

Maximize your benefit with popular contact lens brands.

Your UnitedHealthcare vision plan offers you a selection of popular contact lenses to help you get the most out of your coverage. Your eye doctor can help determine which contact lenses are best for you.

Contact Lens Selection List¹

Daily replacement²

Alcon DAILIES® AquaComfort Plus® (30 lenses per box)

Alcon DAILIES® AquaComfort Plus® Toric (30 lenses per box)

Bausch + Lomb Biotrue ONEday (30 lenses per box)

CooperVision® clariti™ 1-day (30 lenses per box)

Vistakon 1-Day ACUVUE® Moist (30 lenses per box)

X-Cel Extreme H20 Daily (30 lenses per box)

Bi-weekly replacement²

Alcon FreshLook® Handling Tint (6 lenses per box)

Bausch + Lomb SofLens® 38 (6 lenses per box)

CooperVision® Avaira Vitality™ (6 lenses per box)

CooperVision® Biomedics® 55 premier (6 lenses per box)

Vistakon ACUVUE® 2 (6 lenses per box)

X-Cel Extreme H20 59% (6 lenses per box)

Monthly replacement²

Alcon AIR OPTIX® Night and Day (6 lenses per box)

Alcon AIR OPTIX® plus HydraGlyde® (6 lenses per box)

Bausch + Lomb PureVision2 (6 lenses per box)

Bausch + Lomb Ultra (6 lenses per box)

CooperVision® Biofinity® (6 lenses per box)

CooperVision® Biofinity Energys™ (6 lenses per box)

CooperVision® Proclear® sphere (6 lenses per box)

Vistakon ACUVUE® Vita® (6 lenses per box)

Effective Date
**January
2020**

Contact lens coverage may vary.
Log in to myuhcvision.com to see
your coverage details.



¹The contact lens list is subject to change. The list does not apply to Costco®, Sam's Club®, Target®, Walmart® or Warby Parker® locations.

²Your wearing schedule may vary. Your doctor will tell you how often to change your contact lenses.
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The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

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**

This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of coverage, contact UnitedHealthcare Insurance Company.

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.

The contracting entity for Spectera Eyecare Networks is Spectera, Inc. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC. CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA.