

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	Plan pays – participating providers	Plan pays – nonparticipating providers
Vision Examination		
• Exam with dilation as necessary	100% after \$20 copayment	up to \$35
Conventional and Disposable Contact Lenses Fit and Follow-up	100% after exam copayment	up to \$20

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;
13. Discount on all frames available except when prohibited by the manufacturer.

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

Reimbursement forms must include an itemized receipt containing your name, social security number, date of service, description of services received and the type of benefit received. To obtain a reimbursement form call 1-888-289-0595.

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	Member pays – participating providers	Member pays – nonparticipating providers
Standard Plastic Lenses		
• Single vision	\$35	N/A
• Bifocal	\$55	N/A
• Trifocal	\$90	N/A
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	N/A
Contact Lenses (material only)		
• Conventional (excludes disposable)	15% off retail price	N/A
Lens Options**		
• UV coating	\$12	N/A
• Tint (solid or gradient)	\$12	N/A
• Standard scratch-resistance	\$15	N/A
• Standard polycarbonate	\$35	N/A
• Standard progressive* (add-on to bifocal)	\$45	N/A
• Standard anti-reflective	\$45	N/A
• Other add-ons and services	20% discount	N/A
* 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	N/A
• 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.

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Guidance when you need it most

Administered by Humana Insurance Company

Please refer to your Summary Plan Description for more information on the company providing your benefits.

Our health benefit plans have limitations and exclusions.