



VISION



VISION INSURANCE

Save up to 85% on exams and eyewear with our vision plan.

Frame and lens coupons may seem like a good deal, but then you realize most specials are only for a limited selection. The best value comes with a comprehensive vision plan like the one offered by UnitedHealthcare. This can add up to hundreds of dollars of savings on a single purchase.

- ✓ Save on contact lenses and exams
- ✓ Save on stylish frames and popular lens options

Savings examples at network providers<sup>1</sup>



**“Highest in Customer Satisfaction with Vision Plans, Three Years in a Row\*\*”**

\*UnitedHealthcare received the highest numerical score in the proprietary J.D. Power 2013-2015 Vision Plan Satisfaction Reports<sup>SM</sup>. 2015 report measures opinions of consumers with vision plans, includes four plans, and is based on responses from 1,998 consumers. Proprietary study results are based on experiences and perceptions of consumers surveyed September-October 2015. Your experiences may vary. Visit [www.jdpower.com](http://www.jdpower.com)

For contact lenses

| SERVICE  | WITHOUT A PLAN | WITH OUR PLAN |
|--|----------------|---------------|
| Routine Eye Exam <sup>2</sup>  | \$60           | \$10          |
| Contact Lens Co-pay  | \$0            | \$25          |
| Evaluation and Fitting Fees  | \$85           | \$0           |
| ACUVUE <sup>®</sup> 2 <sup>®</sup> Contact Lenses (four boxes at \$22 retail each) | \$88           | \$0           |
| <b>Total Due to Provider</b>   | <b>\$233</b>   | <b>\$35</b>   |

**SAVE OVER 85%**

SEE MORE example savings on back.



# More savings examples at network providers<sup>1</sup>

## For non-selection contact lenses (with allowance)

| SERVICE   | WITHOUT A PLAN | WITH OUR PLAN |
|---|----------------|---------------|
| Routine Eye Exam <sup>2</sup>                                     | \$60           | \$10          |
| Evaluation and Fitting Fees                                       | \$110          | \$110         |
| ACUVUE® Advance® for Astigmatism (four boxes at \$44 retail each) | \$176          | \$176         |
| Contact Lens Allowance <sup>3</sup>                               | \$0            | -\$150        |
| <b>Total Due to Provider</b>                                      | <b>\$346</b>   | <b>\$146</b>  |

SAVE OVER  
**50%**

## For an exam and glasses with upgrades

| SERVICE  | WITHOUT A PLAN | WITH OUR PLAN |
|--|----------------|---------------|
| Routine Eye Exam <sup>2</sup>                  | \$60           | \$10          |
| Glasses Co-pay (frames and lenses)             | \$0            | \$25          |
| Frames (\$130 retail price at retail provider) | \$130          | \$0           |
| Standard Progressive Lenses                    | \$219          | \$70          |
| Standard Anti-Reflective Coating               | \$70           | \$40          |
| Standard Scratch-Resistant Coating             | \$27           | \$0           |
| <b>Total Due to Provider</b>                   | <b>\$506</b>   | <b>\$145</b>  |

SAVE OVER  
**70%**



<sup>1</sup> This information is a generalized savings illustration and is not reflective of any specific plan or provider costs. Your plan's allowances and co-pays 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.

<sup>2</sup> Routine eye exam with refraction. This illustration is based upon a typical co-pay. Your actual co-pay may vary from the illustration.

<sup>3</sup> Contact lens allowance may vary by plan.

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.