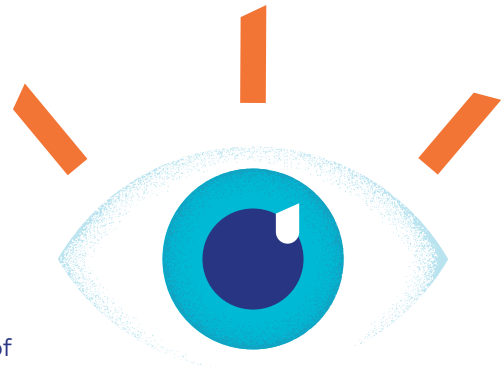


Maximize your benefit with popular contact lens brands

Depending on your UnitedHealthcare Vision plan, your benefits may offer a selection of popular contact lenses to help you get the most out of your coverage. If you choose contact lenses that are not included in this list, you may use your contact lens allowance toward your purchase. Your eye doctor can help determine which contact lenses are best for you.

Contact lens selection list*

Daily replacement**	
Alcon PRECISION1® (30 lenses per box)	CooperVision® clariti® 1 day toric (30 lenses per box)
Bausch + Lomb Biotrue® ONEday (30 lenses per box)	Johnson & Johnson 1-DAY ACUVUE® MOIST (30 lenses per box)
CooperVision® clariti® 1 day (30 lenses per box)	
Bi-weekly replacement**	
Bausch + Lomb SofLens® 38 (6 lenses per box)	CooperVision® Biomedics® 55 Premier (6 lenses per box)
CooperVision® Avaira Vitality™ (6 lenses per box)	Johnson & Johnson ACUVUE® 2 (6 lenses per box)
Monthly replacement**	
Alcon AIR OPTIX® NIGHT & DAY® AQUA (6 lenses per box)	CooperVision® Biofinity® EW (6 lenses per box)
Alcon AIR OPTIX® plus HydraGlyde® (6 lenses per box)	CooperVision® Biofinity Energys® (6 lenses per box)
Bausch + Lomb PureVision®2 (6 lenses per box)	CooperVision® Proclear® compatibles (6 lenses per box)
Bausch + Lomb ULTRA® (6 lenses per box)	Johnson & Johnson ACUVUE® VITA® (6 lenses per box)

Effective date: April 2025 Contact lens coverage may vary.

Learn more

Log in to **myuhcvision.com** for coverage details

United Healthcare®

*The list may not apply at select network providers including but not limited to Costco®, LensCrafters®, Oakley®, Pearle Vision®, Sam's Club®, Shopko Optical®, Target®, Visionworks®, Walmart®, Warby Parker and online retailers. Please confirm the cost of your contact lenses with your provider before making your purchase. This contact lens selection list is subject to change.

**Your wearing schedule may vary. Your doctor will tell you how often to change your contact lenses.

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We provide free services to help you communicate with us, such as letters in other languages or large print, or you can ask for an interpreter. To ask for help, please call 1-800-638-3120, TTY 711.

ATENCIÓN: Si habla español (Spanish), hay de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果┌說中文 (Chinese)，我們免費┌┌提供語言協助服務。請致電 :1-800-638-3120, TTY 711

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their 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 , VPOL.13.TX or VPOL.18.TX and associated COC form number VCOC.INT.06.TX, VCOC.CER.13.TX or VCOC.18.TX. Plans sold in Virginia use policy form number VPOL.06.VA, VPOL.13.VA or VPOL.18.VA and associated COC form number VCOC.INT.06.VA, VCOC.CER.13.VA or VCOC.18.VA. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company.

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