Vision

Vision Insurance

Contact Lens Formulary List[1]

Disposables – Daily Wear
Ciba DAILIES® AquaComfort Plus® 30 pack
Ciba Focus® DAILIES® Toric ADC 30 pack
Ciba Focus® DAILIES® Progressives 30 pack
CooperVision™ Proclear® 1 day 30 pack
Johnson & Johnson 1•Day Acuvue® Moist® 30 pack

Disposables – Bi-Weekly Wear
Bausch & Lomb® Soflens®38
CIBA Vision Freshlook® Handling Tint
CooperVision™ Avaira®
CooperVision™ Biomedics® XC
CooperVision™ Biomedics® 55 Premier™
Johnson & Johnson ACUVUE® ADVANCE® Plus
Johnson & Johnson ACUVUE®
Johnson & Johnson ACUVUE® 2
Johnson & Johnson ACUVUE® OASYS® with HYDRACLEAR® Plus

Planned Replacement – Monthly Wear
CIBA Vision AIR OPTIX® AQUA
CooperVision™ Biofinity®
CooperVision™ Frequency® 55 Aspheric
CooperVision™ Frequency® 55
CooperVision™ Proclear®

[1] Formulary list subject to change.

Contact lenses not appearing on the formulary 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 outside of the formulary.

Coverage for Covered Contact Lens Selection does not apply at Walmart or Sam's Club locations. The allowance for non-selection contact lenses will be applied toward the fitting/evaluation fee and purchase of all contacts.

Effective date: 6/1/2012

Additional rebate savings may be available on contact lenses through the eye care provider.

UnitedHealthcare®

UnitedHealthcare Vision® coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, 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 and associated COC form number VCOC.INT.06.TX.

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