

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

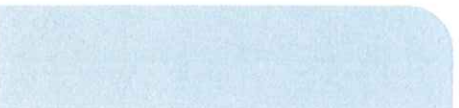
UnitedHealthcare Vision's contact lens benefit covers in full (after applicable copay) the fitting/evaluation fees, many popular contact lenses, including disposables, and up to two follow-up visits. Examples of covered contact lenses include brands such as Acuvue® Advance™ with HydraClear™ by Johnson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

UnitedHealthcare Vision®





Vision

Vision Insurance

Contact Lens Formulary List¹

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™ Avaira®

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

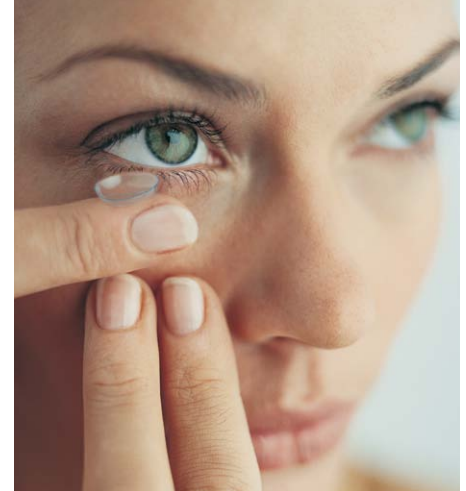
CooperVision™ Proclear®

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



Additional rebate savings may be available on contact lenses through the eye care provider.



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