How to print your vision ID card using myuhcvision.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 [myuhcvision.com](http://myuhcvision.com)
2. Log in or register. Do not register if you also have medical coverage with UnitedHealthcare.
3. Click on “Print ID Card.” If you do not see this option, click on the blue “Select” button next to your plan name.
4. From the drop down menu, select the person whose ID card you would like to print. Click on “Get ID Card.”
5. 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.

**Sample Personalized ID Card**

![Sample Personalized ID Card](image_url)

**Vision Care Benefits**
- Exam Copay: [XXX.XX]
- Material Copay: [XXX.XX]

Submit Out-of-Network Claims to:
UnitedHealthcare Vision Claims Department
P.O. Box 30978
Salt Lake City, UT 84130

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.
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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.

From the drop down menu, select the person whose ID card you would like to print. Click on “Get ID Card.”

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.

Sample Personalized ID Card

UnitedHealthcare Vision Coverage

Member Name: [First, Last]
Member ID: [XXXXXXXX-XX]
Member Web: www.myuhcvision.com
Customer Service: (800) 638-3120

Vision Identification Card

Vision Care Benefits
Exam Copay: [$XX.XX]
Material Copay: [$XX.XX]
Submit Out-of-Network Claims to:
UnitedHealthcare Vision Claims Department
P.O. Box 30978
Salt Lake City, UT 84130

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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.

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