

Virginia Private Colleges Benefits Consortium



Summary

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- UniView Vision Benefit Summary
- UniView FAQ
- Employee Vision ID Card
- How to Find a Provider



UniView Vision®

How to Contact UniCare UniView Vision

Customer Service: (888) 884-8428 Use Master Group # 131411V

Hours: Monday – Saturday, 7:30am-11pm EST

Sundays, 11am-8pm EST

Website: www.unicare.com

WELCOME TO UNIVIEW VISION!

Good news—your vision plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what's covered, your discounts, and much more!



Group Name: Virginia Private Colleges Benefits Consortium

UniView VisionSM

Your UniView Vision network

UniCare Life and Health Insurance Company vision members have access to one of the nation's largest vision networks. UniView Vision is the only vision plan that gives members the ability to use their in-network benefits at 1-800 CONTACTS, or choose a private practice eye doctor, or go in store to LensCrafters®, Sears OpticalSM, Target Optical®, JCPenney® Optical and most Pearle Vision® locations.

Out-of-network: If you choose to, you may receive covered benefits outside of the UniView Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement of your out-of-network allowance. In-network benefits and discounts will not apply.

YOUR UNIVIEW VISION PLAN AT-A-GLANCE

PROPOSED UNIVIEW VISION PLAN DESIGN

Routine eye exam once every calendar year

Eyeglass frames

Once every two calendar years members may select an eyeglass frame and receive an allowance toward the purchase price

Eyeglass lenses (Standard)

Once every calendar year members may receive any one of the following lens options:

- Standard plastic single vision lenses (1 pair)
- Standard plastic bifocal lenses (1 pair)
- Standard plastic trifocal lenses (1 pair)

Eyeglass lens enhancements

When obtaining covered eyewear from a UniView Vision provider, members may choose to add any of the following lens enhancements at no extra cost.

- **Transitions®** Lenses (for a child under age 19)
- Standard Polycarbonate (for a child under age 19)
- Factory Scratch Coating

Contact lenses

once every calendar year

In addition to eyeglass lenses

- Elective Conventional Lenses; or
- Elective Disposable Lenses; or
- Non-Elective Contact Lenses

Contact lens fit and follow-up

Available once a comprehensive eye exam has been completed.

- Standard contact lens fitting
- Premium contact lens fitting

**Contact lens allowance can only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases made during the same benefit period, nor can any unused amount be carried over to the following benefit period.*

EXCLUSIONS & LIMITATIONS (not a complete list)

Combined Offers. Not combined with any offer, coupon, or in-store advertisement.

Excess Amounts. Amounts in excess of covered vision expense.

Sunglasses. Sunglasses and accompanying frames.

Safety Glasses. Safety glasses and accompanying frames.

Not Specifically Listed. Services not specifically listed in this plan as covered services.

Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.


Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

Orthoptics. Orthoptics or vision training and any associated supplemental testing.

	IN-NETWORK	OUT-OF-NETWORK
	\$15 copay, then covered in full	\$50 allowance
	\$130 allowance, then 20% off any remaining balance	\$100 allowance
	\$15 copay, then covered in full	\$50 allowance
	\$15 copay, then covered in full	\$80 allowance
	\$15 copay, then covered in full	\$110 allowance
	\$0 after eyeglass lens copay	No allowance on lens enhancements when obtained out-of-network
	\$0 after eyeglass lens copay	
	\$0 after eyeglass lens copay	
	\$130 allowance, then 15% off any remaining balance	\$130 allowance
	\$130 allowance (no additional discount)	\$130 allowance
	Covered in full	\$210 allowance
	\$0	\$35
	10% off retail price, then apply \$55 allowance	\$35

OPTIONAL SAVINGS AVAILABLE FROM IN-NETWORK PROVIDERS		In-network Member Cost (after any applicable)
Retinal Imaging	<ul style="list-style-type: none"> At member's option can be performed at time of eye exam 	Not more than \$39
Eyeglass lens upgrades When obtaining eyewear from a UniView Vision provider, members may choose to upgrade their new eyeglass lenses at a discounted cost. Eyeglass lens copayment	<ul style="list-style-type: none"> Transitions[®] lenses (Adults) Standard Polycarbonate (Adults) Tint (Solid and Gradient) UV Coating Progressive Lenses <ul style="list-style-type: none"> Standard Premium Tier 1 Premium Tier 2 Premium Tier 3 Anti-Reflective Coating <ul style="list-style-type: none"> Standard Premium Tier 1 Premium Tier 2 Other Add-ons and Services 	\$75 \$40 \$15 \$15 \$65 \$85 \$95 \$110 \$45 \$57 \$68 20% off retail price
Additional Pairs of Eyeglasses Anytime from any UniView Vision network provider	<ul style="list-style-type: none"> Complete Pair Eyeglass materials purchased separately 	40% off retail price 20% off
Eyewear Accessories	<ul style="list-style-type: none"> Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 	20% off retail price
Conventional Contact Lenses	<ul style="list-style-type: none"> Discount applies to materials 	15% off retail price

