

Dear Purdue University Retiree,

The PURcare Benefit Plan provides vision benefits in addition to those included with your medical coverage. You have access to a \$150 allowance per calendar year for routine eye exams and eyewear (lenses and frames or contact lenses) when these expenses are not covered by Medicare.

## Vision Benefit Allowance Reimbursement

When you have an eye exam or buy prescription eyewear, you can request reimbursement directly from UnitedHealthcare. Reimbursement requests may take up to 60 days to process. To receive reimbursement for prescription eyewear and/or a refraction exam, please take these steps:



### 1 Get a copy of your itemized receipt(s) from the provider.

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### 2 Make sure the itemized receipt includes:

- ✓ The provider's name, address and phone number
  - ✓ Your name
  - ✓ Your UnitedHealthcare Senior Supplement member ID number
  - ✓ Date of purchase
  - ✓ The amount you paid (or "paid in full" if the total amount has already been paid)
  - ✓ The diagnosis codes, procedure code and charge for each procedure from your provider
  - ✓ Proof of Payment must show the amount the patient paid. Valid Proofs of Payment include:
    - Receipts
    - Invoices
    - Provider Statements
    - Other written documentation obtained from provider's office indicating patient payment was made
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### 3 Submit by either Fax or Mail

Fax the itemized receipt(s) to 1-801-567-5497 using the Fax Cover Sheet on the back of this letter.

OR

Mail the itemized receipt(s) to:



UnitedHealthcare  
P.O. Box 31359  
Salt Lake City, UT 84131-0359

Before mailing, make a copy of the documentation for your own record. We must receive the itemized receipt from you or your provider within 90 days after the date of purchase.

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### 4 UnitedHealthcare will process your reimbursement based on your benefits.

Once completed, an Explanation of Benefits (EOB) will be mailed to you.

If your provider has questions about how to submit a claim on your behalf, you can obtain instructions and a Fax Cover Sheet from your benefit administrator.



## Purdue Vision Claims Fax Cover Sheet

Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

To: UnitedHealthcare Purdue Vision Claims

Fax Number: 1-801-567-5497

Member ID#: \_\_\_\_\_ Number of Page(s) (including cover sheet): \_\_\_\_\_

Member Name: \_\_\_\_\_

From: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Notes: \_\_\_\_\_

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### Questions? Call Customer Service.



**1-800-851-3802**, TTY **711**, 8 a.m. – 8 p.m. local time, Monday – Friday

UnitedHealthcare Senior Supplement group retiree plans are underwritten by UnitedHealthcare Insurance Company, a private insurance company not connected with or endorsed by the U.S. Government or the federal Medicare program. UnitedHealthcare is part of the UnitedHealth Group family of companies. UnitedHealthcare Senior Supplement plans are not Medicare Supplement plans. They are employer group retiree plans and may provide coverage that is different from a Medicare Supplement plan. In New York, the plans are called UnitedHealthcare Retiree Benefit Plans and are underwritten by UnitedHealthcare Insurance Company of New York. Senior Supplement plans may not be available in all states.

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