

Commonly Asked Questions – State Employees

Q1: What are the open enrollment dates and where does the application need to be returned?

A1: The open enrollment dates are October 6 through November 14, 2008. The application must be returned to your Payroll Office by November 14, 2008.

Q2: What is the effective date of coverage if I enroll by the enrollment deadline?

A2: Coverage will be effective January 1, 2009.

Q3: If I don't enroll now, will there be another enrollment period without evidence of insurability?

A3: Yes, every year you can enroll during the open enrollment period held in the fall.

Q4: Can I apply through evidence of insurability if I miss the open enrollment period?

A4: No. However, newly hired employees may enroll within 30 days of their date of hire. In addition, participating employees who have a qualifying change in status (i.e. marriage, birth of baby, loss of dependent) may make a corresponding change to their coverage within 30 days of the change in status event.

Q5: Can I cancel my vision coverage at anytime?

A5: No, you will need to remain covered for the full calendar year. To cancel coverage provide written notice to your payroll representative prior to or on December 1st for a December 31st cancellation effective date. You can use an enrollment form, check the cancellation box and enter the year of cancellation. Coverage and premium deductions will continue until December 31st of the plan year.

Q6: What happens if I transfer to a different State agency? Am I eligible to continue the coverage?

A6: You are eligible to continue if the new agency offers the vision plan to their employees. You will need to complete a new vision application form and provide it to your payroll representative. If the agency does not offer the vision plan, you will be offered COBRA continuation.

Q7: If I terminate my employment with the State what options are available?

A7: Your agency may provide you with a COBRA enrollment form at the time of termination. Please complete the enrollment application indicating your change in status (termination) and indicate whether you will accept or decline the COBRA offer.

Q8: If I retire, am I eligible to continue coverage?

A8: Upon retirement, the benefits office will offer you the option to pay the premiums for the remainder of the year from your last paycheck. A new application must be completed and the box labeled 'Termination' and 'Move to Cobra' should be checked. The coverage paid through date must be included on the application.

Q9: How do I enroll eligible dependants?

A9: Your dependants will be enrolled once they receive services at the providers office. Your dependant will give the provider your unique ID number and their date of birth to verify coverage. Once verified, the provider will have your dependant added to the plan.

Q10: What are the steps for receiving this benefit?

A10:

1. Locate a Network Provider
2. Call to schedule an appointment
3. Notify Network Provider that you have OptumHealth Vision
4. Receive your eye care services
5. Pay co-pay to Network Provider

Q11: Who can I call if I have questions or concerns about my OptumHealth vision coverage?

A11: Questions concerning your Vision Care Plan should be directed to OptumHealth Vision's Customer Service Center at 1-800-638-3120, **TDD 1-800-524-3157** for hearing impaired between the hours of 7:00AM to 10:00PM CT Monday through Friday and Saturday from 8:00AM to 4:30PM CT.

Q12: How can I locate a provider?

A12: You have two easy options:

- Call OptumHealth's Interactive Voice Response (IVR) system – 24-hour toll-free provider locator at 1-800-839-3242 and select the English or Spanish option. Then select Option 1 "Open Enrollment." Enter the ZIP code of your choice and several providers will be listed.
- Visit OptumHealth's Web site at www.myoptumhealthvision.com, and select "Future Member." Then, simply enter the desired ZIP code to view OptumHealth Vision's directory.

Q13: How do I receive benefits if I choose to see an out-of-network provider?

A13: You should pay your bill in-full for the services you receive. Simply submit an itemized copy (including cost of the exam, lens type and frame) of the receipt to OptumHealth. Be sure to include the member's ID number and patient's date of birth when submitting the receipt for reimbursement.

You will be reimbursed according to the plan's maximum schedule of allowances.

Please forward this information to the following address:

OptumHealth Vision Claims Department
P.O. Box 30978
Salt Lake City, UT 84130

Q14: Will I receive an ID card from OptumHealth?

A14: Yes. You will receive an ID card in the mail. The ID card will include a Unique Alternate Identification Number on it. You will no longer need to provide your Social Security Number when receiving services at the providers office.

Q15: What if I want contacts instead of eyeglasses?

A15: You may receive contact lenses in lieu of eyeglasses. OptumHealth Vision covers a wide selection of contact lenses covering over 50 styles of soft lenses and over 25 styles of disposable lenses (up to 4 boxes annually, depending on prescription). When selecting contact lenses, ask the OptumHealth Vision provider which contacts are covered-in-full under the OptumHealth vision benefit. The materials copay applies to the covered contacts. Please note that contacts for the year should be purchased during one visit.

If you select contact lenses from outside the covered selection, there will be a \$105.00 contact lens allowance applied towards the fitting/evaluation fee and purchase of the non-covered contacts. The materials copay **does not** apply to the non-covered contacts.

Q16: Can I see one doctor for my examination and have my materials made by another doctor?

A16: Yes. If you see two participating doctors, be sure to tell both doctors' offices that you are covered by OptumHealth's vision plan so that each doctor can verify your eligibility. Please also check with the doctor's office that will be dispensing the materials to be sure that he or she will fill another doctor's prescription.

Q17: Is there a deadline for filing claims for reimbursement?

A17: Yes. You must submit claims for reimbursement within one year of receiving services and/or materials.