

Dental Plan

2008-2009

Especially Designed for

Duke University

Presented by
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Confidential Proposal

This proposal is intended only for the use of the individual or entity for which it is addressed. Please treat this information as confidential unless required to release such information by applicable statute or court order.

Table of Contents

1. **Proposed Rates**
2. **Proposed Benefit Plan**
3. **General Dentistry Directory**
4. **Optometry Directory**
5. **Laser Vision Correction Directory**

Proposed Rates

2008/2009 MONTHLY RATES	
Student	\$ 29.82
Student + Spouse	\$ 59.65
Student + Child(ren)	\$ 78.01
Student + Family	\$ 112.43

Proposed Benefit Plan

Dental Managed Indemnity/covered dental services

NON-ORTHODONTICS		
Individual Annual Deductible	\$50	
Family Annual Deductible	\$150	
Maximum	\$1000 per person per Plan Year	
New enrollee's waiting period:		
Annual deductible applies to preventive and diagnostic services		No

COVERED SERVICES	PLAN PAYS*	BENEFIT GUIDELINES
PREVENTIVE & DIAGNOSTIC		
Oral Evaluations (Diagnostic)	100%	Covered as a separate benefit only if no other service was done during the visit other than X-rays. Limited to 2 times per consecutive 12 months.
X Rays (Diagnostic)	100%	Bite-wing: Limited to 1 series of film per calendar year. Complete/Panorex: Limited to one time per consecutive 36 months.
Lab and Other Diagnostic Tests	100%	Limited to one time per consecutive 24 months.
Prophylaxis (Preventive)	100%	Limited to 2 times per consecutive 12 months.
Fluoride Treatment (Preventive)	100%	Limited to Covered Persons under the age of 16 years, and limited to 2 times per consecutive 12 months. Treatment should be done in conjunction with dental prophylaxis.
Sealants	100%	Limited to Covered Persons under the age of 16 years and once per first or second permanent molar every consecutive 36 months.
BASIC SERVICES		
Restorations (Amalgams and Resin Based Only)	80%	Multiple restorations on one surface will be treated as a single filling. Composite: for anterior teeth only.
General Services (Emergency Treatment and Anesthesia)	80%	Covered as a separate benefit only if no other service was done during the visit other than X-rays. General Anesthesia: when clinically necessary.
Space Maintainers	80%	Limited to Covered Persons under the age of 16 years, once per lifetime. Benefit includes all adjustment within 6 months of installation.
Simple Extractions	80%	
Oral Surgery (includes surgical extractions)	80%	
Periodontics	80%	Perio Surgery: Limited to once every consecutive 36 months per surgical area. Root Planning: Limited to one time per quadrant per consecutive 24 months. Perio Maintenance: Limited to 2 times per consecutive 12 months period following active and adjunctive periodontal therapy, within the prior 24 months, exclusive of gross debridement.
Endodontics	80%	
MAJOR SERVICES		
Inlays/Onlays/Crowns	0%	Limited to one time per tooth per consecutive 60 months. Covered only when silver fillings cannot restore the tooth.
Dentures and other Removable Prosthetics	0%	Once every 60 months. No additional allowances for over-dentures or customized dentures.
Fixed Prosthetics	0%	Limited to one time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.(alternate benefits for a partial denture may be applied)

* The percentage of benefits is based on the usual and customary rates prevailing in the geographic area in which the expenses are incurred.

The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

UnitedHealthcare Dental Managed Indemnity Plan is either underwritten or provided by: United HealthCare Insurance Company, Hartford, Connecticut; United HealthCare Insurance Company of New York, Hauppauge, New York; or United HealthCare Services, Inc.

UnitedHealthcare/Dental Exclusions and Limitation

General Limitations

ORAL EXAMINATIONS Covered as a separate benefit only if no other service was done during the visit other than X-rays. Limited to 2 times per consecutive 12 months.

COMPLETE SERIES OR PANOREX RADIOGRAPHS Limited to one time per consecutive 36 months.

BITEWING RADIOGRAPHS Limited to 1 series of films per calendar year.

EXTRAORAL RADIOGRAPHS Limited to 2 films per calendar year.

DENTAL PROPHYLAXIS Limited to 2 times per consecutive 12 months.

