



Notice of Covered Vision Services

IMPORTANT: 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 his or her normal fee for such services or materials. Prior to providing you with vision care services or vision care materials that are not covered benefits, the vision care provider will provide you with an estimated cost for each service or material upon your request.

Your out-of-pocket maximum or limit is the highest amount of money you could pay during a 12-month coverage period for your share of the costs of covered services. Typically, copays, deductible, and coinsurance all count toward your out-of-pocket maximum. Keep in mind that things like your monthly premium, balance-billed charges or anything your plan doesn't cover (like out-of-network costs, non-covered benefits) do not. 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. Prior to providing you with vision care services or vision care materials that are not covered benefits, the vision care provider will provide you with an estimated cost for each service or material upon your request. This cost may be higher than if you had received only covered vision services and you may incur additional out-of-pocket expenses. Eyewear materials may be ordered through our national lab network.

UnitedHealthcare has no business interest in any source or supplier of vision care materials.