



HumanaVision

– VCP Network

HUMANA[®]
Specialty Benefits

Vision health impacts overall health

Periodic eye examinations are an important part of routine preventive healthcare. Because many eye and vision conditions have no obvious symptoms, you may be unaware of problems. Early diagnosis and treatment are important for maintaining good vision and preventing permanent vision loss.¹

Vision care is essential to maintaining a healthy lifestyle. Eye exams can detect symptoms of diseases such as diabetes, hypertension, multiple sclerosis, brain tumors, osteoporosis, and rheumatoid arthritis.²

Exceptional service

You expect exceptional service, and we deliver. You can talk to a Customer Care specialist from 8 a.m. – 8 p.m. Monday – Thursday and 8 a.m. – 6 p.m. Friday, Eastern time. Our specialists resolve more than 95 percent of member inquiries during the first call.

How the Vision Care Plan works

1. After signing up for the Vision Care Plan, you'll 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/custom/fl](https://www.humana.com/visioncare/custom/fl)
3. Schedule an appointment, providing your name, patient's name, and employer
4. Sign your provider's Vision Care Plan form after your exam. You'll pay any copays and/or costs of any upgrades at that time.



1. LIMRA International
2. Thompson Media Inc.

We make it easy for you

HumanaVision VCP options have you covered and make eye care affordable. Select a plan that covers a comprehensive exam, eyeglasses or contact lenses, or a materials-only plan with your choice of eyeglasses or contact lenses.

At home or on the road, you'll find a provider with convenient hours and locations. With HumanaVision, you can:

- › Call Customer Care at 1-800-939-5369 from 8 a.m. – 8 p.m. Monday – Thursday, and 8 a.m. – 6 p.m. Friday, Eastern time
- › View benefits, check eligibility, and use other automated services at HumanaVisionCare.com/custom/fl
- › Locate providers through HumanaVisionCare.com/custom/fl, Customer Care, or our automated information line

National network provides real savings

You have access to one of the largest vision networks in the United States, with more than 22,500 participating optometrists, and ophthalmologists – and every one accepts new patients. Plus, you save on frames. You pay the wholesale price, avoiding high retail markups. And the cost of frames is the same at any provider location.

Lasik and PRK procedures

Our Lasik network features TLC Laser Centers (TLC Vision), as well as many of the leading independent laser centers in the country.

You may select a participating independent laser center and receive a 10% discount from the provider and pay no more than \$1,800 per eye for Conventional Lasik procedures and \$2,300 per eye for Custom Lasik procedures. Or you may choose one of the below packages to receive services performed by preferred TLC Select Lasik Plan providers at the following fixed prices:

-
- Silver Package:** \$895 per eye for Conventional Lasik

 - Gold Package:** \$1,295 per eye for Custom Lasik. TLC Lifetime Commitment can be purchased for an additional charge of \$200 per eye.

 - Platinum Package:** \$1,895 per eye for Custom Lasik plus Bladeless Lasik (using IntraLase technology). This package includes the TLC Lifetime Commitment. Photorefractive Keratectomy (PRK) is available on this package only.
-

- You must call TLC Vision Advantage Program at 1-888-358-3937 to initiate services.

Vision Care Plan (including exam and materials)

Copayments:

Exam with dilation as necessary	\$10
Lenses and/or frames	\$10
	In-network Out-of-network
Exam with dilation as necessary	100% after copay \$50 allowance
Lenses	
Single	100% after copay \$40 allowance
Bifocal	100% after copay \$60 allowance
Trifocal	100% after copay \$80 allowance
Frames	\$75 wholesale frame allowance \$60 retail allowance
Contact lenses	
Elective (conventional and disposable) ¹	\$100 allowance \$100 allowance
Medically necessary ²	100% \$200 allowance
Frequency³	
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

¹ 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.

² Medically necessary (prior authorization required) is defined as 1) following cataract surgery without intraocular lens, 2) correction of extreme visual acuity problems not correctable with glasses, 3) anisometropia greater than 5.00 diopters and asthenopia or diplopia, with spectacles, 4) Keratoconus, or 5) monocular aphakia and/or binocular aphakia where the doctor certifies contact lenses are medically necessary for safety and rehabilitation to a productive life.