ADDITIONAL SAVINGS AVAILABLE THROUGH OUR SPECIAL OFFERS PROGRAM

Members can take advantage of savings opportunities from dozens of vendors on a variety of products and services, including LASIK vision surgery, hearing services and aids, wellness products, weight loss programs, fitness memberships, elder care services, * and much more.

¹Please ask your provider for his/her recommendation as well as the progressive brands by tier.

²Please ask your provider for his/her recommendation as well as the coating brands by tier.

³A standard contact lens fitting includes spherical clear contact lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

⁴A premium contact lens fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

OUT-OF-NETWORK

If you choose an out-of-network provider, please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. When visiting an out-of-network provider, discounts do not apply and you are responsible for payment of services and/or eyewear materials at the time of service.

To Fax: 866-293-7373
To Email: oonclaims@eyewearspecialoffers.com
To Mail: UniView Vision
 Attn: OON Claims
 P.O. Box 8504
 Mason, OH 45040-7111

UniView Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care physician from your medical network. If you have questions about your benefits or need help finding a provider, visit unicare.com or call us at 1-888-884-8428.

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force.

This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. Discounts referenced are not covered benefits under this vision plan and therefore are not included in the member's policy. Frame discounts may not apply to some frames where the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Discounts are subject to change without notice. Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the plan. This benefit overview is only one piece of your entire enrollment package.

Transitions and the swirl are registered trademarks of Transitions Optical, Inc. Photochromic performance is influenced by temperature, UV exposure and lens material.

Coverage is provided by one of the following companies: UniCare Life & Health Insurance Company, UniCare Health Insurance Company of the Midwest (IN & IL only), or UniCare Health Insurance Company of Texas (TX only).

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Answers to Some Frequently Asked Questions

Log in at unicare.com to:

Find an eye care provider

Print a list of eye care providers in your area

View your benefit information

See when you're eligible for more benefits

View claim status

What is covered in a comprehensive eye exam?

Some of the tests and procedures performed in a comprehensive eye exam include:

- Case history
- Evaluation of visual system's status (including dilation)
- Refractive status
- Binocular function
- Assessment, diagnosis and treatment plan

Are contact lens fitting fees included in the vision exam?

Professional contact lens fitting fees are not considered a part of routine eye care and are not included in the vision exam. Plan coverage and discounts vary so members should refer to their specific plan design for details. Members can view their specific vision coverage by signing into the secure member portal and selecting View Vision, Vision Benefit Details and then My Benefits.

What is the difference between standard and premium contact lens fit and follow-up?

Your eye doctor will determine what type of contact lens is best for you. In general, contact lens evaluation fees are based on the type of contact lens the doctor prescribes.

Standard contact lenses are considered to be single vision, clear, soft, and for daily wear. If you are prescribed standard contact lenses, your eye doctor will perform a **standard fitting with follow up evaluation**.

If the contact lens your eye doctor prescribes for you does not fall into the category of a standard contact lens, it is considered to be a **premium contact lens**. Premium contact lenses are basically more complex types of lenses and include but are not limited to toric (to correct astigmatism), multifocal/monovision (bifocal), post-surgical (for example, following cataract surgery), gas permeable (hard), and those used for extended/overnight wear. If you are prescribed premium contact lenses, your eye doctor will perform a **premium fitting with follow up evaluation**.

When would an eye care provider charge for contact lens fit and follow-up?

You will likely pay for a contact lens fitting and follow-up evaluation if any of the following apply:

- If you are going to be wearing contact lenses for the first time
- If you are renewing your contact lens prescription
- If you have a change in your contact lens prescription
- If you are going to change to a different type or brand of contact lenses
- If you are a contact lens wearer and are seeing a new eye doctor for the first time

What is the difference between elective and non-elective contact lenses?

Doctors prescribe **Elective contact lenses** when there is no natural condition that prevents good vision with glasses. Typically, in this case, patients have a choice of wearing glasses or contacts, and contacts are considered cosmetic because they are mainly used for cosmetic purposes.

Doctors prescribe **Non-elective contact lenses** for purposes of correcting a specific natural condition that prevents satisfactory vision with eyeglasses. They are considered non-elective because they allow the wearer to see better with contacts than with glasses.

