



## Get to know your vision plan

UHC Vision Enrollment Kit for  
St. Norbert College

Learn what the plan covers and how you can save money

**United  
Healthcare**

UHC Vision Enrollment Kit

# What's covered?

## Eye exam

Your plan includes a fully covered exam. A copay may apply.

Your plan uses Spectera Eyecare Networks, a national network of eye doctors, which includes optometrists and ophthalmologists. You may visit a local doctor or a well-known retail provider, and you can find them at [myuhcvision.com](https://myuhcvision.com). Network eye doctors can help save you money.

## Frame allowance\*

When you use a network provider, you can spend a frame allowance to help buy any frame your eye doctor offers. You get a discount on any cost over the allowance amount.

## Contact lens benefit\*

You may have coverage for a fitting and follow-up visits depending on your plan design and lens choice. Log in to [myuhcvision.com](https://myuhcvision.com) to learn more about your specific benefit.

## Lens options\*

Popular lens options, like UV protection or anti-reflective coating, are available to you at price-protected amounts. Plus, standard scratch coating and polycarbonate lenses for dependent children are available at no cost.

## Additional pairs of glasses\*

Receive a 20% discount on additional pairs of eyeglasses, including prescription sunglasses.

\* Plans may vary. Check your coverage at [myuhcvision.com](https://myuhcvision.com) to verify benefits.



## Need help?

### Visit [myuhcvision.com](https://myuhcvision.com)

Log in for 24/7 access to details about your vision plan.

### Sign in to [myuhc.com](https://myuhc.com)®

If you have a UnitedHealthcare health plan, you can access both your vision and health plan benefits here.

### Call toll-free

**1-800-638-3120, TTY 711**

If you don't have computer access, need language assistance or need other help, call us Monday through Friday, 7 a.m. to 10 p.m. CT or Saturday, 8 a.m. to 5:30 p.m. CT.

# Take steps to protect your eyes

## 1 Find an eye doctor in your network\*

Choose from local and national providers in Spectera Eyecare Networks. It offers a broad choice with more than 100,000 access points for care.\*

Log in to [myuhcvision.com](https://myuhcvision.com) to search by provider name, specialty or location.

## 2 Schedule your eye exam

Regular visits to an eye doctor can help keep your eyes healthy and improve your overall health.

### Get a complete eye exam

A dilated exam lets your doctor look inside your eye and check your eye health. The exam can also show early signs of illness, even before other parts of your body are affected. At your appointment, be sure to:

- Tell your doctor you have a UnitedHealthcare Vision plan
- Give your name and date of birth

You don't need your ID card to use your benefits. If you would prefer to have an ID card, you can print it from your computer or save it to your mobile device at [myuhcvision.com](https://myuhcvision.com).

## 3 Discover more ways to save at [myuhcvision.com](https://myuhcvision.com)

### Laser vision correction

Save up to 35% off the national average price of laser vision correction at more than 900 QualSight® LASIK locations nationwide.\*

### Contact lenses

Order extra contact lenses at [uhcontacts.com](https://uhcontacts.com) for 10% off.

### Hearing aids

Get preferred pricing on custom-programmed hearing aids, starting at \$699 each, through UnitedHealthcare Hearing.

Here are just some of the well-known retail locations in your network:

AMERICA'S BEST | CONTACTS & EYEGLASSES

**COSTCO**  
OPTICAL

EYEGLASS  
WORLD

For Eyes   
by GrandVision

 **Visionworks**

WARBY PARKER

GlassesUSA<sup>TM</sup>  
.com

\* Not all providers participate in all plans. Check with your provider before using your benefits. Network count as of Aug. 6, 2020.



We do not treat members differently because of sex, age, race, color, disability or national origin. If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

**Mail:** Civil Rights Coordinator, UnitedHealthcare Civil Rights Grievance, P.O. Box 30608, Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at [hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html).

**Phone:** Toll-free **1-800-368-1019, 1-800-537-7697** (TDD)

**Mail:** U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201

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 the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

**ATENCIÓN:** Si habla español (Spanish), hay servicios 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:** 如果您說中文 (Chinese), 我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

**XIN LƯU Ý:** Nếu quý vị nói tiếng Việt (Vietnamese), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

**알림:** 한국어 (Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

**PAALALA:** Kung nagsasalita ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

**ВНИМАНИЕ:** бесплатные услуги перевода доступны для людей, чей родной язык является русским (Russian). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

إبصارا لـ الفير عتلا فقاطب ىلع جردملا يناعلما فتاطلا مقرب لاصتال ىجزي. اقل احاتم فيناعلما فيو غللا قدعاسلما تامدخ ناف. فيبر علأ شدحتت تنك اذ: ميبنت

**ATANSYON:** Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

**ATTENTION :** Si vous parlez français (French), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

**UWAGA:** Jeżeli mówisz po polsku (Polish), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

**ATENÇÃO:** Se você fala português (Portuguese), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

**ATTENZIONE:** in caso la lingua parlata sia l'italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

**ACHTUNG:** Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

**注意事項:** 日本語 (Japanese) を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

ديريگب سامت هدش ديق ايمش يي اسانش تراك يور مك ىناعلما نفلت مرامش اب افطل. شراب يم ايمش رايتخا رد ناگلار روط ماب ىنابز دادما تامدخ، تسما (Farsi) ىسراف ايمش نابز رگا: هجوت

**ध्यान दें:** यदि आप हिंदी (Hindi) बोलते हैं, आपको भाषा सहायता सेवाएं, नःशिल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

**CEEBOOM:** Yog koj hais Lus Hmoob (Hmong), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

**ចំណាប់អារម្មណ៍:** ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (Khmer) សង្ឃឹមថា ការសំនៀងឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដល់មាន់រាល់អ្នកដកសញ្ញាណប័ណ្ណរបស់អ្នក។

**PAKDAAR:** Nu saritaem ti Ilocano (Ilocano), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

**DÍÍ BAA'ÁKONÍNÍZIN:** Diné (Navajo) bizaad bee yánílti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódi ninaaltsoos nít'i'izi bee nééhozinígíí bine'déé' t'áá jíík'ehgo béesh bee hane'i biká'ígíí bee hodiilnih.

**OGOW:** Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

**Learn more**

Call **1-800-638-3120, TTY 711**. Habla Español? Podemos ayudar.  
Visit [myuhcvision.com](https://myuhcvision.com).

**United  
Healthcare**

UnitedHealthcare Hearing is provided through UnitedHealthcare, offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific hearing aid discounts. This is not an insurance nor managed care product, and fees or charges for services in excess of those defined in program materials are the member's responsibility. UnitedHealthcare does not endorse nor guarantee hearing aid products/services available through the hearing program. This program may not be available in all states or for all group sizes. Components subject to change.

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. 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.






# Discover myuhcvision.com

## Visit our easy-to-use member website to:

- Check to see when you're eligible for benefits
- Learn how your plan works
- See your copay amounts
- Print your ID card, if you prefer (ID cards are optional)
- Find a network eye doctor to get the most out of your benefits
- Choose from private practices, retail chains, and even glasses and contacts you can buy online
- View claim status
- Find answers to frequently asked questions
- Get discounts on LASIK, extra contact lenses and more



New User?  
**Register Now**

Returning Users

\* Indicates required fields


User Name \*


Password \*

Login

Forgot your user name or password?

