

Learn what the plan covers and how you can save money

United Healthcare

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**. 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** 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.



Need help?

Visit myuhcvision.com

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

Sign in to 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.



^{*} Plans may vary. Check your coverage at myuhcvision.com to verify benefits

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 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**.

3 Discover more ways to save at 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 **uhccontacts.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.









WARBY PARKER



^{*} 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

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.

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 русском (Russian). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

. گب مَصاخلا فير عِسَلا تقاطب على جردمِل عِناجِهل فستاها مِقَرب لِاصتالا ع جري . كل تَجامَع تَها الله عَين جهل القوع الله على الله على الشدحيّت سَنك اذا عن عين علل الله على الله على

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。

.دپرریگب سامت دنش دیق ایش ییاسانش شراک یور مک بیناگیار نفالت در ایش اب افسطل بشواب یم ایش رایتخارد را ناگیار روط هب بینابنز دادم اشامه خ ،مسرا (Farsi) بسرواف ایش زایبز رگا : مجرت

ध्यान दें: यद आप हर्दिी (Hindi) बोलते है, आपको भाषा सहायता सेबाएं, नि:शुलुक उपलब्ध हैं। कृपया अपने पहचान पत्र पर स्चीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: 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.

ចំណាប់អារម្មមណ៍ៈ បេីសិនអុនកនិយាយភាសាខុមធំ (Khmer) សជាជំនួយ ភាសាដ**ោយឥតគិតថុល**ៃគឺមានសំរាប់អុនក។ សូមទូរស័ពុទទ**ៅលខេឥតគិតថុល**ៃដលែមានន**ៅល**ើអតុដសញ្ញញាណប៉ ណុណរបស់អុនក។

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

DÍÍ BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shoodí ninaaltsoos nitl'izí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

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.**



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.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.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.TX or VCOC.CER.13.TX or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VPO