

Your UMP vision benefits

(for members who have Medicare as their primary coverage)

Vision coverage is provided by UMP, in collaboration with Regence Choice Vision Plan administered by Vision Service Plan (VSP). Get the most out of your UMP vision benefits and save money with a Choice Network provider.

**Have questions for VSP?
Call VSP Member Services
at 1-844-299-3041.
Hearing impaired members
call (TTY) at 1-800-428-4833.**

VSP coverage for adults & dependents age 19 and older

Benefit	Frequency	Your cost with a Choice Network provider	Your cost with an out-of-network provider
Professional comprehensive routine eye exams	One per calendar year	You pay \$0 of the allowed amount and the plan pays 100% of the allowed amount.	You pay 100% of billed charges. VSP will reimburse you up to \$45 when you submit a claim for a covered exam.
Frames	One every two calendar years	You pay \$0 up to a \$200 frame allowance; or You pay \$0 up to a \$110 frame allowance for VSP approved wholesale/retail vendors.	You pay 100% of billed charges. VSP will reimburse you up to \$70 when you submit a claim for covered frames.
Lenses and enhancements	One set every two calendar years	You pay \$0 for the following covered lenses and the plan pays 100% of the allowed amount: <ul style="list-style-type: none">• Single vision lenses• Lined bifocal lenses• Standard progressive lenses• Lined trifocal lenses• Lenticular lenses Note: Lens enhancement is not covered except for impact-resistant coating for dependent children ages 19 and older.	You pay 100% of billed charges. VSP will reimburse you up to the following amounts when you submit a claim for covered lenses: <ul style="list-style-type: none">• \$30 single vision lenses• \$50 lined bifocal lenses• \$50 standard progressive lenses• \$65 lined trifocal lenses• \$100 lenticular lenses
Contacts	One set of contact lenses or disposable contact lenses up to the maximum allowance instead of frames and lenses every two calendar years	You pay a \$30 copay for contact lens evaluation and fitting exam. You pay \$0 up to a \$200 contact allowance for elective contact lenses. You pay \$0 for necessary contact lenses. Note: You are still responsible for paying a \$30 copay for the contact lens evaluation and fitting exam.	You pay 100% of billed charges. VSP will reimburse you up to the following amounts when you submit a claim for contact lenses: <ul style="list-style-type: none">• \$105 for elective contact lenses• \$210 for necessary contact lenses

Note: For a list of VSP approved wholesale/retail vendors (such as Sam's Club® or Costco®), call VSP Member Services at 1-844-299-3041. Hearing impaired members call (TTY) at 1-800-428-4833.

VSP coverage for children under the age of 19*

Benefit	Frequency	Your cost with a Choice Network provider	Your cost with an out-of-network provider
Professional comprehensive routine eye exams	One per calendar year	You pay \$0 of the allowed amount and the plan pays 100% of the allowed amount.	You pay 100% of billed charges.
Frames	One per calendar year	You pay \$0 of the allowed amount and the plan pays 100% of the allowed amount.	You pay 100% of billed charges.
Lenses and enhancements	One set per calendar year	<p>You pay \$0 for the following covered lenses and the plan pays 100% of the allowed amount:</p> <ul style="list-style-type: none"> • Single vision lenses • Lined bifocal lenses • Standard progressive lenses • Lined trifocal lenses • Lenticular lenses <p>You pay \$0 for the following lens enhancements and the plan pays 100% of the allowed amount:</p> <ul style="list-style-type: none"> • Scratch-resistant coating • Ultraviolet (UV) protected lenses • Impact-resistant coating 	You pay 100% of billed charges.
Contacts	One set of contact lenses or disposable contact lenses up to the maximum allowance instead of frames and lenses every calendar year	<p>You pay \$0 of the allowed amount for elective or necessary contact lenses and the plan pays 100% of the allowed amount.</p> <p>You pay \$0 of the allowed amount for contact lens evaluation and fitting exam and the plan pays 100% of the allowed amount.</p>	You pay 100% of billed charges.