**View Your ID Card**





### Increased Access to Comprehensive Eye Exams and Glasses for Children

New benefit program for all UnitedHealthcare vision plans.

Free vision screenings, comprehensive eye exams and glasses donations across the country to help raise awareness of the importance of eye health.

**Click for details.**

Provider Quick Search

Find a Provider Near:

\* Indicates required fields  
Zip or city/state are required

ZIP \*

OR

Address

City \*

State \*

☐ Include Online Providers

Search

Advanced Search

Disclaimer: To ensure you are viewing the network associated with your plan, current members should sign in prior to searching for a provider

**Links & Tools**

- Why Choose UnitedHealthcare
- Which Eyewear is Best for Me
- Vision Wellness
- Language Support
- View Your Online ID Card (VIDEO)

**Common Questions**

- Who Can Use This Website
- How Do I Register
- How Do I Register (VIDEO)
- Which Browsers are Supported?
- Is This Website Secure?

**Featured Links**

- Contact Lens Discounts
- Lasik Discounts
- Hearing Aid Discounts

Learn more

Visit [myuhcvision.com](https://myuhcvision.com). First-time users, have your Vision Subscriber ID ready.

United  
Healthcare

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, Monday through Friday, 7 a.m. to 10 p.m. CT.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-800-638-3120, TTY 711.

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

Note: Our doctors may also refer to us as Spectera Eyecare Networks.

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.



## Benefits for moms and kids at no extra cost

Get vision benefits for optimal eye health when it's needed most. Women who are pregnant or breastfeeding may experience eye or vision changes. Growing kids may also have more frequent vision needs.

Your UnitedHealthcare® Vision plan includes expanded benefits for women who are pregnant or breastfeeding, as well as covered children up to age 13, at no additional premium cost.

- **Coverage for a second eye exam**

If you notice changes to your vision during the plan year, you can get your eyes checked a second time without paying an additional premium; standard copays apply

- **Coverage for 1 new pair of glasses (frames and lenses)**

If your prescription changes .5 diopter\* or more in a plan year, you can get new glasses without paying an additional premium; standard copays apply

### Find a provider close by

See doctors at over 100,000 locations<sup>1</sup> across the country. Visit [myuhcvision.com](https://myuhcvision.com) to find an eye doctor near you.

### Did you know?

**15%** of pregnant women experience a change in their vision<sup>2</sup>

### The importance of vision care for kids

Fewer than **15%** of preschool children get an eye exam, and

Fewer than **22%** receive a vision screening<sup>3</sup>



**Schedule an eye exam if you notice a change in your vision**

**United  
Healthcare**

<sup>1</sup> UnitedHealthcare point-of-service data report, October 2019.

<sup>2</sup> Baby Center. Vision changes during pregnancy. [babycenter.com/pregnancy/your-body/vision-changes-during-pregnancy\\_1456567](https://www.babycenter.com/pregnancy/your-body/vision-changes-during-pregnancy_1456567). Accessed Oct. 27, 2020.

<sup>3</sup> Centers for Disease Control and Prevention. Keep an eye on your vision health. [cdc.gov/features/healthyvision/index.html](https://www.cdc.gov/features/healthyvision/index.html). Accessed Oct. 27, 2020.

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. 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 your company.

# With our large vision network, there's always a provider in sight.

Finding a trustworthy provider who meets your lifestyle, eye care and eyewear needs is easier with UnitedHealthcare.

With our large national eye care network, Spectera Eyecare Networks, you can take advantage of personalized care at a private practice or convenient evening and weekend hours at your favorite retail chain.

## Well-known practices and brands in our large national network include:

- 20/20 Vision Center
- 3 Guys Optical
- Accurate Optical
- All About Eyes
- Allegany Optical
- America's Best
- Bard Optical
- Boscov's Optical
- Clarkson Eyecare
- Co/Op Optical
- Cohen's Fashion Optical
- Costco Optical
- Crown Vision Center
- CVS Optical Center
- Dr. Tavel Family Eye Care
- Eye Boutique
- EyeCare Associates
- Eye Express
- Eye Care Center
- Eyeglass World
- EyeMart Express
- Eyetique
- For Eyes
- General Vision Services
- **GlassesUSA.com**
- H. Rubin Vision Centers
- Henry Ford OptimEyes
- Horizon Eye Care
- Houston Eye Associates
- JCPenney Optical
- Midwest Vision Centers
- MyEyeDr.
- National Optometry
- National Vision
- Nationwide Vision
- Optical Shop at Meijer



### Making it easier for you to find a provider.

To find the provider who best meets your needs, sign in to [myuhcvision.com](https://myuhcvision.com) or call **1-800-638-3120**.

Some providers or locations may not participate in your plan.



## Well-known practices and brands in our large national network include:

- Optyx
- Ossip Optometry
- Pearle Vision
- Rosin Eyecare
- Rx Optical
- Sam's Club
- Schaeffer Eye Center
- Sears Optical
- SEE Inc.
- Shawnee Optical
- Shopko
- Site for Sore Eyes
- Standard Optical
- Stanton Optical
- Sterling Optical
- SVS Vision
- Target Optical
- Texas State Optical
- The Eye Gallery
- The Hour Glass
- Today's Vision
- Virginia Eye Institute
- Vision4Less
- Visionmart Express
- Visionworks
- Vision Source
- Vista Optical
- Walmart
- Warby Parker—  
including [warbyparker.com](https://www.warbyparker.com)
- Wisconsin Vision

**Call.**  
**1-800-638-3120**

**Visit.**  
**[myuhcvision.com](https://myuhcvision.com)**



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, Monday through Friday, 7 a.m. to 10 p.m. CST.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-800-638-3120, TTY 711.

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

Note: Our doctors may also refer to us as Spectera Eyecare Networks.

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.

B2C EI20206988.0 7/20 ©2020 United HealthCare Services, Inc. 20-206989



# Use your vision benefits at Warby Parker

You could save on prescription glasses, sunglasses, contacts and eye exams in stores or online.

## Choose your eyeglasses and sunglasses

Finding your perfect pair is easy. Try on 5 frames through Warby Parker's Home Try-On program or see styles instantly on your face with the Virtual Try-On tool in the Warby Parker app.\*

Every pair of glasses comes with anti-reflective and scratch- and smudge-resistant lenses. Prescription sunglasses are scratch-resistant and polarized to reduce glare.

What you get	Without vision insurance	With a UnitedHealthcare vision plan**
Single-vision eyeglasses	\$95	<b>You only pay your copay</b> Usually \$25 or less. Seriously, that's it!
Single-vision eyeglasses with high-index lenses	\$125	
Single-vision sunglasses	\$175	
Single-vision sunglasses with high-index lenses	\$205	
Progressive eyeglasses	\$295	
Progressive sunglasses	\$375	
Comprehensive eye exam (at participating stores)	\$75	

## Wear contact lenses?

Your plan may apply toward them, too. Shop Scout, Warby Parker's own brand of daily contacts, plus other daily, biweekly and monthly lenses.



