

How to print your vision ID card using myuhc.com



Thanks to our convenient paperless benefits and claims, **you do not need a member ID card to use your benefits.** However, if you'd like one, you can easily print one.

Your ID card will be personalized with your name, member ID, as well as your exam and materials co-pay amounts.

Steps to print your Vision ID card:

- 1 Go to **myuhc.com**
- 2 Log in or register
- 3 Click on "Look up my Benefits"
- 4 Select Vision
- 5 Click on "Vision benefit highlights" link
- 6 Click on "Print ID Card" If you do not see this option, click on the blue "Select" button next to your plan name.
- 7 From the drop down menu, select the person whose ID card you would like to print. Click on "Get ID Card."
- 8 This generates a document with your ID card called *How to Use Your Vision Care Benefits*. Scroll to the bottom of this document. A toolbar will appear; click on the printer icon to print.

View Benefits **Print ID Card** **Find a Provider**

You can generate an ID card by selecting a member and then clicking Get ID Card. Then you can print the ID card by clicking the printer icon in the ID Card report.

Select the person whose ID card you would like to print.

FIRST & LAST NAME [dropdown] **Get ID Card**

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company, located in Islandia, New York, or their 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 or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA. OnlineID-rev.2/2014

Sample Personalized ID Card

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| <p>Member Name: [First, Last] Member ID: [XXXXXXXX-XX] Member Web: www.myuhcvision.com Customer Service: (800) 638-3120</p> <p style="text-align: center;">Vision Identification Card</p> | <p>Vision Care Benefits</p> <p>Exam Copay: [\$XX.XX] Material Copay: [\$XX.XX]</p> <p>Submit Out-of-Network Claims to: UnitedHealthcare Vision Claims Department P.O. Box 30978 Salt Lake City, UT 84130</p> <p>Note to Providers: For more information about this UnitedHealthcare Vision plan, please visit us online at www.Spectera.com or call 1-800-638-3120.</p> |
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UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their 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 or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA.