

# Virginia Private Colleges Benefits Consortium, Inc.



# UniView Vision<sup>®</sup> Virginia Private Colleges Benefits Consortium January 1, 2020

#### Welcome to your UniView Vision plan!

You have many choices when it comes to using your benefits. As a UniView Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters<sup>®</sup>, Target Optical<sup>®</sup>, Sears Optical<sup>®</sup>, JCPenney<sup>®</sup> Optical and most Pearle Vision<sup>®</sup> locations. You may also use your innetwork benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at unicare.com, or from the home page, select Find a Doctor. You may also call member services for assistance at 1-888-884-8428.

**Out-of-Network** – If you choose to, you may instead 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 up to your maximum out-of-network allowance.

YOUR UNIVIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY	
Routine Eye Exam	Routine Eye Exam			
A comprehensive eye examination	\$15 copay	Up to \$50 allowance	Once every calendar year	
Eyeglass Frames				
One pair of eyeglass frames	\$130 allowance, then 20% off any remaining balance	Up to \$100 allowance	Once every two calendar years	
Eyeglass Lenses				
<ul> <li>One pair of standard plastic prescription lenses:</li> <li>Single vision lenses</li> <li>Bifocal lenses</li> <li>Trifocal lenses</li> </ul>	\$15 copay \$15 copay \$15 copay	Up to \$50 allowance Up to \$80 allowance Up to \$110 allowance	Once every calendar year	
Eyeglass Lens Enhancements When obtaining covered eyewear from a UniView Vision provider, you may choose to add any of the following lens enhancements at no extra cost.				
<ul> <li>Transitions Lenses (for a child under age 19)</li> <li>Standard polycarbonate (for a child under age 19)</li> <li>Factory scratch coating</li> </ul>	\$0 copay \$0 copay \$0 copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses	
Contact Lenses ( <i>in addition to eyeglass lenses</i> ) Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.				
• Elective conventional (non-disposable) OR	\$130 allowance, then 15% off any remaining balance	Up to \$130 allowance		
• Elective disposable OR	\$130 allowance (no additional discount)	Up to \$130 allowance	Once every calendar year	
• Non-elective (medically necessary)	Covered in full	Up to \$210 allowance		
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.				
• Standard contact lens fitting <sup>1</sup>	\$0	\$35 allowance	Once even	
• Premium contact lens fitting <sup>2</sup>	10% off retail price, then apply \$55 allowance	\$35 allowance	Once every calendar year	

<sup>1</sup> Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement. <sup>2</sup> Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. UniView Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. 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. This benefit overview is only one piece of your entire enrollment package.

#### EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)

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

Excess Amounts. Amounts in excess of covered vision expense. Sunglasses. Plano 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.

OPTIONAL SAVINGS AVAILABLE FROM UNIVIEW VIS	In-network Member Cost (after any applicable copay)	
Retinal Imaging - 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, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul> <li>Transitiens lenses (Adults)</li> <li>Standard Polycarbonate (Adults)</li> <li>Tint (Solid and Gradient)</li> <li>UV Coating</li> <li>Progressive Lenses<sup>1</sup></li> <li>Standard</li> <li>Premium Tier 1</li> <li>Premium Tier 2</li> <li>Premium Tier 3</li> <li>Anti-Reflective Coating<sup>2</sup></li> <li>Standard</li> <li>Premium Tier 1</li> <li>Premium Tier 1</li> <li>Premium Tier 2</li> <li>Other Add-ons</li> </ul>	\$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><li>Complete Pair</li><li>Eyeglass materials purchased separately</li></ul>	40% off retail price 20% off retail price
Eyewear Accessories	• Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail price
Conventional Contact Lenses	• Discount applies to materials only	15% off retail price

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

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

Discounts are subject to change without notice. Discounts are not 'covered benefits' under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where state law prevents discounting of products and services that are not covered benefits under the plan. Discounts on frames will not apply if the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Some of our in-network providers include:



Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just **log in at unicare.com**, select discounts, then Vision, Hearing & Dental.

\* Discounts cannot be used in conjunction with your covered benefits.

#### **OUT-OF-NETWORK**

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. 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. To download a claim form, log in at **unicare.com**, or from the home page menu under Customer Support select Download Forms, scroll down under the heading for Claims and select Vision Claim Form. You may instead call member services at **1-888-884-8428** to request a claim form.