Learn more  
Visit [warbyparker.com/united](https://warbyparker.com/united)

United  
Healthcare

WARBY PARKER

\*iPhone® X or higher.

\*\*This is the amount owed by most UnitedHealthcare members whose plans are eligible to be used at Warby Parker.

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. 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 either your broker or the company.

# You Can Now Use Your UnitedHealthcare Vision Benefits at GlassesUSA.com

Ray-Ban

PRADA

Persol

VOGUE

MICHAEL KORS

COACH

OAKLEY

A | X  
ARMANI EXCHANGE

MIU MIU

UnitedHealthcare members can now easily shop online for their eyewear needs at a great price with some upgrades included at no additional cost.

## Get Value For Your Vision Insurance Benefits With GlassesUSA.com

- ✓ Access to **over 7,000** styles of glasses and sunglasses including the well-known **designer brands**
- ✓ **Thousands of frames to choose from using your allowance**, including designer brands under most plans
- ✓ **UV Coating** at no additional cost
- ✓ **Scratch Resistant Coating** at no additional cost
- ✓ **Anti-Reflective Coating** (Anti-Glare) at no additional cost
- ✓ **Wide range of coatings and lenses** available, including Blue Light Blocking, Mirrored, Polarized, Transitions, Polycarbonate, Digital Progressive and Thin High-Index lenses.

## Customer Satisfaction

- ✓ **Customer-first** approach with 24/7 customer support
- ✓ **Risk-Free** policy with free shipping and returns
- ✓ **Easy-to-use** website (that allows members to use their benefits)
- ✓ Virtual Try-On that allows members to **see how the glasses fit**

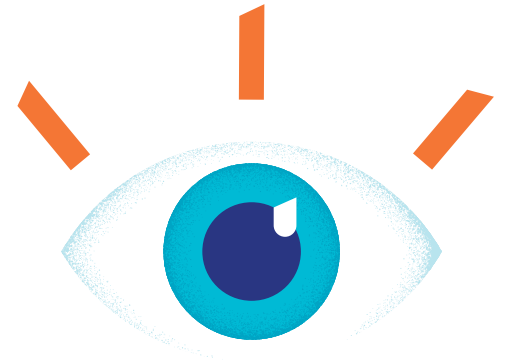
## GlassesUSA.com - A Leading Online Eyewear Retailer In The US

GlassesUSA.com sells, produces, and ships thousands of customized glasses daily to customers and holds one of the largest collections of eyewear online. The selection includes well-known designer brands and established house brands manufactured by GlassesUSA.com. At GlassesUSA.com UnitedHealthcare members will enjoy state-of-the-art lens solutions that cover all prescription requirements for glasses and sunglasses.





# 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® H2O 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® H2O 59% (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: January 2021**

Contact lens coverage may vary.

**Learn more**

Log in to [myuhc.com](https://myuhc.com)® for coverage details

**United  
Healthcare**

\*The list does not apply at select network providers including Costco®, Lenscrafters®, Sam's Club®, 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.

All trademarks are the property of their respective owners.

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.VA or VCOC.CER.13.VA. 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.



# See near and far with progressive lenses

**Effective Date: September 2020**

## Standard progressive category includes:

Essilor®	Adaptar® (includes digital)
Essilor®	Computer™
Essilor®	Ideal™
Essilor®	Natural® (includes digital)
Essilor®	Ovation® (includes digital)
Essilor®	SmallFit® (includes digital)
HOYA	Amplitude
HOYA	Hoyalux GP Wide
Shamir	Element™
Shamir	Workspace™
Signet Armolite	Navigato®
Younger	Image®

## Deluxe progressive category includes:

Essilor®	Accolade®
Essilor®	Ideal™ Advanced
Essilor®	Varilux Comfort®
Essilor®	Varilux Comfort DRx™
Essilor®	Varilux® Ellipse
Essilor®	Varilux® Physio®
Essilor®	Varilux® Physio DRx™
HOYALUX	Summit cd
HOYALUX	Summit ecp
KODAK®	Precise®
Shamir	Autograph II Office™
Shamir	Computer™ Progressive
Shamir	FirstPAL™
Shamir	InTouch™
Shamir	Spectrum+™
Vision-Ease	Novel®

## Premium progressive category includes:

Essilor®	Accolade Freedom™
Essilor®	DEFINITY®
Essilor®	Varilux Comfort Enhanced™
Essilor®	Varilux® Comfort Max
Essilor®	Varilux Comfort® W2+
Essilor®	Varilux® Ipseo™
Essilor®	Varilux Physio Enhanced™, Fit™
Essilor®	Varilux Sport™
HOYALUX	Summit cdiQ
HOYALUX	Summit ecp iQ
KODAK®	Unique™
Shamir	Autograph II Attitude™
Shamir	Autograph II®
Shamir	Autograph III®

## Platinum progressive category includes:

Essilor®	Varilux® Physio® W3+
Essilor®	Varilux® X, Varilux® X 4D, Varilux® X Fit
HOYALUX	iD InStyle
HOYALUX	iD LifeStyle® 2 Clarity
HOYALUX	iD LifeStyle® 2 cd Clarity
HOYALUX	LifeStyle® 2 Harmony
HOYALUX	LifeStyle® 2 cd Harmony
Shamir	Autograph Intelligence™

## Discounts on more progressive lenses, too

Get other progressive lenses at a discount when you get your lenses from a participating provider.

To see coverage details, log on to [myuhcvision.com](https://myuhcvision.com).

**United  
Healthcare**

**Note:** The formulary is subject to change.

All trademarks are the property of their respective owners.

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 communicated 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：如果您說中文 (Chinese) 我們免費為您提供語言協助服務。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 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.

B2C EI20353894.0 10/20 © 2020 United HealthCare Services, Inc. All Rights Reserved. 20-356202



# Pay less for your lenses

This list highlights the discounted cost on our most popular lens options. Most other lens options are offered with at least a 20% discount off of retail prices.\* The amounts shown below are an additional cost to materials and exam copays (if applicable).

## Coatings

Standard scratch coating	No charge
Scratch warranty	\$10
Tint	\$14
UV coating	\$16
Photochromic	\$67
Anti-reflective Tier I	\$30
Anti-reflective Tier II	\$50
Anti-reflective Tier III	\$75
Anti-reflective Tier IV	\$95

## Lenses

Roll and polish edges	\$13
Progressive Tier I	\$55
Progressive Tier II	\$100
Progressive Tier III	\$150
Progressive Tier IV	\$200
Progressive Tier V	\$250

## Materials

High index (< 1.66)	\$53
High index (1.66 – 1.73)	\$63
Polycarbonate**	\$33



**Not all plans include the lens option or materials coverage**

\* Prices reflected are subject to change. Exact pricing may vary; confirm cost with your provider prior to purchasing. Product availability varies by provider.

