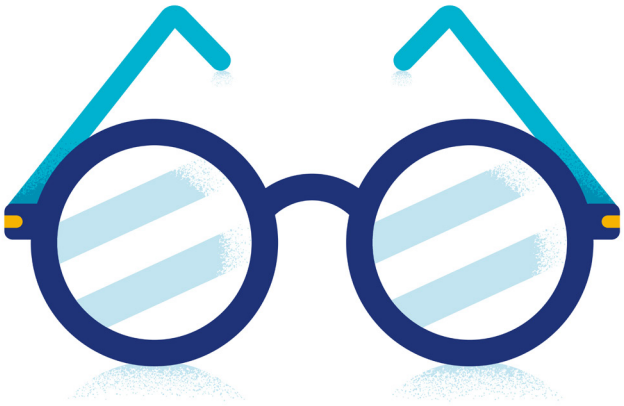

Vision for life

See the difference

Your eyes can tell you more than you think

Regular eye exams do more than check your vision—they can help spot early signs of serious health issues like diabetes, high blood pressure, and even some cancers. Taking care of your eyes is a smart step toward overall wellness.[1]

Why UHC Vision?

- Access to a large network of eye care providers
- Screenings that can detect health conditions early
- Freedom to choose your eyewear and treatment
- Coverage at private practices and retail locations
- Over 100,000 access points nationwide[2]

Get Started

Visit **myuhcvision.com** to:

- Find a provider
- Get directions
- Print your vision ID card
- Learn more about your benefits

Vision cost and benefits at a glance

2026-27 Policy year (8/1/26 - 7/31/27)	Student	Student and Spouse	Student and Children	Student and Family
Rate	$69.05	$130.91	$153.59	$215.96

Copays	In-Network	Out-of-Network
Exam Copay	$10.00	Not Applicable
Material Copay (Frames/Spectacle Lenses or Contact Lenses)	$25.00	Not Applicable

Benefit Allowances	In-Network	Out-of-Network
Eye Examination	100% after copay	Up to $40.00
Single Vision Lenses	100% after copay	Up to $40.00
Elective Contact Lenses (Covered Selection Contacts)	Up to 4 boxes	Up to $105

How to enroll

Visit **uhcsr.com** to enroll. All students and their dependents can enroll in an individual vision plan. You must manually sign up each Fall during open enrollment, which ends **09/4/26**.

Reminder: This is an annual plan. Continuing students may only enroll in the Fall for this annual coverage. However, newly enrolled Spring students have the option to enroll in Spring coverage.

Need help? Call **1-800-638-3120**

United Healthcare | Missouri S&T

[1] https://www.aao.org/eye-health/tips-prevention/surprising-health-conditions-eye-exam-detects. Accessed May 2023.
[2] UnitedHealthcare point of service data report, October 2019.

ATTENTION: Language assistance services, free of charge, are available to you. Please visit: **https://www.uhcsr.com/nondiscrimination-and-language-assistance-notices**

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 its 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, VPOL.13.TX or VPOL.18.TX and associated COC form number VCOC.INT.06.TX, VCOC.CER.13.TX or VCOC.18.TX. Plans sold in Virginia use policy form number VPOL.06.VA, VPOL.13.VA or VPOL.18.VA and associated COC form number VCOC.INT.06.VA, VCOC.CER.13.VA or VCOC.18.VA. 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.

The company does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.

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 number on your identification card.

ATENCIÓN: Si habla español (Spanish), hay de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

*Subject to certain conditions.

UnitedHealthcare dental coverage underwritten by 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 Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX, DPOL.12.TX and DPOL.12.TX (Rev. 9/16) and associated COC form numbers DCOC.CER.06, DCOC.CER.IND.12.TX and DCERT.IND.12.TX. Plans sold in Virginia use policy form number DPOL.06.VA with associated COC form number DCOC.CER.06.VA and policy form number DPOL.12.VA with associated COC form number DCOC.CER.12.VA.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google. L L C

This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete coverage details, contact the company.

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United Healthcare