

UnitedHealthcare Vision Contact Lens Formulary List¹

Disposables Bi-Weekly Wear

Bausch & Lomb® Soflens®38
CIBA Vision Freshlook® Handling Tint
CIBA Vision O2OPTIX™
CooperVision™ Avaira®
CooperVision™ Biomedics® XC
CooperVision™ Biomedics® 55 Premier™
Johnson & Johnson ACUVUE® ADVANCE® Plus
Johnson & Johnson ACUVUE®
Johnson & Johnson ACUVUE® 2

Planned Replacement Monthly Wear

Bausch & Lomb® PureVision®
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.



UnitedHealthcare
Insurance Company



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.

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