DIAGNOSTIC CASTS Limited to one time per consecutive 24 months.

FLUORIDE TREATMENTS Limited to Covered Persons under the age of 16 years, and limited to 2 times per consecutive 12 months. Treatment should be done in conjunction with dental prophylaxis.

SEALANTS Limited to Covered Persons under the age of 16 years, once per lifetime. Benefit includes all adjustment within 6 months of installation.

SPACE MAINTAINERS Limited to Covered Persons under the age of 16 years, once per lifetime. Benefit includes all adjustment within 6 months of installation.

AMALGAM RESTORATIONS Multiple restorations on one surface will be treated as a single filling.

PIN RETENTION Limited to 2 pins per tooth; not covered in addition to Cast Restoration.

GOLD INLAYS AND ONLAYS Limited to one time per tooth per consecutive 60 months. Covered only when silver fillings cannot restore the tooth.

CROWNS Limited to one time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.

POST AND CORES Covered only for teeth that have had root canal therapy.

SEDATIVE FILLINGS Covered as a separate benefit only if no other service, other than X-rays and exam, were done during the visit.

SCALING AND ROOT PLANING Limited to 1 time per quadrant per consecutive 24 months.

PERIODONTAL MAINTENANCE Limited to 2 times per consecutive 12 months period following active and adjunctive periodontal therapy, within the prior 24 months, exclusive of gross debridement.

FULL DENTURES Once every 60 months. No additional allowances for over-dentures or customized dentures.

PARTIAL DENTURES No additional allowances for precision or semi precision attachments.

RELINING DENTURES Limited to relining done more than 6 months after the initial insertions. Limited to 1 time per consecutive 12 months.

REPAIRS TO FULL DENTURES, PARTIAL DENTURES,

BRIDGES Limited to repairs or adjustments done more than 12 months after the initial insertion.

PALLIATIVE TREATMENT Covered as a separate benefit only if no other service, other than exam and radiographs, were done during the visit.

OCCUSAL GUARDS Limited to one guard per consecutive 36 months. Only covered for habitual grinding.

General Exclusions

The following are not covered:

1. Dental Services that are not necessary.
2. Hospitalization or other facility charges.
3. Any dental procedure performed solely for cosmetic/aesthetic reasons. (Cosmetic procedures are those procedures that improve physical appearance.)
4. Reconstructive Surgery regardless of whether or not the surgery which is incidental to a dental disease, injury, or Congenital Anomaly when the primary purpose is to improve physiological functioning of the involved part of the body.
5. Any dental procedure not directly associated with dental disease.
6. Any procedure not performed in a dental setting.
7. Procedures that are considered to be Experimental, Investigational or Unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Coverage if the procedure is considered to be Experimental, Investigational or Unproven in the treatment of that particular condition.
8. Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the Covered Person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare.
9. Expenses for dental procedures begun prior to the Covered Person's eligibility with the Plan.
10. Dental Services otherwise Covered under the Policy, but rendered after the date individual Coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Policy terminates.
11. Services rendered by a provider with the same legal residence as a Covered Person or who is a member of a Covered Person's family, including spouse, brother, sister, parent or child.
12. Dental Services provided in a foreign country, unless required as an Emergency.
13. Replacement of crowns, bridges, and fixed or removable prosthetic appliances inserted prior to plan coverage unless the patient has been eligible under the plan for 12 continuous months. If loss of a tooth requires the addition of a clasp, pontic, and/or abutment(s) within this 12 month period, the plan is responsible only for the procedures associated with the addition.
14. Replacement of missing natural teeth lost prior to the onset of plan coverage until the patient has been eligible for 12 continuous months.
15. Replacement of complete dentures, fixed and removable partial dentures or crowns if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dentist. If replacement is necessary because of patient non-compliance, the patient is liable for the cost of replacement.
16. Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.
17. Attachments to conventional removable prostheses or fixed bridgework. This includes semi-precision or precision attachments associated with partial dentures, crown or bridge abutments, full or partial overdentures, any internal attachment associated with an implant prosthesis and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature.
18. Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).
19. Placement of dental implants, implant-supported abutments and prostheses (D6053-D6199). This includes pharmacological regimens and restorative materials not accepted by the American Dental Association (ADA) Council on Dental Therapeutics.
20. Placement of fixed partial dentures (D6210- D6793, D6920) solely for the purpose of achieving periodontal stability.
21. Billing for incision and drainage (ADA Code D7510, D7520) if the involved abscessed tooth is removed on the same date of service.
22. Treatment of malignant or benign neoplasms, cysts, or other pathology, except excisional removal. Treatment of congenital malformations of hard or soft tissue, including excision. (D7413-D7415, D7440-D7441, D7485-D7490).
23. Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue (D7610-D7780).
24. Services related to the temporomandibular joint (TMJ), either bilateral or unilateral (D7810-D7899). Upper and lower jawbone surgery (including that related to the temporomandibular joint). No coverage is provided for orthognathic surgery (D7920-D7949), jaw alignment or treatment for the temporomandibular joint.
25. Acupuncture; acupressure and other forms of alternative treatment.
26. Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
27. Occlusal guard used as safety items or to affect performance primarily in sports-related activities (D9941).
28. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice.
29. Services of a participating provider than can be effectively treated by a less costly, clinically acceptable alternative procedure in accordance with the "Standards of Care" established by DBP with its participating providers. These services, if appropriate, will be covered under the less costly clinically acceptable alternative procedure.