To Fax: 866-293-7373 To Email: oonclaims@eyewearspecialoffers.com To Mail: UniView Vision Attn: Out-of-Network Claims P.O. Box 8504 Mason, OH 45070-7111



# 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 oneday 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?

Members who choose a supply of contact lenses elect to receive contact lenses instead of eyeglass frames and spectacle lenses. However, members can save 15%- 40% off retail on additional purchases of eyewear through UniView Vision providers.



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

## 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 webiste or contact customer service.

# Have other questions?

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

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). 
<sup>®</sup> Registered mark of UniCare Inc.

# Unicare Sample ID Cards

UNICARE.	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.
CTT CTTTL.	POSSESSION OR USE OF THIS CARD DOES NOT GUARANTEE PAYMENT.
	In the event of a potentially life threatening condition, call 911
UniView Vision Group: GROUP NAME Member Name	Submit Claims to: UniView Vision Plan P.O. Box 8504 Mason, OH 45040-7111
Member ID Number: XXXxXXXX Group Number: xxxxxxxxx	Vision Providers: To confirm plan participation and member eligibility please contact EyeMed at www.eyemedvisioncare.com or 800-521-3605
Plan(s): UniView Vision Vision Customer Service: 1-888-884-8428	Underwritten by UniCare Life & Health Insurance Company. @Unicare is a registered trademark of Wellpoint, Inc.
	01/11/17
UNICARE.	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
UniView Vision Group: GROUP NAME Member 2 Name	Submit Claims to: UniView Vision Plan P.O. Box 8504 Mason, OH 45040-7111
Member ID Number: XXXxXXXXX Group Number: xxxxxxxxx	Vision Providers: To confirm plan participation and member eligibility please contact EyeMed at www.eyemedvisioncare.com or 800-521-3605
Plan(s): UniView Vision Vision Customer Service: 1-888-884-8428	Underwritten by UniCare Life & Health Insurance Company. @Unicare is a registered trademark of Wellpoint, Inc.
	01/11/17
- www.unicare.com Payor Number 803	

# HOW TO REGISTER FOR ACCESS

Registration is a few quick steps where a User Name and Password are created allowing secure access to your benefit information.

## ATTENTION!

If you have both a UniCare UniView Vision<sup>®</sup> Plan AND an Anthem Medical Plan with a Blue View Vision<sup>SM</sup> exam benefit, <u>you will only need to register once</u> on the Anthem.com website.

⇒Your Anthem Medical Plan with a Blue View Vision exam benefit will be your default coverage, this plan will show at login.

To View your UniCare Vision Plan, <u>click on the blue "View Other Coverage"</u>, located on the right side of the screen. Click on the vision plan and you will be redirected to Unicare.com website to view this coverage.

Once you open the UniCare plan, to get back to the medical plan, <u>click on the green</u> <u>"View Other Coverage"</u>, located on the right side of the screen and choose the medical coverage.

In this example, we'll show you how to register through the **unicare.com** website. To begin, just visit **unicare.com** and click Register Now.



	<unicare home<="" th=""><th></th></unicare>			
	Online Registration	Are you already registered? Log in now.		
Simply follow the 4 steps	1. Personal Information 2. Username & Password 3. Preferences 4. Confirmation			
	1 Personal Information	All Fields are required unless marked (Optional)		
	Register by Identification Number	Medicaid-eligible members in Kentucky, Virginia or Wisconsin <u>Register Here</u>		
	Enter the Identification Number from your UniCare card. Idon't have my Identification Number.	Virginia or Wisconsin <u>Register Here</u>		
	First Name Last Name Date of Birth (MM/DD/YYYY)			
	CANCEL CONTINUE			

- 1 First you will enter your UniCare identification number which is located on your member ID card.
- 2 Next you will create a user name and password.
- (3) You can then enter your preferences.
- 4 And finally, you will confirm registration.

Once you have registered, simply go the Member Log In area on the Unicare.com home page, enter your user name and password, and click **Log In**.