Note: VSP approved wholesale/retail vendors are not Choice Network providers for children under the age of 19 for frames, lenses, and contact lenses. Call VSP Member Services at 1-844-299-3041 for out-of-network plan details. Hearing impaired members call (TTY) at 1-800-428-4833.

*Out-of-network providers are not covered for any routine vision services.

Frequently asked questions

Do members need a separate VSP ID card?

No, as a UMP member with VSP coverage, you use the full ID number on your UMP medical ID card, which includes all letters and numbers with no spaces. The last two digits are the numbers next to your name.
Example: UDWW71234567800.

At your appointment with a Choice Network provider, simply tell them you are a UMP member with vision coverage through VSP and share your full ID number on your UMP medical ID card. The network provider and VSP will handle the rest.

Can I see my benefits online?

You can view your benefits by signing in to your Regence account at ump.regence.com/ump/signin, selecting **View my benefits, Vision**, then selecting **Access Benefits**. If you choose to go to the VSP website at vsp.com directly, have your UMP medical member ID card handy. If you are logging in for the first time, log in with your full ID number (not your SSN). See above for more information about your complete UMP member ID.

What about retail?

All participating retail chains provide members the same benefit experience they receive from a Choice Network provider, with minor exceptions like the frame allowance at a VSP approved wholesale/retail vendor; lens enhancements covered with copay; and value-added benefits. The retail frame allowance at a VSP approved wholesale/retail vendor is \$110 and discounts do not apply. As independent contractors, not all providers at a VSP approved wholesale/retail vendor are contracted as Choice Network providers for exam services. Log in to the VSP website at vsp.com or call VSP Member Services at 1-844-299-3041 prior to seeking exam services to confirm the provider's network status. Hearing impaired members call (TTY) at 1-800-428-4833.

How do I find a Choice Network provider?

You can search for a Choice Network provider for preventive (routine) vision services through the VSP website at vsp.com/eye-doctor by logging in to your VSP account or by selecting **FIND A DOCTOR** and using the advanced search option to select **Choice** for **Doctor Network**. You can also search by signing in to your Regence account at ump.regence.com to find a routine vision care provider, or call VSP Member Services at 1-844-299-3041. Hearing impaired members call (TTY) at 1-800-428-4833.

Can I buy prescription glasses or contacts online from a Choice Network provider?

Yes. You can use your benefits toward prescription glasses and contacts on the Eyeconic® website at eyeconic.com.

- Go to the Eyeconic® website at eyeconic.com and sign in if you already have an Eyeconic® account.
- To create an account, go to eyeconic.com and select **Use My Insurance**.
- Choose **VSP Vision** in the **Select My Insurance** menu and select **Continue**.
- Select **Sign in with VSP.com account**.
- Enter your VSP username and password, then select **Sign On**.
- Select the name of the person you want to shop for in the drop down, then select **Connect**.
- When you select a product, Eyeconic® shows you how much of the retail price is covered by your vision benefits.
- Eyeconic® automatically applies a 20% discount to glasses and sunglasses you purchase even if you choose not to apply your insurance benefit.

How to submit a claim

Submitting claims for Choice Network providers:

There are no claim forms to complete when you see a Choice Network provider. Your provider will take care of it for you.

Submitting claims for out-of-network providers:

If you are a member and are age 19 or older and you see an out-of-network provider, you can submit the claim online or by mail. The claim must be submitted within 12 months of the date of service. When you submit a claim, attach an itemized receipt that includes the following information:

- Doctor's name or office name
- Date of service
- Name of patient
- Each service received and the amount paid

To submit the out-of-network claim online, visit the VSP website at vsp.com/claims/submit-oon-claim and select **Start New Claim**.

Submitting claims by mail:

Download the VSP Request for Reimbursement form by visiting the UMP commonly used forms webpage at ump.regence.com/pebb/forms/common-forms or contact VSP Member Services at 1-844-299-3041 to request a form. Hearing impaired members call (TTY) at 1-800-428-4833. You must complete the form and mail it to:

VSP
PO Box 495918
Cincinnati, OH 45249-5918

Note:

There is no out-of-network benefit coverage for dependents under the age of 19.