General Dentistry


[Print Page](#)


Providers Near 27708

Here is a list of participating General Dentistry providers near 27708.

Note: Our provider database is updated monthly based on information provided by the network. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

**Not yet a member?
Enroll now by calling
(800) 767-0700**

Important! READ THIS

1. This list is provided for your convenience only. To ensure you receive your discount and to be eligible for reimbursement under our Minimum Discount Guarantee, you must confirm your provider selection online or by calling Customer Care.
2. When contacting a provider, identify yourself as a UnitedHealth Allies member **and mention the provider network listed for that specialty.**
3. Always bring your UnitedHealth Allies ID card and confirmation with you to your appointment.

UnitedHealth Allies offers discounts on **dental services** from **Dental Benefit Provider (DBP)** network dentists and other dental care providers.

Name	Address City, State	Specialties	Other Language(s)	Estimated Savings	Phone Number
GHODRAT, HUSHANG	3823 GUESS RD STE P DURHAM, NC 27705	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700
GHODRAT, HUSHANG	3823 GUESS RD STE P DURHAM, NC 27705	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700
HA, CATHERINE	5400 S MIAMI BLVD STE 16 DURHAM, NC 27703	General Dentistry	Spanish, Vietnamese	10.0- 35.0%	(800) 767-0700
VIDYARTHI, SUMAN	5832 FAYETTEVILLE RD STE 101 DURHAM, NC 27713	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700
MATTHEWS, JENNIFER	150 PRESTON EXECUTIVE DR STE 100 CHAPEL HILL, NC 27516	General Dentistry		10.0- 35.0%	(800) 767-0700
YASTE, CHRISTIAN	3721 LYNN RD #120 RALEIGH, NC 27613	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700
ALSTON, RODRICK	9201 LEESVILLE RD STE 101 RALEIGH, NC 27613	General Dentistry		10.0- 35.0%	(800) 767-0700
BARKER OLSON, SHELLY	3721 LYNN RD STE 120 RALEIGH, NC 27613	General Dentistry		10.0- 35.0%	(800) 767-0700
FARRELL, ANDREW	3721 LYNN RD STE 120 RALEIGH, NC 27613	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700
PATEL, SHAILESH	2401 WESTON PKWY STE 201 CARY, NC 27513	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700
RAO, LEENA	150 PRESTON EXECUTIVE DR #100 CARY, NC 27513	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700
BLACK, KENNETH	150 PRESTON EXECUTIVE DR STE 100 CARY, NC 27513	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700
BURKHARDT, DAVID	150 PRESTON EXECUTIVE DR STE 100 CARY, NC 27513	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700
GONZALES-	150 PRESTON EXECUTIVE DR	General Dentistry		10.0-	(800)