What is the difference between conventional and disposable contacts?

Conventional contact lenses are worn for one day during waking hours (daily wear) and then removed, cleaned, stored overnight, and **reused** the next day. In some cases, specially approved lenses can be worn to sleep but must be removed according to the doctor's instructions.

Disposable contact lenses are made for either daily (one time) use or longer term (extended wear). If the patient wears one-day lenses, they can be **thrown away**, rather than having to clean, store and then reuse the same lenses. They are then replaced with fresh new lenses.

Are disposable contact lenses covered?

Disposable or daily wear contact lenses are covered under plans that include benefits for eyewear materials.

Can I purchase contact lenses and glasses?

Yes. Under your UniView Vision benefits, you have coverage for both eyeglass lenses and contact lenses at any UniView Vision in network provider. Members also can save 15%- 40% off retail on additional purchases of eyewear through UniView Vision providers.



Does UniView Vision cover non-prescription items like sunglasses?

Non-prescription items are not covered benefits under our vision plans, however our Additional Savings Program lets members access substantial savings (15%-40%) on additional pairs of eyewear purchases, most non-prescription sunglasses, lens treatments, specialized lenses and eyewear accessories through UniView Vision network providers.

Does UniView Vision cover Lasik surgery?

Lasik surgery is not a covered benefit, however discount offers on Lasik surgery are available from participating providers through UniCare's SpecialOffers program. Other discounts on a variety of products and services are also available through SpecialOffers, including savings from 1-800 Contacts and Glasses.com.

Do I have to use UniView Vision providers?

By utilizing the national UniView Vision network, your benefits will stretch further because of negotiated fees with more than 33,000 doctors and over 26,000 provider locations. In-network providers extend discounts on many non-covered items. If for any reason you still prefer to go to an out-of-network provider, you can use your out-of-network benefits to get reimbursed up to the maximum out-of-network benefit covered by your plan.

Will I need to file a claim?

If you use a UniView Vision network provider, you do not need to file a claim. The provider will file the claim on your behalf. If you use an out-of-network provider, you will need to pay the provider at the time of service, obtain an itemized receipt for your expenses, and then submit a claim to UniView Vision for reimbursement of eligible services and/or materials. To obtain a UniView Vision out-of-network claim form, visit our website or contact customer service.

Have other questions?

Give us a call! We're here to help 7 days a week.

*Remember...
UniView Vision
participating
providers offer
money saving
discounts!*

CUSTOMER SERVICE

Phone:

(888) 884-8428

Hours:

Monday – Saturday
7:30 a.m. to
11:00 p.m. EST

Sunday 11:00 a.m. to
8:00 p.m. EST

Available every day
except Easter,
Thanksgiving and
Christmas

Discounts referenced are not covered benefits under the plan and are subject to change without notice. Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the plan.

A Coverage is provided by one of the following companies: UniCare Life & Health Insurance Company, UniCare Health Insurance Company of the Midwest (IN & IL only), or UniCare Health Insurance Company of Texas (TX only). ® Registered mark of UniCare Inc.

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Unicare UniView Vision Sample ID Card

Unicare.

UniView Vision
 Group: VIT
VALERIE SCOTT
 Member ID Number: 975M56878
 Group Number: 131399V001

Plan(s): UniView Vision
 Vision Customer Service: 1-888-884-8428

— www.unicare.com — Payor Number 80314 —

This is your UniView Vision identification card provided by Unicare Life & Health Insurance Company. Present it to the vision provider when you or your eligible dependents receive service or supplies. See your certificate(s) of coverage or booklet(s) for a description of the benefits, terms, conditions, limitations and exclusions of coverage. When submitting inquiries always include your member number from the face of this card.

POSSESSION OR USE OF THIS CARD DOES NOT GUARANTEE PAYMENT.

In the event of a potentially life threatening condition, call 911

Submit Claims to: UniView Vision Plan
 P.O. Box 8504
 Mason, OH 45040-7111

Vision Providers: To confirm plan participation and member eligibility please contact EyeMed at www.eyemedvisioncare.com or 800-521-3805

Underwritten by Unicare Life & Health Insurance Company. #Unicare is a registered trademark of Wellpoint, Inc.

