



Maximize your benefit with popular contact lens brands

Your UnitedHealthcare vision plan offers 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 list*

Daily replacement**

- 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)
- Johnson & Johnson 1-Day ACUVUE® Moist® (30 lenses per box)
- X-Cel Extreme H20® Daily (30 lenses per box)

Bi-weekly replacement**

- 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)
- Johnson & Johnson ACUVUE® 2 (6 lenses per box)
- X-Cel Extreme H20® 59% - Thin and Xtra (6 lenses per box)

Monthly replacement**

- Alcon AIR OPTIX® Night and Day (6 lenses per box)
- Alcon AIR OPTIX® plus HydraGlyde® (6 lenses per box)
- Bausch + Lomb PureVision® 2 (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)
- Johnson & Johnson ACUVUE® Vita® (6 lenses per box)



Effective date: October 2021

Contact lens coverage may vary.

Learn more

Log in to myuhc.com® for coverage details

**United
Healthcare**

*The list does not apply at select network providers including Costco®, Lenscrafters®, Sam's Club®, Pearle Vision®, ShopKo Optical®, Target®, Walmart®, Warby Parker and online retailers. Please confirm the cost of your contact lenses with your provider before making your purchase.

**Your 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 coverage details, 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.

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