Contact lens benefit
UnitedHealthcare Vision

The difference is clear.

With UnitedHealthcare Vision, members can receive a covered-in-full contact lens benefit (after applicable copay). Coupled with a large national provider network that is made up of private practice and retail providers, the difference is clear.

UnitedHealthcare Vision’s contact lens benefit at network providers

UnitedHealthcare Vision’s contact lens benefit covers in full (after applicable copay) the fitting/evaluation fees, many popular contact lenses, including disposables, and up to two follow-up visits. Examples of covered contact lenses include brands such as Acuvue® Advance™ with Hydraclear™ by Johnson & Johnson and O₂OPTIX™ by CIBA Vision.

Members who select contact lenses outside of the covered-in-full selection will receive an allowance towards the fitting/evaluation fees and purchase of the contact lenses (materials copay does not apply).

Once members have received their prescription for contact lenses from their eye care provider, they can utilize the online discount ordering program we offer through Vision Direct, an online retailer of contact lenses. Members receive an additional discount off Vision Direct’s already low prices and earn Vision Reward points to use towards future purchases when accessed through www.myuhcvision.com.

UnitedHealthcare Vision® coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates. Administrative services provided by Spocera, Inc., United HealthCare Services, Inc., or their affiliates. Plans sold in Texas use policy form number VPOL.06 and associated COC form number VCOC.INT.06.IX.
## Contact Lens Formulary List

### Disposables – Daily Wear
- Ciba DAILIES® AquaComfort Plus® 30 pack
- Ciba Focus® DAILIES® Toric ADC 30 pack
- Ciba Focus® DAILIES® Progressives 30 pack
- CooperVision™ Proclear® 1 day 30 pack
- Johnson & Johnson 1•Day Acuvue® Moist® 30 pack

### Disposables – Bi-Weekly Wear
- Bausch & Lomb® Soflens® 38
- CIBA Vision Freshlook® Handling Tint
- CooperVision™ Avaia®
- CooperVision™ Biomedics® XC
- CooperVision™ Biomedics® 55 Premier™
- Johnson & Johnson ACUVUE® ADVANCE® Plus
- Johnson & Johnson ACUVUE®
- Johnson & Johnson ACUVUE® 2
- Johnson & Johnson ACUVUE® OASYS® with HYDRACLEAR® Plus

### Planned Replacement – Monthly Wear
- CIBA Vision AIR OPTIX® AQUA
- CooperVision™ Biofinity®
- CooperVision™ Frequency® 55 Aspheric
- CooperVision™ Frequency® 55
- CooperVision™ Proclear®

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1 Formulary list subject to change.

Contact lenses not appearing on the formulary are considered non-selection, unless otherwise specified on the individual plan outline. An allowance is provided toward the fitting/evaluation fee and purchase of non-selection contacts outside of the formulary.

Coverage for Covered Contact Lens Selection does not apply at Walmart or Sam’s Club locations. The allowance for non-selection contact lenses will be applied toward the fitting/evaluation fee and purchase of all contacts.

Effective date: 6/1/2012