\*\*\$0 for dependent children.

continued



# Lens options: Definitions and recommendation guidelines

## Coatings

**Standard scratch coating** – Protects against scratches on your eyeglass lenses. This is included on the majority of lenses at no additional charge to you.

**Anti-reflective (AR) coating** – A coating that is added to lenses to reduce reflection, glare and smudges and help sharpen vision in all lighting conditions. Some AR lenses also filter blue light when you use electronic devices. There are 4 tiers of AR coatings available—each tier offers a different level of scratch and glare resistant protection, with Tier IV giving the highest level of protection, including features to help keep your glasses cleaner. Recommended for everyone; this is the second most popular item people add to their glasses.

## Lenses

**Progressive** – Sometimes called “no-line bifocals” because they don’t have bifocal or trifocal segment lines. Progressives are designed to help your eye transition between near and far distances, similar to what the eye does naturally. There are 5 tiers of progressive lenses on our lens options list. Each tier offers different levels of technology. Tier I is the most cost-conscious option, where Tier V has a more natural feel. Recommended for people who need bifocals but don’t want visible lines in their glasses.

## Materials

**High-index lenses** – These lenses are thinner than other lens materials, reducing lens weight and thickness. Recommended for people with higher prescriptions who want thinner, lighter lenses.

**Polycarbonate** – Made from a thinner, lighter material that offers better impact resistance than regular plastic lenses. Polycarbonate lenses also offer ultraviolet protection for your eyes. Polycarbonate lenses for dependent children are offered to you at no additional charge. Recommended for children or people who play sports.

**UV coating** – Offers protection for your eyes against UV light (sunlight that’s harmful to you). Recommended for everyone.

**Photochromic** – Lenses that darken when they are exposed to unfiltered sunlight and lighten when indoors. Recommended for people who don’t like switching between prescription glasses and prescription sunglasses.

**Tint** – Adds color to your lenses, most commonly to transform your prescription lenses into sunglasses. In addition to shading the eyes, tint can be used to reduce glare and improve contrast. Recommended for people who want their sunglasses to include their prescription.

**Digital device lenses\*** – Lenses specifically designed for users of digital devices such as computers, televisions, tablets and smartphones. They are a type of single-vision lens, similar to a progressive lens, that may help prevent eye strain. Digital device lenses also have properties that filter blue-light waves, and often require the addition of AR coating. Members receive a 20% discount at most providers. Discuss with your provider if these lenses may be right for you.

**Polarized** – Help filter reflected light that is traveling in a horizontal rather than vertical direction, providing additional glare reduction. Polarization is popular in sunglasses and available in many non-prescription sunglasses sold in stores. Members receive a 20% discount at most providers. Recommended for people who are light sensitive, spend lots of time driving, or enjoy water activities like skiing, boating and fishing.

Learn more

See your official vision plan documents for details

United  
Healthcare

\*Digital device lenses may also be referred to as digital single vision or free-form single-vision lenses; however, not all digital or free-form single-vision lenses are digital device lenses.

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：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。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 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.



# Save on exams and eyewear

A vision plan from UnitedHealthcare may help save you hundreds of dollars on exams, contact lenses, frames and eyeglass options.

## Example: Potential savings\* when using network providers

### Contact lens selection benefit (covered boxes)

Service	Without a plan	With our plan
Routine eye exam**	\$115	\$10
Contact lens copay	\$0	\$25
Evaluation and fitting fees	\$72	\$0
Acuvue® 2® contact lenses (6 boxes at \$32 retail each)	\$192	\$0
<b>Total due to provider</b>	<b>\$379</b>	<b>\$35</b>

**90%**  
savings

### Contact lens allowance benefit

Service	Without a plan	With our plan
Routine eye exam**	\$115	\$10
Evaluation and fitting fees	\$72	\$72
Acuvue® Oasys® for Astigmatism (6 boxes at \$50 retail each)	\$300	\$300
Contact lens allowance***	\$0	– \$150
<b>Total due to provider</b>	<b>\$487</b>	<b>\$232</b>

**50%**  
savings

**United  
Healthcare**

## Glasses benefit

Service	Without a plan	With our plan
Routine eye exam **	\$115	\$10
Glasses copay (frames and lenses)	\$0	\$25
Frames (\$139 retail price at retail provider)	\$139	\$9
Standard progressive lenses	\$124	\$70
Standard anti-reflective coating	\$62	\$40
<b>Total due to provider</b>	<b>\$440</b>	<b>\$154</b>

**65%**  
savings

**United  
Healthcare**

\*This information is a generalized savings illustration and is not reflective of any specific plan or provider costs. Your plan's allowances and copays may vary from the above example. The charges for services and materials without a plan may vary by provider. In the illustration above, charges for services without a vision plan were derived from internal data provided by our company-owned retail stores and contracted retail chains.

\*\*Routine eye exam with refraction. This illustration is based upon a typical copay. Your actual copay may vary from the illustration.

\*\*\*Contact lens allowance may vary by plan.

All trademarks are the property of their respective owners.

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, Monday through Friday, 7 a.m. to 10 p.m. CT.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-800-638-3120, TTY 711.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。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 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.





# Less glare, better vision

Anti-reflective lenses can help you see better by limiting the reflection of bright lights and computer screens. Your UnitedHealthcare vision plan offers a selection of anti-reflective eyeglass lenses to help you get the most out of your coverage. Your eye doctor can help determine which lenses are best for you.

## Anti-reflective coating selection list\* Effective Date: September 2020

### Standard anti-reflective coatings

Essilor®	Crizal Easy UV™
Essilor®	Sharpview+™

### Premium anti-reflective coatings

Essilor®	Endura EZ
Essilor®	Crizal Alizé UV™
Essilor®	Crizal® Previncia®
Essilor®	Anti-Fog
HOYA	Hi Vision™
HOYA	Premium
HOYA	Premium w/ViewProtect™
Signet Armorlite	KODAK CleAR™

### Platinum anti-reflective coatings

Essilor®	Crizal Avancé UV™
Essilor®	Crizal Sapphire® 360°
Essilor®	Crizal SunShield™ UV
HOYA	Recharge
HOYA	Hi-Vision w/ViewProtect
HOYA	Super Hi-Vision w/ViewProtect
HOYA	Super Hi-Vision EX3™
Signet Armorlite	KODAK Clean'N'Clear



### Discounts on more anti-reflective coatings

Get other anti-reflective coating products at a discount when you get your lenses from a participating provider.

To see coverage details, log on to [myuhcvision.com](https://myuhcvision.com).

**United  
Healthcare**

\*The formulary is subject to change.

All trademarks are the property of their respective owners.

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: 如果您說中文 (Chinese) 我們免費為您提供語言協助服務。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. 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.



## Savings on blue light protection

Excessive screen time on computers, tablets and cell phones may affect vision and cause digital eye strain due to the blue light they emit.<sup>1</sup> And since the onset of COVID-19, people are spending an average of 13 hours per day on digital devices.<sup>2</sup> That's why we're providing savings on blue light blocking screen filters with UnitedHealthcare Vision plans.