MUGABURU, ROSE	STE 100 CARY, NC 27513			35.0%	767-0700
HINTON, TASHA	150 PRESTON EXECUTIVE DR STE 100 CARY, NC 27513	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700
WATSON, MICHAEL	3701 NW CARY PKWY STE 201 CARY, NC 27513	General Dentistry		10.0- 35.0%	(800) 767-0700
HA, CATHERINE	1829 N HARRISON AVE CARY, NC 27513	General Dentistry, Cosmetic Dentistry	Spanish, Vietnamese	10.0- 35.0%	(800) 767-0700
MANNING, STEPHANIE	3434 KILDAIRE FARM RD STE 138 CARY, NC 27518	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700
AGARWAL, TARUN	105 WIND CHIME CT RALEIGH, NC 27615	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700
MIZE, CRAIG	8300 FALLS OF NEUSE RD STE 114 RALEIGH, NC 27615	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700
GALATAS, DAVID	110 W CHURCH ST CREEDMOOR, NC 27522	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700
BRITT JR, BEN	110 W CHURCH ST CREEDMOOR, NC 27522	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700
WAINRIGHT, MARK	110 W CHURCH ST CREEDMOOR, NC 27522	General Dentistry		10.0- 35.0%	(800) 767-0700
WON, JOHN	110 W CHURCH ST CREEDMOOR, NC 27522	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700
CRISP, FRED	1582 HWY 56 CREEDMOOR, NC 27522	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700
MIZE, CRAIG	110 W CHURCH ST CREEDMOOR, NC 27522	General Dentistry		10.0- 35.0%	(800) 767-0700
SACHDEV, RAHUL	110 W CHURCH ST CREEDMOOR, NC 27522	General Dentistry		10.0- 35.0%	(800) 767-0700
WASSELL, MATTHEW	110 W CHURCH ST CREEDMOOR, NC 27522	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700
CHEN, JOSIAH	110 W CHURCH ST CREEDMOOR, NC 27522	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700
EDGERTON, HERBERT	1582 HWY 56 CREEDMOOR, NC 27522	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700
GHODRAT, HUSHANG	2552 CAPITAL DR STE 101 CREEDMOOR, NC 27522	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700
FERZLI, CHARLES	915 KILDAIRE FARM RD STE 7 CARY, NC 27511	General Dentistry	Arabic, French, Hindi, Spanish	10.0- 35.0%	(800) 767-0700
WHITLEY, JAMES	309 W MILLBROOK RD STE 181 RALEIGH, NC 27609	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700
CHUN, JAMES	3803B COMPUTER DR STE 202 RALEIGH, NC 27609	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700
KIZIOR, STEVEN	5306 SIX FORKS RD STE 109 RALEIGH, NC 27609	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700
HOWARD, EDWARD	4106 WAKE FOREST RD RALEIGH, NC 27609	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700

ROBERSON, PATRICK	817 BROOKLYN ST RALEIGH, NC 27605	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700
ALVAND, MARJAN	4237 LOUISBURG RD STE 110 RALEIGH, NC 27604	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700
KIMES, AMY	119 N BOYLAN AVE RALEIGH, NC 27603	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700
SACHDEV, RAHUL	987 EAST ST STE 4 PITTSBORO, NC 27312	General Dentistry		10.0- 35.0%	(800) 767-0700
MIZE, CRAIG	987 EAST ST STE H PITTSBORO, NC 27312	General Dentistry		10.0- 35.0%	(800) 767-0700
KOREN, BENJAMIN	987 EAST ST STE H PITTSBORO, NC 27312	General Dentistry, Cosmetic Dentistry		10.0- 35.0%	(800) 767-0700

Disclosure: UnitedHealth Allies is administered by HealthAllies®, Inc., a discount medical plan organization located at 505 N. Brand Blvd., Suite 850, Glendale, CA, 91203, (877) 426-2559. **UnitedHealth Allies is not insurance.**

UnitedHealth Allies provides discounts at certain health care providers for medical services. UnitedHealth Allies does not make payments directly to the providers of medical services. The program member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization.

The program and its administrators have no liability for providing or guaranteeing service or the quality of service rendered. Note to Utah residents: This contract is not protected by the Utah Life and Health Guaranty Association.

Optometry Directory


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Providers Near 27708

Here is a list of participating Optometry providers near 27708.

Note: Our provider database is updated monthly based on information provided by the network. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

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2. When contacting a provider, identify yourself as a UnitedHealth Allies member **and mention the provider network listed for that specialty.**
3. Always bring your UnitedHealth Allies ID card and confirmation with you to your appointment.

