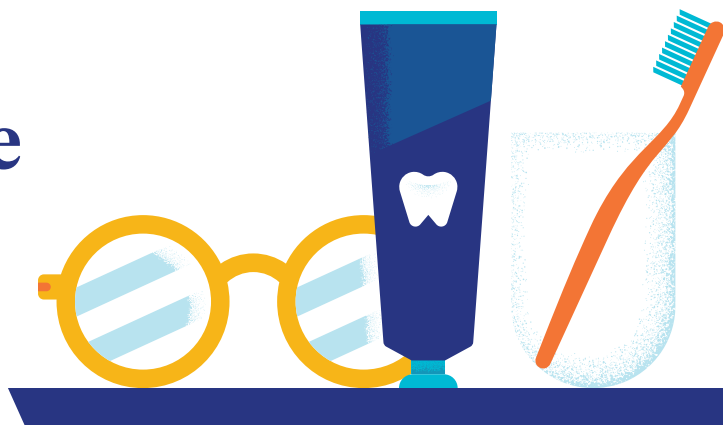


See smiles more clearly with affordable dental and vision coverage, available in our plans.



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 ¹
Age Requirement	Under 19 years of age	19 years of age or older
Routine Vision Exam	No charge	No charge
Lenses (Includes standard scratch + polycarbonate lens option)	Deductible + coinsurance	\$25 Copay
Frames	Deductible + coinsurance	Covered up to \$150
Contact Lenses – Formulary² (Includes fit & evaluation)	Deductible + coinsurance	\$25 Copay
Contact Lenses – Non-Formulary² (Materials copay doesn't apply)	N/A	Covered up to \$105
Low Vision Testing	No charge	N/A
Low Vision Therapy	Deductible + 75% coinsurance	N/A

¹Benefits do not apply towards annual OOPM. Offered on all Product

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

²Contact 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 ¹	Adult Dental ²
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 ³	Not covered

Learn More

¹Benefits 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.
²Benefits do not apply towards annual OOPM.
³Medically necessary orthodontia only; some states (MI, MS, CO) exclude coverage for orthodontia.



\$0 cost-share for network periodic oral evaluation 2 times per consecutive 12 months. Coverage for routine vision exam and eyewear is limited to once every 12 months, with pediatric members in some states having coverage for glasses more frequently. If you opt to receive vision care services or vision care materials that are not covered benefits under this plan, a participating vision care provider may charge you their normal fee for such services or materials. Coverage may not be available in all plans or in all states. Coverage lasts through the last day of the calendar month when the member reaches 19. For costs and complete details of coverage, contact your insurance agent/broker or the company, as applicable.

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. By responding to this offer or communication, you agree that a representative may contact you.

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, NH, NJ, NY, SD, TN, and WY; Optimum Choice, Inc. in MD and VA; UnitedHealthcare Community Plan, Inc. in MI; UnitedHealthcare of Midlands, Inc. in ND; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Oklahoma, Inc.; UnitedHealthcare of South Carolina, Inc.; UnitedHealthcare Benefits of Texas, 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.