### Help employees reduce eye strain.

UnitedHealthcare Vision members have access to discounts on blue light blocking screen filters for select smartphones, tablets and laptops from Eyesafe®.

Eyesafe screen filters are designed to:

- Reduce exposure to high-energy blue light
- Help maintain color quality and luminance
- Offer a simple, lower cost option to filter blue light on existing devices
- Be easily applied to your device

Members can access the discount through [myuhcvision.com](https://myuhcvision.com)

**Learn more.**

Contact your UnitedHealthcare representative.

Save

**20%**

off of the retail price on blue light blocking screen filters from Eyesafe.



OTHER SOLUTIONS

EYESAFE®

**United  
Healthcare  
Vision**

**eyesafe**

<sup>1</sup> National Institutes of Health. Research progress about the effect and prevention of blue lights on eye. 2018 ncbi.nlm.nih.gov/pmc/articles/PMC6288536/. Accessed March 29, 2021.

<sup>2</sup> Eyesafe, 2020, <https://eyesafe.com/covid-19-screen-time-spike-to-over-13-hours-per-day>

All trademarks are the property of their respective owners.

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.



# Enjoy the freedom of LASIK.

Ready to break up with your glasses? See how you can save with your UnitedHealthcare vision plan.

## See the savings.

You have access to discounts on laser vision correction procedures through our alliance with QualSight® LASIK. All QualSight LASIK surgeons offer members a discount of up to 35% off national pricing.

### Looking for even more savings?

When you choose QualSight LASIK, you get extra value, including:

- Free LASIK consultation.
- Bladeless laser vision correction procedures.
- The choice of more than 800 locations nationwide.
- Financing options.
- Enhancements are included for optimal vision correction results. Extended enhancements plans are also available.
- Personal QualSight Care Manager for 1-on-1 help throughout the process.

Save up to  
**35%**  
on laser vision  
correction at  
QualSight LASIK.

## Get more info.

To learn more about laser vision correction, and to find a surgeon in your network, visit [uhc.qualsight.com/](https://uhc.qualsight.com/) or call **1-855-321-2020**.

**United  
Healthcare®**

All trademarks are the property of their respective owners.

UnitedHealthcare members are served through QualSight LASIK. All rights reserved.

LASIK is not a covered benefit, but a discount available to UnitedHealthcare vision members.

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.

B2C EI20207211.0 7/20 ©2020 United HealthCare Services, Inc. 20-206989



## Hearing care and technology that help you enjoy every moment.

Hearing loss can happen at any age, and treating it early can help improve your overall well-being. It's estimated that 26 million people in the U.S. between ages 20 and 69 have hearing loss.<sup>1</sup> There's no need to miss out. Through your 2021 UnitedHealthcare® vision plan, you can get discounted pricing on hearing aids from UnitedHealthcare Hearing. Prices start at just \$699 per ear—less if you have a hearing benefit as part of your health plan.

### Convenient, flexible hearing solutions.

Discover a wide selection of hearing aids with advanced technology available through direct delivery or an in-person hearing provider.



- **Relate™**, UnitedHealthcare Hearing's exclusive brand, features recharging capabilities, remote adjustments, Bluetooth® streaming and a smartphone app.
- **Phonak** has all of Relate's features plus top-rated sound quality and speech understanding.
- **2,000+ name-brand models and styles** are available through an in-person UnitedHealthcare Hearing provider, including hearing aids from the industry's top brands.

Choose from 2 care options.



- **Right2You virtual care at home:** These online video appointments include remote hearing aid adjustments and follow-up visits with a licensed hearing care professional.



- **In-person care:** With 5,500+ locations, you're only about 7 minutes away\* from a UnitedHealthcare Hearing provider, the largest accredited network of hearing providers in the nation.<sup>2</sup>









### Don't want to leave home for hearing care?

Our Right2You direct delivery option lets you choose from Relate or Phonak hearing aids delivered right to your doorstep, complete with virtual follow-up care.

## Access to care, choice and savings.

With UnitedHealthcare Hearing, you can save 50%–80% compared to other hearing providers<sup>3</sup>—with hearing aids starting at just \$699 per ear. Plus, you'll enjoy a streamlined experience from start to finish, including:

- A simple ordering process with professional follow-up support.
- Extensive care options, locations and one of the widest selections of hearing aid choices available.

	 <b>Right2You Virtual Care and Direct Delivery**</b>		 <b>In-person Care</b>
<b>Hearing Aid Models/ Styles</b>	  Relate rechargeable BTE and RIC models.	  Phonak rechargeable RIC models.	 11 Relate models in multiple styles, including custom shells.   2,000+ models in multiple styles.
<b>Support for Your Hearing Needs</b>	<ul style="list-style-type: none"> <li>• 70-day trial period.</li> <li>• 3-year extended warranty covers repair and a 1-time loss/damage replacement.***</li> <li>• 3 follow-up virtual visits included at no cost.****</li> <li>• Charging case, wax pick brush and cleaning pin included with each hearing aid purchase.</li> </ul>		<ul style="list-style-type: none"> <li>• 45-day trial period.</li> <li>• 3-year extended warranty covers repair and a 1-time loss/damage replacement.***</li> <li>• 3 follow-up visits included at no cost.****</li> <li>• Extra batteries or charging case, wax pick brush and cleaning pin included with each hearing aid purchase.</li> </ul>

BTE = behind-the-ear, RIC = receiver-in-canal

## Explore your options today.



To take advantage of these discounted hearing aid prices, visit **UHChearing.com**. You can even take an online hearing test to find out how well you're hearing.



Or, call **1-866-926-6632, TTY 711**, 8 a.m. to 8 p.m. CT, Monday through Friday. Use promo code **UHC MYVISION** for discounted pricing.

**United  
Healthcare**

\* Average member distance to a provider based on 2020 UnitedHealthcare access analysis.

\*\* In-person visit to a local hearing provider may be required.

\*\*\* One-time professional fee may apply.

\*\*\*\* After 1 courtesy appointment during the trial period. Hearing aids purchased in the Basic technology level receive 1 follow-up visit.

<sup>1</sup> Hearing Health Foundation. hearinghealthfoundation.org/hearing-loss-tinnitus-statistics. Accessed July 2020.

<sup>2</sup> 2020 UnitedHealthcare Internal Data.

<sup>3</sup> 2020 UnitedHealthcare claims information.

All trademarks are the property of their respective owners.

UnitedHealthcare Hearing is provided through UnitedHealthcare, offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific hearing aid discounts. This is not an insurance nor managed care product, and fees or charges for services in excess of those defined in program materials are the member's responsibility. UnitedHealthcare does not endorse nor guarantee hearing aid products/services available through the hearing program. This program may not be available in all states or for all group sizes. Components subject to change.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

B2C M.2366\_01 8/20 ©2020 United HealthCare Services, Inc.





# Vision Plan

## Frequently asked questions

### 1. Q: How do I check my coverage? When do my benefits start?

**A:** To make sure you're covered, visit [myuhcvision.com](https://myuhcvision.com). Or call the customer care line at **1-800-638-3120**. Customer care is open Monday through Friday, 7 a.m. to 10 p.m. CT.