UnitedHealth Allies offers discounts on **vision services** from **Spectera** network providers.

Name	Address City, State	Specialties	Other Language(s)	Estimated Savings	Phone Number
EYEGASSES.COM	Nationwide	Optometry, Mail Order Vision Products		12.0%	(800) 767-0700
VISIONDIRECT	Nationwide	Optometry, Mail Order Vision Products		10.0%	(800) 767-0700
EYECARECENTER, ODPA	NORTHGATE MALL 1058 W CLUB BLVD DURHAM, NC 27701	Optometry		10.0- 50.0%	(800) 767-0700
HOLLAND, MICHAEL V.	502 S DUKE ST DURHAM, NC 27701	Optometry		10.0- 50.0%	(800) 767-0700
HOLLAND, CHARLES V.	502 S DUKE ST DURHAM, NC 27701	Optometry		10.0- 50.0%	(800) 767-0700
UPCHRUCH OPTICAL	5108 N ROXBORO ST DURHAM, NC 27704	Optometry		10.0- 50.0%	(800) 767-0700
LEGEN, RAYMOND J.	5108 N ROXBORO ST DURHAM, NC 27704	Optometry		10.0- 50.0%	(800) 767-0700
EYECARECENTER, ODPA	14 CONSULTANT PL STE 100 DURHAM, NC 27707	Optometry		10.0- 50.0%	(800) 767-0700
ON SIGHT MOBILE OPTICIANS	5306 NC HIGHWAY 55 STE 102 DURHAM, NC 27713	Optometry		10.0- 50.0%	(800) 767-0700
FRIEDLAND, BETH R.	5306 NC HIGHWAY 55 STE 102 DURHAM, NC 27713	Optometry		10.0- 50.0%	(800) 767-0700
KYLSTRA, JAN A.	1828 MARTIN LUTHER KING JR BLVD STE B-14 CHAPEL HILL, NC 27514	Optometry	Bilingual	10.0- 50.0%	(800) 767-0700
BRYAN III, JAMES A.	ASSOCIATES 55 VILCOM CTR STE 140 CHAPEL HILL, NC 27514	Optometry		10.0- 50.0%	(800) 767-0700
SCROGGS, MARK W.	ASSOCIATES 55 VILCOM CTR STE 140 CHAPEL HILL, NC 27514	Optometry		10.0- 50.0%	(800) 767-0700

