflected on your next invoice. Any refund, credits and back charges will appear as an adjustment on your next month's invoice. You can request an adjustment invoice at any time using Employer eServices.

Paying Paper Invoices

If you receive a paper invoice, please pay the amount billed and do not adjust your invoice. If you remit payment by mail, please:

- ▶ Detach the Invoice Remittance page from your monthly statement.
- ▶ Attach your check.
- ▶ Mail in the enclosed envelope to the address listed on the invoice remittance.
- ▶ Clearly write your billing reference number and invoice number on the front of the check.
- ▶ Do not mail enrollment forms and/or terminations with your remittance. Please submit eligibility changes on Employer eServices or, you can fax or mail them separately to the eligibility address on page two.

Renewal information

If a signed renewal confirmation is not received, continuation of payment at the renewal premium will assume your intention to renew.

Claims appeal process

If members disagree with a benefit determination, they have the right to appeal the claim decision. Members should contact customer service for details about how to appeal a claim decision.

Additional information regarding the appeals process can be obtained by calling customer service and by referring to the Certificate of Coverage.

How the plan works

Step 1—Locate a convenient provider

Via telephone

Eligible members can locate a participating provider through UnitedHealthcare vision's Interactive Voice Response (IVR) system. Members may use the IVR system 24 hours a day, 7 days a week by calling the 24-hour toll-free number,

1-800-839-3242. Following the voice prompts, members enter their work or home zip code.

The system responds with a list of conveniently located providers by the names, addresses and telephone numbers.

Via the Internet

Members may utilize UnitedHealthcare vision's Internet Provider Locator, 24 hours a day, 7 days a week, to locate a convenient network provider. Members simply log on to myuhcvision.com, select the provider locator option and then enter their unique identification number, as well as their zip code. The member will be supplied a list of convenient providers to select from, including the distance in miles to that provider.

Step 2–Schedule an appointment

Once a provider is chosen, the member simply calls the provider directly to schedule their appointment. The member must give the provider the primary insured's unique identification number, the patient's name and date of birth, and identify him/herself as having UnitedHealthcare vision coverage.

Step 3 – Receive your eye exam

The network provider will perform a complete eye examination, which includes a case history of the patient, an examination for eye pathology and abnormalities, visual analysis (refraction), diagnosis and prescription, and visual skill testing.

Step 4 – Choose your eyewear

If prescription eyewear is necessary, the UnitedHealthcare vision provider will assist the member with selecting and ordering their prescription. The UnitedHealthcare vision provider will contact the member when the eyewear arrives. Eyewear is dispensed at the provider's office to ensure optical accuracy and proper fit.

Vision care communication materials

Plan members can refer to their vision care communication materials for a complete description of their vision benefit. To re-order a supply of your vision care communication materials, please contact your UnitedHealthcare Renewal Account Executive.

Out-of-network provider claims

UnitedHealthcare's vision plan allows members to receive services from outside our provider network. Members who use such a provider will receive partial reimbursement up to the maximum schedule as outlined in your plan's coverage. In order to receive payment for services provided outside our provider network, the participant must submit the following information:

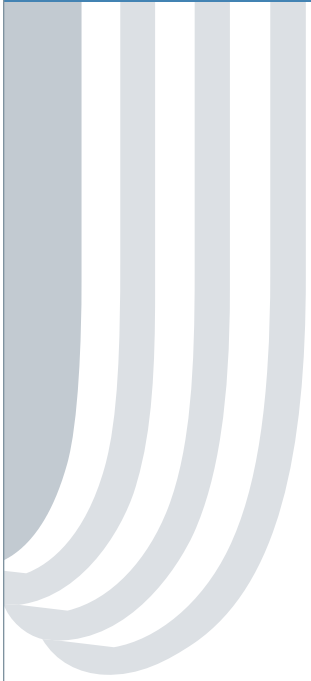
- ▶ The original itemized paid receipt
- ▶ Primary insured's name and unique identification number
- ▶ Patient's name and date of birth
- ▶ Complete home address

Out-of-network claims should be sent to:

UnitedHealthcare vision
Claims Department
P.O. Box 30978
Salt Lake City, UT 84130
Fax: (248) 733-6060

Please note: Receipts for services and materials purchased on different dates must be submitted together to receive reimbursement. Claims must be submitted within 12 months from the date of service to be eligible for reimbursement.

A check will be issued to the member within 30 days of receipt of the claim.



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.