### 2. Q: What is Spectera Eyecare Networks?

**A:** Spectera Eyecare Networks is the name of UnitedHealthcare's national vision network, which includes ophthalmologists and optometrists. Spectera Eyecare Networks providers are located at both private practice and retail settings. Network eye doctors can help save you money.

### 3. Q: How do I find an eye doctor in the network, Spectera Eyecare Networks?

**A:** There are two ways to find a doctor:

1. Visit [myuhcvision.com](https://myuhcvision.com) and use the "Find a Provider" link.
2. Call customer care at **1-800-638-3120**.

### 4. Q: How do I let my eye doctor know I'm a UnitedHealthcare member?

**A:** When you schedule your appointment, tell the office you have UnitedHealthcare insurance. Give your last name and date of birth. You don't need to use your ID card.

### 5. Q: How do I get an ID card?

**A:** Your vision plan is paperless. You don't need an ID card. If you want one, you can print a card from [myuhcvision.com](https://myuhcvision.com). Log in and click "Print ID Card" from the main page. At your appointment, you can access your ID card by logging in to [myuhcvision.com](https://myuhcvision.com) from your phone or mobile device.

### 6. Q: Can I see an eye doctor outside the network?

**A:** You'll save more money by seeing a network eye doctor. If you want to see a doctor outside the network, most plans cover part of your exam and eyewear. You will need to pay your bill at your appointment and submit an out-of-network claim to UnitedHealthcare to receive reimbursement. For more information, visit [myuhcvision.com](https://myuhcvision.com) and select the "Out of Network Claims" link on the left-hand navigation.

### 7. Q: Can I ask UnitedHealthcare to add my eye doctor to the network?

**A:** If you want your eye doctor to be part of the network, visit [myuhcvision.com](https://myuhcvision.com) and fill out the provider nomination form. Or call customer care at **1-800-638-3120**. Our quality assurance department will review the doctor's qualifications.

### 8. Q: How does the frame allowance work?

**A:** Visit an eye doctor in Spectera Eyecare Networks, our large national network of providers. You can use the money in your frame allowance to help pay for your eyeglass frames. After you pay your copay (if it applies), the allowance will cover 100% of the cost of many popular frames sold today.

**9. Q: Will I have any out-of-pocket costs for glasses?**

**A:** You may pay a copay when you see a network eye doctor. You'll also need to pay out of pocket for any extra options you choose for your glasses (tints, coatings or lens upgrades). Network eye doctors often give discounts on these options, but ask how much your new glasses will cost before you make the purchase. If you choose frames that cost more than your frame allowance, you'll need to pay the difference. For more details, visit the "View Benefits" page on [myuhcvision.com](https://myuhcvision.com).

**10. Q: Can I get contact lenses instead of eyeglasses?**

**A:** With most plans you can get eyeglasses OR contact lenses, but not both. For more details, visit the "View Benefits" page on [myuhcvision.com](https://myuhcvision.com).

**11. Q: How do I get contact lenses?**

**A:** You can get contact lenses through your network eye doctor with a valid prescription. Your doctor will be able to recommend the best contact lenses for you. Contact lens benefits may vary. Check your coverage details at [myuhcvision.com](https://myuhcvision.com).

**12. Q: Can I buy contacts from an eye doctor outside the network?**

**A:** Yes, you can buy contacts directly at [uhccontacts.com](https://uhccontacts.com). You will get 10% off every order just for being a UnitedHealthcare member.

If you choose to buy your contacts from any online store, or from an out-of-network provider, you'll need to submit an out-of-network claim and your receipts to be reimbursed. See question 18 to learn how to submit a claim.

**13. Q: What's the difference between necessary and elective contact lenses?**

**A:** Only your eye doctor can determine if contact lenses are necessary or elective. An eye doctor may prescribe lenses for a variety of conditions, including post-cataract surgery without a lens implant; to correct extreme vision problems that cannot be corrected with spectacle lenses; with certain conditions such as keratoconus, anisometropia, irregular corneal/astigmatism, aphakia, facial deformity or corneal deformity. If your lenses are considered necessary, ask your doctor to call UnitedHealthcare.

**14. Q: Will I have any out-of-pocket expenses for contact lenses?**

**A:** Your out-of-pocket costs for your contact lenses may vary, depending on your specific vision plan. For details about your coverage and discounts, select "My Benefits" on [myuhcvision.com](https://myuhcvision.com).

If you see an eye doctor outside the network, you'll need to pay your bill in full at the time of your appointment. For details about submitting a claim for reimbursement, see question 18 or visit [myuhcvision.com](https://myuhcvision.com).

**15. Q: Does the plan cover laser vision correction?**

**A:** No, most vision plans don't cover laser vision correction. You and your family can receive discounts on laser eye surgery through Laser Vision Network of America . To learn more, visit [myuhcvision.com](https://myuhcvision.com) and select "LASIK Discounts." For complete details, visit our LASIK site at [uhclasik.com](https://uhclasik.com).

**16. Q: Does the plan cover hearing tests or hearing aids?**

**A:** No, but as a UnitedHealthcare vision plan member, you can buy premium digital hearing aids through hi HealthInnovations™. Hearing aids start at \$699 each. This isn't considered insurance, but is a discount given to you as a UnitedHealthcare member. Your health plan may provide a hearing test, hearing aid allowance or other coverage. Before you schedule a hearing test or order hearing aids, check with your medical plan to see what's covered.

For more information, review your plan details on [myuhcvision.com](https://myuhcvision.com) under "Hearing Aid Discounts."

**17. Q: Does hi HealthInnovations work with the hearing aid benefit offered in most UnitedHealthcare health plans?**

**A:** hi HealthInnovations is not a network-based program. If your health plan has a hearing aid allowance, you can use that toward your purchases through hi HealthInnovations.

**18. Q: How do I submit an out-of-network claim?**

**A:** If you see an eye doctor outside the network, you will need to pay your bill in full at the time of your appointment. To submit your claim for reimbursement, complete the out-of-network claim form and send all receipts. The claim form can be found at [myuhcvision.com](https://myuhcvision.com), by logging in and selecting the "Out of Network Claims" link on the left-hand navigation. Be sure to attach the following information to the receipts:

- Subscriber's unique ID number, name and home address
- Patient's name and date of birth

Mail everything within 12 months of the date of service to:

**UnitedHealthcare Vision Claim Department**  
P.O. Box 30978  
Salt Lake City, UT 84130

If you prefer, fax this information to **248-733-6060**.

We process out-of-network payments within 30 days of the date we receive a complete request.



**Need help?**

**Call toll-free.**

**1-800-638-3120, TTY 711.**

If you don't have computer access, need language assistance or can't find answers, call us Monday through Friday, 7 a.m. to 10 p.m. CT.