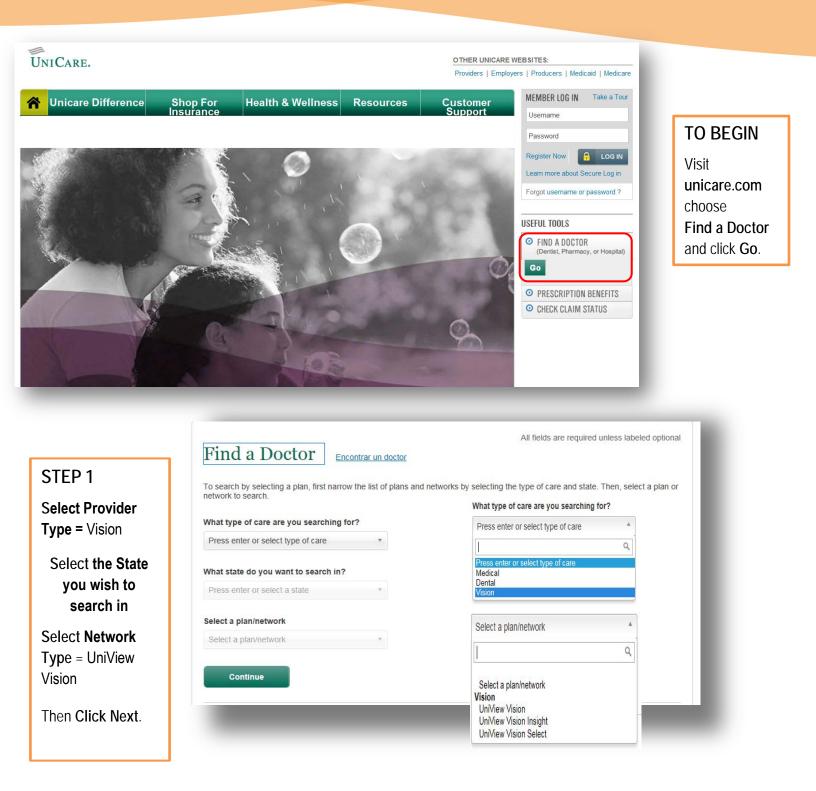
Username	
⊃assword	
Register Now	LOG IN



UniCare Life & Health Insurance Company.

# **UniView Vision<sup>®</sup> Provider Locator Guide**

Finding a UniView Vision network provider is easy.



		All fields are required unless tabeled optional
Find a Doctor Encontrar un doc	tor	
I want to search this plan/network: UniView Vision Change plan ?		
I'm looking for a Vision Professional 🛛 🔞		
Whose name is: (optional)		
Enter Name		
Location near:	With a distance of:	
Enter Location	20 miles •	
Who is: (optional)		
Accepting New Patients ?		
Show more options		
Search		

# RESULTS A list of providers will be displayed.

UNICARE.

Find a Doctor Result	See Important Notice Below about Par	ticipating Providers* 335 Vision Professional in the UniVi	ew Vision plar	s within 20 miles of Virginia Beach,VA	Helpful Hints + How do I make sure a Doctor accepts my insurance plan? - Can lift dhese vision providers on a map? + How do I view the next page of results? + How do I learn more about a certain vision provider? + How do I start over?
Pungo	CARE PROVIDER		*	QUALITY	
Refine Results	1-800CONTACTS.COM		×	Doctor In-Network	
Distance Wifthin 20 miles of Virginia Beach,VA	SPECIALTY: Optician SERVICES AVAILABLE: Materials (frames, lenses, contacts) Discounts on non-covered services	Online www.1800contacts.com Telephone: 800.266.8228			
5 10 20 30 50 75 100	GLASSES.COM		*	Doctor In-Network	
(in addition to English): Any	SPECIALTY: Optician SERVICES AVAILABLE: Materials (frames, lenses, contacts)	Online Telephone: 800.452.7737			
	Discounts on non-covered services				
<ul> <li>Specialty</li> </ul>	CONTACTSDIRECT.COM		~	Doctor In-Network	
⊙ Gender	SPECIALTY: Optician SERVICES AVAILABLE:	Online			
O Services available	Materials (frames, lenses, contacts) Discounts on non-covered services	Telephone: 844.553.6737			

STEP 2

travel.

When done click View Results

Enter a location for the provider. Indicate how far from the location you're willing to

Note: You can download and /or print your results.		
Coverage is provided by one of the following companies UniCare Health Plans of the Midwest Inc. (HMO in IN &	UniCare Life & Health Insurance Company, UniCare Health Insurance Company of the Midwest (IN & IL only),	UNICARE.

Coverage is provided by one of the following companies: UniCare Life & Health Insurance Company, UniCare Health Insurance Company of the Midwest (IN & IL only), UniCare Health Plans of the Midwest. Inc. (HMO in IN & IL onlv).