

UNITED HEALTHCARE / OPTUM / SPECTERA VISION OUT-OF-NETWORK MATERIAL BENEFITS

Thank you for choosing Harper Eye Care for your ocular health needs. While we are a contracted provider with United HealthCare Vision (a.k.a. UHC / Optum / Spectera Vision), we are an **EXAM ONLY** provider and not a materials provider. So what does this mean?

You have two options when it comes to your eyeglasses and contacts. You can either take advantage of a **30% discount on eyeglasses** and a **15% discount on contacts** purchased through Harper Eye Care, as well as additional reimbursement from UHC / Optum / Spectera Vision, or you may choose to stay in-network and take your RX. Harper Eye Care chose to remain out-of-network so that Dr. Harper could continue to offer her patients the best quality frames and lens materials without intervention or mandates from the insurance company. Lens design and quality will determine the outcome of you vision.

Out-of-network benefits:

UHC / Optum / Spectera Vision offers both in- and out-of-network benefits. Please consult your benefits brochure to determine if your plan provides an out-of-network reimbursement benefit.

If your plan has an out-of-network benefit, and you choose to visit an out-of-network provider, simply pay the out-of-network provider in full for all materials received. Then submit an itemized copy of the receipts to UHC / Optum / Spectera Vision, along with a note requesting reimbursement. UHC / Optum / Spectera Vision will reimburse the subscriber according to the plan's reimbursement schedule.

UHC / Optum / Spectera Vision Claims Department
PO Box 30978
Salt Lake City, UT 84130
-or-
Fax: 248-733-6060

The following information should be included with your itemized receipt submission:

- Subscriber's name and address
- Member or patient's name and date of birth
- Subscriber's unique identification number

I have had the opportunity to read the above information and understand my options with regards to my insurance. I further choose to purchase my eyeglasses and/or contacts from Harper Eye Care and agree to the pricing and discounts offered to me on their optical worksheet. **(ONLY TO BE USED IF PURCHASING MATERIALS)**

PRINT NAME

SIGNATURE

DATE