The company does not treat members differently because of sex, age, race, color, disability or national origin. If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

**Online:** UHC\_Civil\_Rights@uhc.com

**Mail:** Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call 1-800-638-3120, TTY 711. You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

**Complaint forms are available at** <http://www.hhs.gov/ocr/office/file/index.html>.

**Phone:** Toll-free 1-800-368-1019, 800-537-7697 (TDD)

**Mail:** U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

You have the right to get help and information in your language at no cost. To request an interpreter, call the toll-free member phone number listed on your health plan ID card, press 0. TTY 711.

Tiene derecho a recibir ayuda e información en su idioma sin costo. Para solicitar un intérprete, llame al número de teléfono gratuito para miembros que se encuentra en su tarjeta de identificación del plan de salud y presione 0. TTY 711

您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥打您健保計劃會員卡上的免付費會員電話號碼，再按 0。聽力語言殘障服務專線 711

Quý vị có quyền được giúp đỡ và cấp thông tin bằng ngôn ngữ của quý vị miễn phí. Để yêu cầu được thông dịch viên giúp đỡ, vui lòng gọi số điện thoại miễn phí dành cho hội viên được nêu trên thẻ ID chương trình bảo hiểm y tế của quý vị, bấm số 0. TTY 711

귀하는 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 통역사를 요청하기 위해서는 귀하의 플랜 ID카드에 기재된 무료 회원 전화번호로 전화하여 0번을 누르십시오. TTY 711

May karapatan kang makatanggap ng tulong at impormasyon sa iyong wika nang walang bayad. Upang humiling ng tawwgasalin, tawagan ang toll-free na numero ng telepono na nakalagay sa iyong ID card ng planong pangkalusugan, pindutin ang 0. 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., UnitedHealthcare 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.

Вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы подать запрос переводчика позвоните по бесплатному номеру телефона, указанному на обратной стороне вашей идентификационной карты и нажмите 0. Линия TTY 711

لك الحق في الحصول على المساعدة والمعلومات بلغتك دون تحمل أي تكلفة. لطلب مترجم فوري، اتصل برقم الهاتف المجاني الخاص بالأعضاء المدرج ببطاقة مُعرّف العضوية الخاصة بخطتك الصحية، واضغط على 0. الهاتف النصي (TTY) 711

Ou gen dwa pou jwenn èd ak enfòmasyon nan lang natifnatal ou gratis. Pou mande yon entèprèt, rele nimewo gratis manm lan ki endike sou kat ID plan sante ou, peze 0. TTY 711

Vous avez le droit d'obtenir gratuitement de l'aide et des renseignements dans votre langue. Pour demander à parler à un interprète, appelez le numéro de téléphone sans frais figurant sur votre carte d'affilié du régime de soins de santé et appuyez sur la touche 0. ATS 711.

Você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para solicitar um intérprete, ligue para o número de telefone gratuito que consta no cartão de ID do seu plano de saúde, pressione 0. TTY 711

Masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Po usługi tłumacza zadzwoń pod bezpłatny numer umieszczony na karcie identyfikacyjnej planu medycznego i wciśnij 0. TTY 711

Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um einen Dolmetscher anzufordern, rufen Sie die gebührenfreie Nummer auf Ihrer Krankenversicherungskarte an und drücken Sie die 0. TTY 711

ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳をご希望の場合は、医療プランのIDカードに記載されているメンバー用のフリーダイヤルまでお電話の上、0を押してください。TTY専用番号は711です。

شما حق دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید. برای درخواست مترجم شفاهی با شماره تلفن رایگان قید شده در کارت شناسایی برنامه بهداشتی خود تماس حاصل نموده و ۰ را فشار دهید. TTY 711

Hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per richiedere un interprete, chiama il numero telefonico verde indicato sulla tua tessera identificativa del piano sanitario e premi lo 0. Dispositivi per non udenti/TTY: 711

# How to print your vision ID card using myuhcvision.com

Thanks to our convenient paperless benefits and claims, **you do not need a member ID card to use your benefits.** However, if you'd like one, you can easily print one.

## Steps to print your Vision ID card

Your ID card will be personalized with your name, member ID, as well as your exam and materials copay amounts.

- 1 Go to [myuhcvision.com](http://myuhcvision.com).
- 2 Log in or register. Do not register if you also have medical coverage with UnitedHealthcare. Use the single sign-on option through [myuhc.com](http://myuhc.com) instead.
- 3 Click on "Print ID Card." If you do not see this option, click on the blue "Select" button next to your plan name.
- 4 From the drop-down menu, select the person whose ID card you would like to print. Click on "View."
- 5 This generates a document with your ID card called *How to Use Your Vision Care Benefits*. Scroll to the bottom of this document. A toolbar will appear; click on the printer icon to print.

The screenshot shows the myuhcvision.com website. A blue box highlights the login/register section. A blue box highlights the 'Print ID Card' button under the 'My Benefits' section. A blue box highlights the member selection drop-down menu. A blue box highlights the printer icon in the document toolbar.

## Sample Personalized ID Card

<p><b>Member Name:</b> [First, Last]  <b>Member ID:</b> [XXXXXXXX-XX]  <b>Member Web:</b> <a href="http://www.myuhcvision.com">www.myuhcvision.com</a>  <b>Customer Service:</b> (800) 638-3120</p>	<p><b>Vision Care Benefits</b></p> <p><b>Exam Copay:</b> [\$XX.XX]  <b>Material Copay:</b> [\$XX.XX]</p> <p><b>Submit Out-of-Network Claims to:</b>  UnitedHealthcare Vision Claims Department  P.O. Box 30978  Salt Lake City, UT 84130</p> <p><b>Note to Providers:</b>  For more information about this UnitedHealthcare Vision plan, please visit us online at <a href="http://www.Spectera.com">www.Spectera.com</a> or call 1-800-638-3120.</p>
---	---

**Vision Identification Card**

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 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 and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA.

Facebook.com/UnitedHealthcare Twitter.com/UHC Instagram.com/UnitedHealthcare YouTube.com/UnitedHealthcare

MT-1172776.0 4/18 ©2018 United HealthCare Services, Inc. 18-7832





UnitedHealthcare	St. Norbert College		
Cost per Pay Period	Bi-Weekly	Weekly	Semi-Monthly
<b>VISION</b>			
Employee	3.99	\$ 1.99	\$ 4.32
Employee + One	7.27	\$ 3.64	\$ 7.88
Employee + Family	12.62	\$ 6.31	\$ 13.67

## St. Norbert College

### Vision Benefit Summary

Powered by UnitedHealthcare Vision Network

Customer Service and Provider Locator: (800) 638-3120

[myuhcvision.com](http://myuhcvision.com)

UnitedHealthcare Vision has been trusted for more than 50 years to deliver affordable, innovative vision care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible, diversified vision care network.

#### Exam with Materials

##### Benefit Frequency

Comprehensive Exam(s)	Once every 12 months
Eyeglass Lenses	Once every 12 months
Frames	Once every 24 months
Contact Lenses instead of Eyeglasses	Once every 12 months

#### In-Network Services

##### Copays

Exam(s)	\$ 10.00
Eyeglasses (lenses and frame)	\$ 10.00
Contact lenses instead of Eyeglasses	\$ 10.00
Retinal Screening	\$ 39.00

##### Frame Benefit (for frames that exceed the allowance, an additional 30% discount may be applied to the overage)<sup>1</sup>

Private Practice Provider	\$150.00 retail frame allowance
Retail Chain Provider	\$150.00 retail frame allowance

##### Lens Options

Standard Scratch-resistant Coating, Polycarbonate Lenses for Dependent Children (up to age 19) - covered in full.

