



# State of Colorado Frequently Asked Questions

**1. Q: How does the new State of Colorado vision benefit work with my current yearly vision exam through UnitedHealthcare?**

**A:** The yearly exam portion of your benefits will remain the same. Please present your UnitedHealthcare Medical ID Card for your exam. All eye wear benefits (frames, lenses, and contact lenses) will process through UnitedHealthcare Vision.

**2. Q: Are there any vision identification cards available?**

**A:** Thanks to our convenient paperless benefits and claims, you do not need a vision ID card to use your benefits. However, if you'd like one, you can easily print one from [www.myuhcvision.com](http://www.myuhcvision.com). Simply click on "Click Here to Print Vision ID Card," under "My Benefits." You can also save it as a PDF to your computer or smartphone.

**3. Q: How do I verify my coverage and when I am eligible to receive benefits?**

**A:** You may verify your eligibility and plan coverage either online or by contacting UnitedHealthcare's Customer Care Department at 1-877-283-5424. Follow the prompt for Vision questions.

**4. Q: How do I find a provider in the vision network?**

**A:** For your exam, please use the provider locator search feature on [myuhc.com](http://myuhc.com). To find a vision provider for eyeglasses or contacts, simply go to [www.myuhcvision.com](http://www.myuhcvision.com) and use the provider locator tool for a complete listing, including door-to-door directions. You may also find a network provider by accessing UnitedHealthcare's interactive voice response system at 1-877-283-5424 and follow the voice prompts.

**5. Q: How do I identify myself as a UnitedHealthcare Vision participant when ordering frames and lenses?**

**A:** Simply call the provider directly to schedule an appointment, and mention that you have UnitedHealthcare vision coverage. You will need your medical ID number, name and date of birth.

**6. Q: How does the retail frame allowance work?**

**A:** Under our plan, you are free to choose any frame available at any provider location, or any frame that a provider is willing to order for you. Your plan provides a \$130 retail allowance, after copay, toward the cost of the frame at an in network provider. If the frame falls within the allowance, it will be fully covered with no out-of-pocket expenses beyond the material copay, which is \$25. If you choose a frame that exceeds these allowances, you only pay the difference and may also take advantage of any provider discounts offered.



**7. 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 in excess of your frame allowance, you are responsible for the difference between the allowance and the cost. 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. See myuhcvision.com for details.

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

**A:** You are entitled to eyeglasses OR contact lenses in a given year.

**9. Q: How does my contact lens benefit work?**

**A:** Your \$150.00 contact lens allowance, after copay, is applied toward the fitting and evaluation fees, contact lenses (including disposables) and up to two follow-up visits with your eye doctor. If you choose contacts that are not covered by the selection\*, you'll get an allowance toward the purchase price. Allowances apply to in-network providers only.

\*Contact lenses not appearing on the selection list are considered non-selection, unless otherwise specified on the individual plan outline. The contact lens selection list does not apply at Costco, Walmart or Sam's Club locations. The allowance for all other elective contact lenses will be applied toward the fitting/evaluation fee and purchase of all contacts.

**10. Q: What are my out-of-pocket costs for contact lenses if I purchase a brand that is not covered in the selection, or at an out-of-network provider, or use a mail order website?**

**A:** If you select contacts that are not listed on the plan covered selection or purchase from an out-of-network provider, 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 your 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 myuhcvision.com 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 visit the website for more information on claims processing.



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 policy form number VPOL.06.TX and associated COC form number VCOC.INT.06.TX.