

Out-of-Network Benefits

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

Exam	\$15.00
Lenses	
Single vision	\$37.24
Bifocal	\$69.12
Trifocal	\$72.00
Contact Lenses in Lieu of Eyeglasses (lenses & frame)	
Necessary*	\$57.00

* 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 Lasik*Plus* locations. For more information, call 1.888.563.4497 or visit us at www.uhclasik.com.

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/nycta

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 and associated COC form number VCOC.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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UnitedHealthcare Vision®

www.myuhcvision.com/nycta

Customer Service: 1.877.370.2895

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.

1.800.638.3120 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

Easy Benefit Access

With UnitedHealthcare Vision, you are able to visit any provider you choose, but you maximize your savings when you visit a GVS network provider.

How to locate a GVS network provider:

- www.myuhcvision.com/nycta

Click on Current Member and then enter your search options to select a provider near you. Other services, such as claim status tracking, order tracking, and answers to frequently asked questions, are also available online.

- 1.800.839.3242 – IVR Provider Locator

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/nycta 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.

In-Network Benefits

Examination (\$0.00 copay, once every 12 months)	Receive a comprehensive eye examination from a state-licensed optometrist or ophthalmologist, covered-in-full.
Frames (once every 12 months)	Receive an \$80 frame allowance at a GVS network provider.
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	Oversized lenses and tints are covered-in-full. Lens options not covered by the plan, such as UV coating, polycarbonate lenses, progressive lenses, high index, and anti-reflective coating, may be available at a discount.
Contact Lenses in Lieu of Eyeglasses (once every 12 months)	You would receive an \$80 allowance applied toward the purchase of contact lenses from an in-network provider.

Vision Benefit Card

UnitedHealthcare Vision®

MTA New York City Transit and MTA Bus
Exam once every 12 months
Lenses once every 12 months
Frames once every 12 months
Contacts* once every 12 months
*(in lieu of lenses & frames)

Exam Copay \$0.00
Materials Copay \$0.00

Important to Remember

- Benefits are available every 12 months based on last date of service.
- For online Eye Exam scheduling go to www.generalvision.com or call GVS at 1-800-Vision1 to make your appointment.