ALEXANDER, JR, GILBERT B.	131 DANIEL BOONE VLG PO BOX 343 HILLSBOROUGH, NC 27278	Optometry		10.0- 50.0%	(800) 767-0700
PATE, BRUCE	131 DANIEL BOONE VLG PO BOX 343 HILLSBOROUGH, NC 27278	Optometry		10.0- 50.0%	(800) 767-0700
EYECARECENTER, ODPA	UNIVERSITY SQUARE 143 W FRANKLIN ST CHAPEL HILL, NC 27516	Optometry		10.0- 50.0%	(800) 767-0700
EYECARECENTER, ODPA	3701 NW CARY PKWY CARY, NC 27513	Optometry		10.0- 50.0%	(800) 767-0700
EYECARECENTER, ODPA	CRABTREE VALLEY MALL 4325 GLENWOOD AVE RALEIGH, NC 27612	Optometry		10.0- 50.0%	(800) 767-0700
EYEPIECES, INC	1025 BLUE RIDGE RD BLDG 2 RALEIGH, NC 27607	Optometry		10.0- 50.0%	(800) 767-0700
ROBINSON, DIANNE D.	6512 SIX FORKS RD STE #105 RALEIGH, NC 27615	Optometry		10.0- 50.0%	(800) 767-0700
BLACK, RICHARD L.	6617 FALLS OF NEUSE RD STE #101 RALEIGH, NC 27615	Optometry		10.0- 50.0%	(800) 767-0700
EYECARECENTER, ODPA	CELEBRATION AT SIX FORKS 101 SAWMILL RD RALEIGH, NC 27615	Optometry		10.0- 50.0%	(800) 767-0700
FRIEDLAND, BETH R.	6512 SIX FORKS RD STE 105 RALEIGH, NC 27615	Optometry		10.0- 50.0%	(800) 767-0700
EYECARECENTER, ODPA	800 W WILLIAMS ST STE 164 APEX, NC 27502	Optometry		10.0- 50.0%	(800) 767-0700
DURHAM, SUSAN L.	1398 KILDAIRE FARM RD STE 100 CARY, NC 27511	Optometry		10.0- 50.0%	(800) 767-0700
STIKELEATHER, JEFFREY S.	303 S ACADEMY ST CARY, NC 27511	Optometry		10.0- 50.0%	(800) 767-0700
EYECARECENTER, ODPA	BARNES & NOBLE PLAZA 720 SE MAYNARD RD CARY, NC 27511	Optometry		10.0- 50.0%	(800) 767-0700
DAHRINGER, VINCENT P.	4700 FALLS OF NEUSE RD N TOWER SUTIE 180 RALEIGH, NC 27609	Optometry		10.0- 50.0%	(800) 767-0700
BERMAN, MELVYN R.	1601 E MILLBROOK RD RALEIGH, NC 27609	Optometry		10.0- 50.0%	(800) 767-0700
LEINWAND, JOSEPH J.	1301 E MILLBROOK RD STE D- 100 RALEIGH, NC 27609	Optometry		10.0- 50.0%	(800) 767-0700
WIGGINS, CHARLES C.	5535 WESTERN BLVD STE 101 RALEIGH, NC 27606	Optometry		10.0- 50.0%	(800) 767-0700
EYECARECENTER, ODPA	11724 RETAIL DR WAKE FOREST, NC 27587	Optometry		10.0- 50.0%	(800) 767-0700
IN TOWN OPTICAL	1241 S MAIN ST STE 14 WAKE FOREST, NC 27587	Optometry	Bilingual	10.0- 50.0%	(800) 767-0700
HOLLAND, MICHAEL V.	EYE CARE CENTER 603 NEW BERN AVE RALEIGH, NC 27601	Optometry		10.0- 50.0%	(800) 767-0700
HOLLAND, CHARLES V.	EYE CARE CENTER 603 NEW	Optometry		10.0-	(800)

	BERN AVE RALEIGH, NC 27601			50.0%	767-0700
EYECARECENTER, ODPA	4170 FAYETTEVILLE RD US HWY 401 RALEIGH, NC 27603	Optometry		10.0- 50.0%	(800) 767-0700
BLACK, RICHARD L.	6085 CAPITAL BLVD RALEIGH, NC 27616	Optometry		10.0- 50.0%	(800) 767-0700
CHOWDHARY, GEETA V.	6085 CAPITAL BLVD RALEIGH, NC 27616	Optometry		10.0- 50.0%	(800) 767-0700

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Laser Vision Correction Directory


[Print Page](#)


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(800) 767-0700**

Important! READ THIS

1. This list is provided for your convenience only. To ensure you receive your discount and to be eligible for reimbursement under our Minimum Discount Guarantee, you must confirm your provider selection online or by calling Customer Care.
2. When contacting a provider, identify yourself as a UnitedHealth Allies member **and mention the provider network listed for that specialty.**
3. Always bring your UnitedHealth Allies ID card and confirmation with you to your appointment.

Name	Address City, State	Specialties	Other Language(s)	Estimated Savings	Phone Number
PERRY, DWIGHT	4102 N ROXBORO ST DURHAM, NC 27704	Laser Vision Correction		5.0- 15.0%	(800) 767-0700
TRAVERS, LORI	3126 BLUE RIDGE RD RALEIGH, NC 27612	Laser Vision Correction		5.0- 15.0%	(800) 767-0700
LOWRY, R.	1422 E MILLBROOK RD RALEIGH, NC 27609	Laser Vision Correction		5.0- 15.0%	(800) 767-0700

Disclosure: UnitedHealth Allies is administered by HealthAllies®, Inc., a discount medical plan organization located at 505 N. Brand Blvd., Suite 850, Glendale, CA, 91203, (877) 426-2559. **UnitedHealth Allies is not insurance.**

UnitedHealth Allies provides discounts at certain health care providers for medical services. UnitedHealth Allies does not make payments directly to the providers of medical services. The program member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization.

The program and its administrators have no liability for providing or guaranteeing service or the quality of service rendered. Note to Utah residents: This contract is not protected by the Utah Life and Health Guaranty Association.