

# Your UMP vision benefits

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 VSP Choice network provider. To learn more about your vision coverage, check your plan's 2024 certificate of coverage by visiting forms and publications at [hca.wa.gov/ump-pebb-coc](https://hca.wa.gov/ump-pebb-coc).

**Have questions for VSP?  
Call VSP Member Services at  
1-844-299-3041. Deaf, DeafBlind,  
Late Deafened and Hard of Hearing  
members call (TTY): 1-800-428-4833.**

The below VSP coverage table applies to adults and dependents ages 19 and over.

Benefit	Frequency	Your cost with a VSP 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 \$150 frame allowance; or You pay \$0 up to an \$80 frame allowance for Walmart®, Sam's Club®, or Costco® providers.	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"> <li>• Single vision lenses</li> <li>• Lined bifocal lenses</li> <li>• Standard progressive lenses</li> <li>• Lined trifocal lenses</li> <li>• Lenticular lenses</li> </ul> Note: Lens enhancement is not covered except for impact-resistant coating for dependent children ages 19 and over.	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"> <li>• \$30 single vision lenses</li> <li>• \$50 lined bifocal lenses</li> <li>• \$50 standard progressive lenses</li> <li>• \$65 lined trifocal lenses</li> <li>• \$100 lenticular lenses</li> </ul>
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 \$150 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"> <li>• \$105 for elective contact lenses</li> <li>• \$210 for necessary contact lenses</li> </ul>

**Note:** Please see your plan's UMP certificate of coverage for reimbursement rates for vision services received outside the U.S.

The below VSP coverage table applies to children under the age of 19.  
 Out-of-network providers are not covered for any routine vision services.

Benefit	Frequency	Your cost with a VSP 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.	You pay \$0 for the following covered lenses and the plan pays 100% of the allowed amount: <ul style="list-style-type: none"> <li>• Single vision lenses</li> <li>• Lined bifocal lenses</li> <li>• Standard progressive lenses</li> <li>• Lined trifocal lenses</li> <li>• Lenticular lenses</li> </ul> You pay \$0 for the following lens enhancements and the plan pays 100% of the allowed amount: <ul style="list-style-type: none"> <li>• Scratch-resistant coating</li> <li>• Ultraviolet (UV) protected lenses</li> <li>• Impact-resistant coating</li> </ul>	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.	You pay \$0 of the allowed amount for elective or necessary contact lenses and the plan pays 100% of the allowed amount.  You pay \$0 of the allowed amount for contact lens evaluation and fitting exam and the plan pays 100% of the allowed amount.	You pay 100% of billed charges.

**Note:** Walmart®, Sam's Club®, and Costco® providers are not VSP 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. Deaf, DeafBlind, Late Deafened and Hard of Hearing members call (TTY): 1-800-428-4833.

# Frequently asked questions

## Do members need an ID card?

As a UMP member with VSP coverage, you have a two-part member ID on your UMP ID card. To learn more about your eligibility, you will need to use the full ID number, 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 VSP Choice network provider, simply tell them you are a UMP member with vision coverage through VSP and share your full UMP ID number. 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](http://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](http://vsp.com) directly, have your UMP Member ID card handy. If you are logging in for the first time, log in with your UMP Member ID number (not your SSN). See the “Do members need an ID card?” question 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 VSP Choice network provider, with minor exceptions like the frame allowance at Walmart®, Sam’s Club®, and Costco®; lens enhancements covered with copay; and value-added benefits. The retail frame allowance at Walmart®, Sam’s Club®, and Costco® is \$80 and discounts do not apply. As independent contractors, not all providers at Walmart®, Sam’s Club®, and Costco® are contracted as VSP Choice network providers for exam services. Log in to the VSP website at [vsp.com](http://vsp.com) or call Member Services at 1-844-299-3041 prior to seeking exam services to confirm the provider’s network status. Deaf, DeafBlind, Late Deafened, or Hard of Hearing members, call (TTY): 1-800-428-4833.

## How do I find a VSP Choice network provider?

You can search for a VSP Choice network provider for preventive (routine) vision services through the VSP website at [vsp.com/eye-doctor](http://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/ump/signin](http://ump.regence.com/ump/signin), selecting **Find care**, and selecting **Vision**, or call VSP Member Services at 1-844-299-3041. Deaf, DeafBlind, Late Deafened, or Hard of Hearing members, call (TTY): 1-800-428-4833.

## Can I buy prescription glasses or contacts online from a VSP Choice network provider?

Yes. Adults and all dependents can use your benefits towards prescription glasses and contacts on the Eyeconic® website at [eyeconic.com](http://eyeconic.com).

- Go to the Eyeconic® website at [eyeconic.com](http://eyeconic.com) and sign in if you already have an Eyeconic® account.
- To create an account, go to the Eyeconic® website at [eyeconic.com](http://eyeconic.com) and select **Use My Insurance**.
  - Choose **VSP** in the dropdown menu and select **Continue**
  - Select **Sign in with VSP**
  - Enter a 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 VSP Choice network providers:

There are no claim forms to complete when you see a VSP 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 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
- Name of patient
- Date of service
- 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](https://vsp.com/claims/submit-oon-claim) and select "Start new claim."

To submit a claim by mail, download the VSP Member Reimbursement Form by visiting the UMP commonly used forms webpage at [ump.regence.com/pebb/forms/common-forms](https://ump.regence.com/pebb/forms/common-forms) or contact VSP Member Services at 1-844-299-3041 to request a form. Deaf, DeafBlind, Late Deafened, or Hard of Hearing members, call (TTY): 1-800-428-4833. You must complete the form and mail it to Vision Service Plan, Attention: Claims Services, PO Box 495918, Cincinnati, OH 45249-5918.

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

## Outside the U.S. and need to contact VSP Member Services or submit an out-of-country claim?

If you are outside the U.S. and need to contact VSP Member Services or submit a claim form for services received outside the U.S., call 1-916-635-7373. Remember to dial the exit code of your country (typically 00) plus the country code (1 for the U.S.), then the area code (916), then the seven-digit U.S. local phone number 635-7373. Example: 001-916-635-7373. Deaf, DeafBlind, Late Deafened, or Hard of Hearing members, call (TTY): 1-916-851-1375 Example: 001-916-851-1375.