³ Frequency based on date of service.

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

People First Benefit Plan Code: 3004

Monthly member rates:

Employee only	\$ 5.85
Employee and spouse	\$11.56
Employee and child(ren)	\$11.44
Employee and family	\$17.98

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

Policy number: GN-70148-01, CA-70148-01, MO-70148-01, NV-70148-01, OH-70148-01, OK-70148-01, VA-70148-01, or WI-70148-01

Vision Care Plan (materials only)

Copayments:

Exam with dilation as necessary	Not covered	
Lenses and/or frames	\$10	
	In-network	Out-of-network
Exam with dilation as necessary	Not available	Not available
Lenses		
Single	100% after copay	\$40 allowance
Bifocal	100% after copay	\$60 allowance
Trifocal	100% after copay	\$80 allowance
Frames	\$75 wholesale frame allowance	\$60 retail allowance
Contact lenses		
Elective (conventional and disposable) ¹	\$100 allowance	\$100 allowance
Medically necessary ²	100%	\$200 allowance
Frequency³		
Lenses or contact lenses	Once every 12 months	Once every 12 months
Frame	Once every 24 months	Once every 24 months

¹ 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.

² Medically necessary (prior authorization required) is defined as 1) following cataract surgery without intraocular lens, 2) correction of extreme visual acuity problems not correctable with glasses, 3) anisometropia greater than 5.00 diopters and asthenopia or diplopia, with spectacles, 4) Keratoconus, or 5) monocular aphakia and/or binocular aphakia where the doctor certifies contact lenses are medically necessary for safety and rehabilitation to a productive life.

³ Frequency based on date of service.

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

People First Benefit Plan Code: 3006

Monthly member rates:

Employee only	\$ 4.36
Employee and spouse	\$ 8.60
Employee and child(ren)	\$ 8.50
Employee and family	\$13.38

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

Limitations and Exclusions

The Vision Care Plan (exam and materials) provides a complete analysis of the eyes and related structures to determine vision problems or other abnormalities once every 12 months. The plan covers any lenses needed for the patient's visual welfare as determined by the network doctor. Certain lenses such as those described in the "Limitations" are cosmetic in nature and are not necessary for the visual welfare of the patient. The extra cost of these must be borne by the patient. The plan offers a wide selection of frames every 24 months. The plan covers contact lenses every 12 months. The contact lens allowance replaces the lens and frame benefits, and plan co-payments do not apply for the contact lens allowance.

Limitations

In no event will coverage exceed the lesser of:

1. The actual cost of covered services or materials
2. The limits of the Policy, shown in the Schedule of Benefits; or
3. The allowance as shown in the Schedule of Benefits

Materials covered by the policy that are lost or broken will only be replaced at normal intervals as provided for in the Schedule of Benefits. We will pay for only the basic cost for lenses and frames covered by the policy. The insured is responsible for extras selected, including but not limited to:

1. Blended lenses
2. Progressive multifocal lenses
3. Photochromic lenses, tinted lenses, sunglasses, prescription, and Plano
4. Coating of lens or lenses
5. Laminating of lens or lenses
6. Groove, Drill or Notch, and Roll and Polish, unless otherwise specifically listed as a covered benefit in the Schedule of Benefits

Exclusions

Humana/CompBenefits will not cover:

1. Orthopic or vision training and any associated supplemental testing
2. Two pair of glasses, in lieu of bifocals, trifocals, or progressives
3. Medical or surgical treatment of the eyes
4. Any services and/or materials required by an employer as a condition of employment
5. Any injury or illness covered under Workers' Compensation or similar law
6. Sub-normal vision aids, aniseikonic lenses, or non-prescription lenses
7. Charges incurred after: (a) the policy ends; or (b) the Insured's coverage under the policy ends, except as stated in the policy
8. Experimental or non-conventional treatment or device
9. Contact lenses, except as specifically covered by the policy
10. Hi Index, aspheric and non-aspheric styles
11. Oversized 61 and above lens and lenses
12. Cosmetic items, unless otherwise specifically listed as a covered benefit in the Schedule of Benefits