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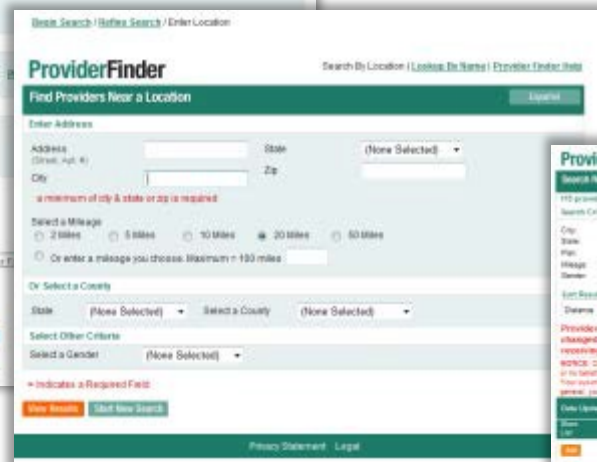
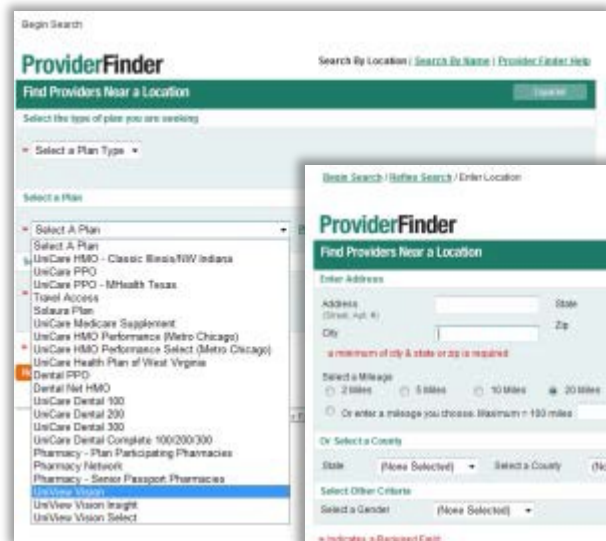


USEFUL TOOLS

- [FIND A DOCTOR \(Dentist, Pharmacy, or Hospital\)](#)
- [PRESCRIPTION BENEFITS](#)
- [CHECK CLAIM STATUS](#)

How to find a provider

1. Visit unicare.com
2. Click on: **FIND A DOCTOR**
3. Select A Plan: UniView
4. Enter search criteria: your location
5. View results



ProviderFinder Search Results

175 providers just the professionals you selected

Search Criteria: Arlington, VA, Location Within 5 miles, No Preference

Sort Results By: Distance Page: 1 of 10

Provider information contained in this Directory is updated on a regular basis and may have changed. Therefore, please verify with your provider before scheduling your appointment or receiving services to confirm participation.

NOTE: Only the active locations listed are in your network. Visiting a provider at any other location may result in reduced or no benefits. Using out-of-network providers can result in substantial cost to you. Your actual provider needs will vary depending on the provider network and the date, year or your employer's tax situation. In general, you will use the most money if you visit a provider in the network you or your employer has chosen.

Plan	Provider	Address	Phone	Specialty	Distance	Link
ACA	Arbaugh, Elizabeth A, DO	3600 Farnam Dr Ste 1 Arlington, VA 22203 (703) 622-5474	(703) 622-5474	Family (EEO/AA)	1.8 miles	View
ACA	London, Larry R, DO	3600 Farnam Dr Ste 1 Arlington, VA 22203 (703) 622-5474	(703) 622-5474	Family (EEO/AA)	3.2 miles	View
ACA	Whittemore, Nathan P, DO	3600 Farnam Dr Ste 1 Arlington, VA 22203 (703) 622-5474	(703) 622-5474	Family (EEO/AA)	3.3 miles	View
ACA	Kulavick, Amy MD	3600 Farnam Dr Ste 74 Arlington, VA 22203 (703) 622-5474	(703) 622-5474	Family (EEO/AA)	3.8 miles	View
ACA	Chambers, David O, DO	3600 Farnam Dr Ste 74 Arlington, VA 22203 (703) 622-5474	(703) 622-5474	Family (EEO/AA)	3.8 miles	View
ACA	Lozano, LaJana O, DO	4238 Albemarle St Ste 1140 Arlington, VA 22203 (703) 624-6592	(703) 624-6592	Family (EEO/AA)	1.2 miles	View
ACA	Lambertson, Opt, OPT	4238 Albemarle St Ste 1140 Arlington, VA 22203 (703) 624-6592	(703) 624-6592	Family (EEO/AA)	1.2 miles	View
ACA	Ham, Hugh C, DO	4238 Albemarle St Ste 1140 Arlington, VA 22203 (703) 624-6592	(703) 624-6592	Family (EEO/AA)	1.2 miles	View
ACA	Van, Joshua C, DO	4238 Albemarle St Ste 1140 Arlington, VA 22203 (703) 624-6592	(703) 624-6592	Family (EEO/AA)	1.2 miles	View