**Contact Lens Benefit<sup>2</sup>** (Formulary contact lenses refer to contact lenses available on our formulary contact list. Contact lenses not on this list are referred to as Non-Formulary. A copy of the list can be found at [myuhcvision.com](http://myuhcvision.com)).

<b>Formulary contact lenses</b> The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full after copay.	If you choose disposable contacts, up to 6 boxes are included when obtained from an in-network provider.
<b>Non-Formulary contact lenses</b> An allowance is applied toward the purchase of contact lenses outside the Formulary. The allowance is for materials. No portion will be applied to the fitting and evaluation. Contact lens copay is waived.	\$150.00
<b>Necessary contact lenses<sup>3</sup></b>	Covered in full after copay (if applicable).

##### Children's and Maternity Eye Care Benefit

Members age 0-12 and members pregnant or breastfeeding are eligible for a 2nd exam 60 days after the initial exam. Members age 0-12 and members pregnant or breastfeeding are also eligible for a replacement frame and lenses if they have a prescription change of 0.5 diopter or more. The 2nd exam and replacement benefits are the same as the initial exam. frame and lens benefits.

#### Out-of-Network Reimbursements (Copays do not apply)

Exam(s)	Up to \$40.00
Frames	Up to \$45.00
Single Vision Lenses	Up to \$40.00
Lined Bifocal and Progressive Lenses	Up to \$60.00
Lined Trifocal Lenses	Up to \$80.00
Lenticular Lenses	Up to \$80.00
Elective Contacts instead of Eyeglasses <sup>2</sup>	Up to \$150.00
Necessary Contacts instead of Eyeglasses <sup>3</sup>	Up to \$210.00

## Discounts

<b>Laser vision</b> UnitedHealthcare has partnered with QualSight LASIK, the largest LASIK manager in the United States, to provide our members with access to discounted laser vision correction services. Member savings represent up to 35% off the national average price of Traditional LASIK. Contracted prices start at \$945 per eye for Traditional LASIK and \$1,395 per eye for Custom LASIK. Discounts are also provided on newer technologies such as Custom Bladeless (all laser) LASIK. For more information, visit myuhcvision.com.
<b>Additional Material</b> At a participating in-network provider you will receive up to a 20% discount on an additional pair of eyeglasses or contact lenses. This program is available after your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare shall neither pay nor reimburse the provider or member for any funds owed or spent. Additional materials do not have to be purchased at the time of initial material purchase.
<b>Contact Lens</b> Order extra contact lenses at uhcontacts.com for 10% off.
<b>Hearing Aids</b> As a UnitedHealthcare Vision plan member, you can save on custom-programmed hearing aids when you buy them from UnitedHealthcare Hearing. To find out more go to UCHearing.com. When placing your order use promo code MYVISION to get the special price discount.
<b>Blue Light Eyesafe</b> UnitedHealthcare Vision has collaborated with Eyesafe® to provide members with a 20% discount off the retail price on blue-light screen filters for their devices. Members can receive the discount by visiting myuhcvision.com and clicking on the Eyesafe link.

<sup>1</sup>30% discount available at most participating in-network provider locations. May exclude certain frame manufacturers. Please verify all discounts with your provider.

<sup>2</sup>Contact lenses are instead of eyeglass lenses and/or eyeglass frames. Coverage for Formulary contact lenses does not apply at all in-network providers.

<sup>3</sup>Necessary contact lenses are determined at the provider's discretion for certain conditions. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare Vision confirming the reimbursement that UnitedHealthcare will make before you purchase such contacts.

## Important to Remember:

### In-Network

- Always identify yourself as a UnitedHealthcare Vision member when making your appointment. This will assist the provider in obtaining your benefit information.
- Your participating provider will help you determine which contact lenses are available in the UnitedHealthcare Formulary.
- Patient lens options which are not covered-in-full may be available at a discount at participating providers. Based on state guidelines, lens materials and options may not be available at these discounted prices at all provider locations. Please ask your provider for details. The Lens Options list can be found at myuhcvision.com.

## Choice and Access of Vision Care Providers

UnitedHealthcare offers its vision program through a national network including both private practice and retail chain providers. To access the Provider Locator service or for a printed directory, visit our website myuhcvision.com or call (800) 638-3120, 24 hours a day, seven days a week. You may also view your benefits, search for a provider or print an ID card online at myuhcvision.com.

**In-Network Provider** - Copays and non-covered patient options are paid to provider by program participant at the time of service.

**Out-of-Network Provider** - Participant pays all billed charges to the provider, and UnitedHealthcare reimburses the participant for services rendered up to the maximum allowance. Copays do not apply to out-of-network benefits. Receipts for payments should be submitted within 90 days after the date of service to the following address: UnitedHealthcare Vision, Attn. Claims Department, P.O. Box 30978, Salt Lake City, UT 84130. If it was not reasonably possible to give written proof in the time required, the Company will not reduce or deny the claim for this reason. However, proof must be filed as soon as reasonably possible, but no later than 1 year after the date of service unless the Covered Person was legally incapacitated.

**Customer Service is available toll-free at (800) 638-3120 from 8:00 a.m. to 11:00 p.m. Eastern Time Monday through Friday, and 9:00 a.m. to 6:30 p.m. Eastern Time on Saturday.**

**READ YOUR PLAN CAREFULLY - THIS BENEFIT SUMMARY PROVIDES A VERY BRIEF DESCRIPTION OF THE IMPORTANT FEATURES OF YOUR PLAN. THIS IS NOT THE INSURANCE CONTRACT. YOUR FULL RIGHTS AND BENEFITS ARE EXPRESSED IN THE ACTUAL PLAN DOCUMENTS THAT ARE AVAILABLE TO YOU UPON YOUR REQUEST TO US.**

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 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, 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. If you opt to receive vision care services or vision care materials that are not covered benefits under this plan, a participating vision care provider may charge you their normal fee for such services or materials. Prior to providing you with vision care services or vision care materials that are not covered benefits, the vision care provider will provide you with an estimated cost for each service or material upon your request. This cost may be higher than if you had received only covered vision services and you may incur additional out-of-pocket expenses. Eyewear materials may be ordered through our national lab network.

**UnitedHealthcare®**



## Vision Benefit Card

**St. Norbert College**

**Copays**

Exam(s)	\$10.00		
Eyeglasses	\$10.00	Retinal Screening	\$ 39.00
Contacts	\$10.00		

*Powered by UnitedHealthcare Vision Network*



[myuhcvision.com](https://myuhcvision.com)

Customer Service & Provider Locator: (800) 638-3120

TDD for Hearing Impaired: (877) 735-2929

**To print a personalized ID card, please log on to our website and select 'Group/Plan' then select 'Print ID card' from the member benefits page.**