

	See a participating provider	See a nonparticipating provider
Exam with dilation as necessary	100% after \$10 copay	\$35 allowance
Lenses		
• Single	100% after \$15 copay	\$20 allowance
• Bifocal	100% after \$15 copay	\$40 allowance
• Trifocal	100% after \$15 copay	\$60 allowance
Frames	\$45 wholesale allowance	\$45 retail allowance
Contact lenses¹		
• Elective (conventional and disposable) ²	\$120 allowance	\$120 allowance
• Medically necessary (limit one pair) ³	100%	\$150 allowance
Frequency (based on date of service)		
• Examination	Once every 12 months	Once every 12 months
• Lenses or contact lenses	Once every 12 months	Once every 12 months
• Frame	Once every 24 months	Once every 24 months
Additional plan discounts through participating providers		
<ul style="list-style-type: none"> • Members receive additional fixed copayments on lens options including: anti-reflective and scratch-resistant coatings. • Members also receive a 20% retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam and available through the participating provider who sold the initial pair of eyeglasses. • After copay, standard polycarbonate available at no charge for dependents less than 19 years old. 		
<p>¹ If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames).</p> <p>² The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members receive a 15 percent discount on participating provider professional services. The discount for professional services is available for 12 months after the covered eye exam.</p> <p>³ Benefit provides coverage for professional services and one pair of medically necessary contact lenses with prior plan authorization.</p>		

Monthly member rates:

Employee only	\$6.53 (\$7.84 - 10 month rate)
Employee and family	\$21.04 (\$25.25 - 10 month rate)

HumanaVision Lasik discount

We have contracted with many well-known facilities and eye doctors to offer Lasik procedures at substantially reduced fees. You can take advantage of these low fees when procedures are done by participating providers. The provider locations listed below offer the following prices (per eye):

	Conventional / Traditional		Custom	
TLC 888-358-3937 (designated locations only)	\$895		\$1,295	\$1,895*
LasikPlus 866-757-8082	\$695* LasikPlus free enhancements for 1 year	\$1,395* LasikPlus free enhancements for life	\$1,895* LasikPlus free enhancements for life	
QualSight LASIK 855-456-2020	\$895 QualSight free enhancements for 1 year	\$1,295 with QualSight Lifetime Assurance Plan	\$1,320	\$1,995* with QualSight Lifetime Assurance Plan

*with IntraLase™

You can also use independent Lasik provider network doctors to receive a 10% discount from usual and customary prices and pay no more than \$1,800 per eye for Conventional Lasik and \$2,300 per eye for Custom Lasik.

How does the wholesale frame allowance work?

Benefits include a wholesale frame allowance. If the wholesale cost exceeds the frame allowance, members pay twice the wholesale difference. They never pay full retail.

Retail price*	Wholesale price	Wholesale allowance	Member pays	Savings
\$90-\$135	\$45	\$45	\$0	\$90-\$135
\$110-\$165	\$55	\$45	\$20 (\$55-\$45=\$10x2=\$20)	\$90-\$145

* Retail costs may differ and are based on two to three times the wholesale cost. Actual savings may vary.

Use your HumanaVision benefits

HumanaVision options have you covered and make eye care affordable. You have access to one of the largest vision networks in the United States, with more than 35,000 participating optometrist, ophthalmologists, and national retail locations, including LensCrafters®, Pearle Vision®, Sears® Optical, Target® Optical, and JCPenney® Optical. In addition you'll enjoy:

- The same benefits at all participating providers, no matter where they're located
- Wholesale pricing on frames, avoiding high retail markups
- Simple access to plan information, provider search, Customer Care and other automated services at **HumanaVisionCare.com**

How it Works

1. After signing up for your vision plan, you will receive an ID card in the mail
2. Prior to scheduling your appointment, select a participating provider through the Customer Care Center, automated information line, or **HumanaVisionCare.com**
3. Schedule an appointment, providing your name, the patient's name and employer
4. Sign your provider's form after your exam, you'll pay any copayments and/or costs of any upgrades at this time



LENSCRAFTERS®

PEARLE VISION®

JCPenney® Optical



OPTICAL®

Know what your plan covers

Attached is a summary of HumanaVision benefits that are described in detail in your certificate. You can find your certificate on **HumanaVisionCare.com** or call 1-866-537-0229. Here's what you can expect:

- Quality routine eye health care from independent eye care professionals and national retail locations.
- Services and materials provided on a prepaid basis, and the plan pays participating providers directly, you also have the freedom to use nonparticipating providers if you prefer
- Life without claim forms! With HumanaVision, you pay your eye care professional (participating provider) directly for copayments and any extra cosmetic options selected at the time of service
- Select a vision provider from our network simply by visiting **HumanaVisionCare.com**, if you prefer, call us at 1-866-537-0229

Know what your plan doesn't cover

Some items and services not included in HumanaVision are:

- Orthoptics or vision training, subnormal vision aids or Plano (non-prescription) lenses
- Replacement of lost or broken lenses, except at the regularly-scheduled plan intervals
- Medical or surgical treatment of eyes
- Care provided through or required by any government agency or program, including Workers' Compensation or a similar law

Vision health impacts overall health

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis.¹



¹ Thompson Media Inc.

This is not a complete disclosure of plan qualifications and limitations.

Insured by Humana Insurance Company or CompBenefits Insurance Company or CompBenefits Company

Humana[®]

