

# Choose a health plan with the option to add dental and vision coverage



When you add dental and vision coverage to any of our Plus(+) plans, you also get the benefit of a \$150 allowance that goes toward the cost of your frames. Choose any Plus(+) version of our plans and you can add adult dental and vision coverage for just a little more. Pediatric dental and vision coverage is already included in all plans in all states except Washington.



## Pediatric vision coverage

Offered in all states on all plans, as required by the ACA

## Adult vision coverage

Offered in all states on select plans except in CO, WA, NJ, NM

Coverage	Pediatric Vision	Adult Vision <sup>1</sup>
<b>Age Requirement</b>	Under 19 years of age	19 years of age or older
<b>Routine Vision Exam</b>	No charge	No charge
<b>Lenses</b> (Includes standard scratch + polycarbonate lens option)	Deductible + coinsurance	\$25 Copay
<b>Frames</b>	Deductible + coinsurance	Covered up to \$150
<b>Contact Lenses – Formulary<sup>2</sup></b> (Includes fit & evaluation)	Deductible + coinsurance	\$25 Copay
<b>Contact Lenses – Non-Formulary<sup>2</sup></b> (Materials copay doesn't apply)	N/A	Covered up to \$105
<b>Low Vision Testing</b>	No charge	N/A
<b>Low Vision Therapy</b>	Deductible + 75% coinsurance	N/A

<sup>1</sup>Benefits do not apply towards annual OOPM. Offered on all Product

Families at all metal levels, indicated in plan name with "+" sign.

<sup>2</sup>Contact lenses are in lieu of lenses/frames.



### Pediatric dental coverage

Offered in all states except WA

### Adult dental coverage

Offered in all states except CO, WA, NJ, NM

Coverage	Pediatric Dental <sup>1</sup>	Adult Dental <sup>2</sup>
Age Requirement	Under 19 years of age	19 years of age or older
Annual Benefit Maximum	N/A	\$1,000 per covered person per calendar year
Class 1: Preventative and Diagnostic	No charge	No charge, subject to annual maximum
Class 2: Minor Restorative	Deductible + coinsurance	50% coinsurance, subject to annual maximum
Class 3: Major Restorative	Deductible + coinsurance	50% coinsurance, subject to annual maximum
Class 4: Orthodontia	Deductible + coinsurance <sup>3</sup>	Not covered

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<sup>1</sup>Benefits apply to the medical deductible and OOPM; pediatric cost shares differ in CO.  
Offered on all Product Families at all metal levels, indicated in plan name with “+” sign.  
<sup>2</sup>Benefits do not apply towards annual OOPM.  
<sup>3</sup>Medically necessary orthodontia only; some states (MI, MS, CO) exclude coverage for orthodontia.

The benefits described may not be offered on all plans or in all states. Some plans may require copayments, deductibles and/or coinsurance for these benefits. The policy has exclusions, limitations, reduction of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, review the plan coverage documents, or call or write your insurance agent/broker or the company, whichever is applicable. UnitedHealthcare Individual & Family plans medical plan coverage offered by: UnitedHealthcare of Arizona, Inc.; Rocky Mountain Health Maintenance Organization Incorporated in CO; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Georgia, Inc.; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare Insurance Company in AL, IN, KS, LA, MO, NE, NJ, TN, and WY; Optimum Choice, Inc. in MD and VA; UnitedHealthcare Community Plan, Inc. in MI; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Oklahoma, Inc.; UnitedHealthcare of South Carolina, Inc.; UnitedHealthcare of Texas, Inc.; UnitedHealthcare of Oregon, Inc. in WA; UnitedHealthcare of Wisconsin, Inc., and UnitedHealthcare Plan of the River Valley in Iowa. Administrative services provided by United HealthCare Services, Inc. or their affiliates.