



## Vision Insurance

# Popular contact lens brands to maximize your benefit *4B*

With your UnitedHealthcare vision benefit, contact lenses from the selection<sup>1</sup> below will maximize your contact lens benefit. Your eye doctor will find out which contact lenses are best for you.

### Daily Wear

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

Alcon DAILIES AquaComfort Plus Toric (30 lenses per box)

CooperVision® Proclear® 1 day (30 lenses per box)

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

### Bi-Weekly Wear

Alcon FreshLook® Handling Tint (6 lenses per box)

CooperVision Avaira® (6 lenses per box)

CooperVision Biomedics 55 premier (6 lenses per box)

CooperVision Biomedics® XC (6 lenses per box)

Valeant® SofLens38 (6 lenses per box)

Vistakon ACUVUE 2 (6 lenses per box)

### Monthly Wear

Alcon AIR OPTIX® AQUA (6 lenses per box)

CooperVision Biofinity® (6 lenses per box)

CooperVision Frequency® 55 (6 lenses per box)

CooperVision Frequency 55 Aspheric (6 lenses per box)

CooperVision Proclear® Sphere (6 lenses per box)

Valeant PureVision®2 (6 lenses per box)

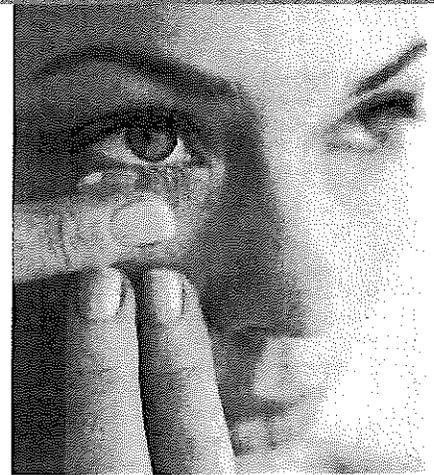
<sup>1</sup> Contact lens selection list subject to change.

Contact lenses not appearing on the selection 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.

Contact lens Selection list does not apply at Costco, Walmart or Sam's Club locations. The non-selection allowance will be applied toward the fitting/evaluation fee and purchase of all contacts at Costco, Walmart and Sam's Club.

The eye doctor's prescribed wearing schedule may effect replacement frequency.

All trademarks are the property of their respective owners.



Additional discounts or manufacturers' rebate savings may be available on contact lenses. Check with your network vision provider.

Effective date:  
April 1, 2015

**Note:** Not all plans include contact lens coverage. For more **COVERAGE DETAILS** see your official vision plan documents.



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 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.