

COMMONLY ASKED QUESTIONS - Retirees

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

The open enrollment dates are October 6 through November 14, 2008. The application must be returned to OptumHealth by fax to 888-574-7335 or mail at: **OptumHealth Specialty Benefits, ATTN: Navnit Chitalia, Liberty 6 Suite 200, 6220 Old Dobbin Lane, Columbia, MD 21045**
Coverage will be effective January 1, 2009.

Q2: Will I receive an ID card from OptumHealth?

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.

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

Yes, every year you can enroll during the open enrollment period held in the fall. However, there are no other opportunities to enroll throughout the year.

Q4: How do I enroll eligible dependants?

If you would like to cover your eligible dependants, please select the correct level of coverage on the enrollment form and provide the requested information in section III.

Q5: Can I cancel my vision coverage at anytime?

No, you will need to remain covered for the full calendar year. Annuitants remain covered unless they opt out of the plan during Open Enrollment. You don't need to re-enroll each year to continue coverage. Coverage and premium deductions will continue unless you choose to opt out.

Q6: Who can I call if I have questions or concerns about my OptumHealth vision coverage?

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

Q7: What are the steps for receiving this benefit?

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

Q8: How can I locate a provider?

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's directory.

Q9: How do I receive benefits if I choose to see an out-of-network provider?

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 Social Security number and patient's date of birth when submitting the receipt for reimbursement. **You must submit claims for reimbursement within one year of receiving services and/or materials.** 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

Q10: How do I update my contact information?

You need to notify OptumHealth if you move or your contact information changes. You can notify OptumHealth by calling customer service at 1-800-638-3120 or by sending notice in writing to OptumHealth Specialty Benefits, ATTN: Navnit Chitalia, Liberty 6 Suite 200, 6220 Old Dobbin Lane, Columbia, MD 21045.

Q11: Can I see one doctor for my examination and have my materials made by another doctor?

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.

Q12: Is there a deadline for filing claims for reimbursement?

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