

## Vision Care Plan

### 1. Choose your exam/material<sup>1</sup> copay:

- \$10/\$15
- \$15/\$15
- \$15/\$20
- \$20/\$20

### 2. Choose your wholesale frame allowance:

- \$40
- \$45
- \$50

Approximate retail value:

- (\$80 - \$120)
- (\$90 - \$135)
- (\$100 - \$150)

### 3. Choose your elective contact lens allowance:

- \$110
- \$150

	See a participating provider	See a nonparticipating provider
<b>Exam with dilation</b> as necessary	100% after copay	\$35 allowance
<b>Lenses</b>		
• Single	100% after copay	\$25 allowance
• Bifocal	100% after copay	\$40 allowance
• Trifocal	100% after copay	\$60 allowance
<b>Frames</b>	Wholesale frame allowance option	\$40 retail allowance
<b>Contact lenses<sup>2</sup></b>		
• Elective (conventional and disposable) <sup>3,4</sup>	Contact lens allowance option	Contact lens allowance option
• Medically necessary	100%	\$210 allowance
<b>Frequency</b> (based on date of service)	<b>Examination</b>	<b>Lenses or contact lenses</b>
Option 1	Once every 12 months	Once every 12 months
Option 2	Once every 12 months	Once every 12 months
		<b>Frame</b>
		Once every 12 months
		Once every 24 months

### Additional plan discounts

- 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 network provider who sold the initial pair of eyeglasses.
- After copay, standard polycarbonate available at no charge for dependents less than 19 years old.

<sup>1</sup> Material copay is required for a complete pair of eyeglasses, lenses or frames.

<sup>2</sup> If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames) (Vision Care Plan only).

<sup>3</sup> The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members receive a 15 percent discount on in-network professional services. The discount for professional services is available for 12 months after the covered eye exam.

<sup>4</sup> Contact lens allowance must be used at one time; no amount will be carried forward.

### 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 network providers. The network locations listed below offer the following prices (per eye):

	Conventional / Traditional		Custom	
<b>TLC</b> 888-358-3937 (designated locations only)	\$895		\$1,295	\$1,895*
<b>LasikPlus</b> 866-757-8082	\$695* LasikPlus free enhancements for 1 year	\$1,395* LasikPlus free enhancements for life	\$1,895* LasikPlus free enhancements for life	
<b>QualSight LASIK</b> 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
\$125	\$50	\$50	\$0	\$125
\$187.50	\$75	\$50	\$50 (\$75-\$50=\$25x2=\$50)	\$137.50

\* Retail costs may differ and are based on 2½ times the wholesale cost. Actual savings may vary.

## 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.<sup>1</sup>

## 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](http://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 network provider through the Customer Care Center, automated information line, or [HumanaVisionCare.com](http://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

## 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](http://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 in-network providers directly, you also have the freedom to use out-of-network providers if you prefer
- › Life without claim forms! With HumanaVision, you pay your eye care professional 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](http://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



LENSCRAFTERS®

PEARLE VISION®

JCPenney Optical

Sears Optical

OPTICAL

# HUMANA

Insured by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, CompBenefits Insurance Company, or The Dental Concern, Inc.

<sup>1</sup> Thompson Media Inc.

This is not a complete disclosure of plan qualifications and limitations. Check with your local Humana or HumanaDental sales office to verify product availability.

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**Vision Care Plan (VCP)**

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• Elective (conventional and disposable)*	Contact lens allowance option	Contact lens allowance option
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• Lenses or contact lenses	Once every 12 months	Once every 12 months
• Frame	Once every 24 months	Once every 24 months

\* The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members receive a 15% discount on professional services. The discount for professional services is available for 12 months after the covered eye exam.  
 \*\* Frequency based on date of service  
 - After copay, standard polycarbonate available at no charge for dependents less than 19 years old.  
 \*\*\* If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of lenses.

**HumanaVision Lasik discount**

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