

Your Vision Plan

With this vision plan, you get an eye exam and coverage on prescription eyewear or contact lenses.

Benefits include:

- ▶ Full coverage on a routine eye exam, single vision lenses, lined bifocal lenses, lined trifocal and lenticular lenses, after applicable copayment
- ▶ An allowance toward your frames, or contact lenses, after applicable copayment
- ▶ Discounts on lens options not covered under your plan as well as additional discounts which may be offered by participating providers.

With this plan, you also get:

- ▶ Access to national network of private practice and retail chain providers
- ▶ Ability to print an online ID card
- ▶ Easy access to plan information at myuhcvision.com
- ▶ Access to discounts on laser vision correction

Please see your plan information for allowance and coverage details.

Save up to 60%

For exam and glasses with optional upgrades received at network provider

Service received	No plan	UnitedHealthcare Vision plan
Routine eye exam	\$60.00	\$10.00
Eyewear (frames and lenses) copay	\$0.00	\$25.00
Frames	\$130.00	\$0.00
Standard progressive lens	\$219.00	\$70.00
Standard anti-reflective coating	\$70.00	\$40.00
Standard scratch-resistance coating	\$27.00	\$0.00
Annual premium	\$0.00	\$68.80
Total cost	\$506.00	\$213.80

Note: This information is a generalized savings illustration and is not reflective of any specific plan or provider costs. Your plan's premiums, allowances, and copayments may vary from the above example.



See reverse side for benefit details.

See clear savings when you use our vision network:

- ▶ When you visit a retail or private practice provider within our vision network, you will receive an allowance that can be applied to the cost of your frames. This allowance covers in full, after applicable copayment, many of the most popular frames on the market today.
- ▶ Or, if you prefer contact lenses, you receive a choice of selection contact lenses from our formulary which offer you coverage up to your specified allowance, after applicable copayment, at a network vision provider. We cover the fitting and evaluation fees, contact lenses (including disposables), and up to two follow-up visits with your eye doctor. If you choose contacts outside of our covered selection, we offer an allowance toward the purchase price.

Don't lose sight of your vision health.

Did you know that some eye problems or eye diseases can be linked to other health care conditions like diabetes and high blood pressure? That's why it's important to visit an eye care professional at least once a year.

Find a network vision provider.

1. Go to www.myuhcvision.com.
2. Click on **Provider Locator**.
3. Select **Current Member**.

You can search by provider name, facility name or location.



myuhcvision.com



1-800-638-3120

See your plan information for coverage details.

Have questions?

Scan the QR code to visit a special website with videos and other materials designed to help you understand your plan and improve your eye health, or visit www.uhctogether.com/UHCVisionPlan



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.TX and associated COC form number VCOC.INT.06.TX.