

Vision plan coverage

- This plan provides coverage for one vision exam every 12 months for each covered member.
- For a complete list of participating optical providers, call 1-888-289-0595 or visit **Humana.com**.

Participating provider benefits apply only when services are obtained from an EyeMed *participating optical provider*.

Services at participating providers

Plan pays

Vision Examination

- Exam with dilation as necessary

100% after \$20 copayment

Conventional and Disposable

Contact Lenses Fit and Follow-up

100% after exam copayment

Vision plan limitations and exclusions

No benefit is provided for:

1. Any vision service received more than once per 12 month period;
2. Contact lenses, if not in lieu of glasses;
3. Replacement of lost or damaged lenses, frames or contact lenses;
4. No-line bifocals;
5. Safety lenses and frames;
6. Nonprescription glasses or vision devices;
7. Two pair of eyeglasses in lieu of bifocals;
8. Medical or surgical treatment of the eyes;
9. Vision services provided as a result of any workers' compensation law or similar legislation, or obtained through or required by any government agency or program, whether federal, state, or any subdivision thereof;
10. Orthoptics, vision training or vision therapy;
11. Acute emergency eye care;
12. Services not obtained from a participating optical provider.

Participating provider benefits apply only when services are obtained from an EyeMed *participating optical provider*.

Member will receive a 20 percent discount on remaining balance beyond plan coverage at participating providers, which may not be combined with any other discounts or promotional offers. This additional discount does not apply to EyeMed providers' professional services. However, the discount program may be applied to services after the vision plan benefits have been provided.

Participating primary care and specialist physicians and other providers in Humana's networks are not the agents, employees or partners of Humana or any of its affiliates or subsidiaries. They are independent contractors. Humana is not a provider of medical services. Humana does not endorse or control the clinical judgement or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you.

Vision Discount Program

In addition to the plan benefits, Humana members also receive discounts for many vision services and materials.

Use the discounts to help pay for services not covered by the vision plan. Some of these discounts and discounted fees are outlined on this page. For more information, visit Humana's Website at **Humana.com**.

(Please note: Discounts are a feature of Humana membership, and not considered as insurance.)

Discounts at participating providers

Member pays

Standard Plastic Lenses*

- Single vision \$35
- Bifocal \$55
- Trifocal \$90

* These items are \$15 higher in AK, CA, HI, OR, and WA.

Frames

- Discount on all frames available except when prohibited by the manufacturer. 45% off retail price up to \$130, and 20% discount off the balance over \$130

Contact Lenses (material only)

- Conventional (excludes disposable) 15% off retail price

Lens Options**

- UV coating \$12
- Tint (solid or gradient) \$12
- Standard scratch-resistance \$15
- Standard polycarbonate \$35
- Standard progressive* (add-on to bifocal) \$45
- Standard anti-reflective \$45
- Other add-ons and services 20% discount

* The cost for Premium Progressive lenses equals the Standard Progressive lenses retail price plus a 20% discount on the balance over the price.

** Complete pair of glasses purchase: frame, lenses, and lens options must be purchased in the same transaction to receive the full discount.

Laser Vision Correction

- Lasik or PRK from US Laser Network 15% off retail price or 5% off promotional price

• Note: A \$100 deposit per eye is due upon scheduling your treatment date. This deposit will be credited towards the ending balance of services rendered. For a more in-depth explanation on how to use your benefits, please consult www.eyemedvisioncare.com.

Vision Discount Program limitations and exclusions

No discount is provided for:

1. Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing;
2. Aniseikonic lenses;
3. Medical and or/surgical treatment of the eye, or supporting structures;
4. Corrective eyewear required by an employer as a condition of employment;
5. Services provided as a result of any Worker's Compensation law, or similar legislation, or required by any government age program whether Federal, state or subdivisions thereof;
6. Plan non-prescription lenses and non-prescription sunglasses (except for 20% discount);
7. Services or materials provided by any group benefit providing for vision care;
8. Discount on all frames available except when prohibited by the manufacturer.

HUMANA
Guidance when you need it most

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For Arizona Residents: Offered by Humana Health Plan, Inc.

Please refer to your Benefit Plan Document (Certificate of Coverage) for more information on the company providing your benefits.

Our health benefit plans have limitations and exclusions.