

# Create a customized plan summary

**Step 1: Choose the benefit options** selected by the employer from the menu below.  
To make this a valid plan summary, the options selected must match the Humana quote.

**Step 2: View and print your plan summary** by scrolling to the pages that follow.

**Step 3: Saving your plan summary.** You must have the full version of Adobe Acrobat  
(not Acrobat Reader) in order to save your plan summary to your PC.

## Build your plan:

Enter customer name:

Select your exam / material copay:

Pick your wholesale frame allowance

Choose your elective contact lens allowance:

Select your frequency:

# HumanaVision

## Vision Care Plan

	See a participating provider	See a nonparticipating provider
<b>Exam<sup>1</sup> with dilation</b> as necessary	100% after	\$35 allowance
<b>Lenses</b>		
• Single	100% after	\$25 allowance
• Bifocal	100% after	\$40 allowance
• Trifocal	100% after	\$60 allowance
<b>Frames</b>		\$40 retail allowance
<b>Contact lenses<sup>2</sup></b>		
• Elective (conventional and disposable) <sup>3</sup>		
• Medically necessary (limit one pair) <sup>4</sup>	100%	\$210 allowance
<b>Frequency</b> (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	Once every
<b>Additional plan discounts</b>		
<ul style="list-style-type: none"> <li>• Members may benefit with fixed pricing for most lens options including anti-reflective and scratch-resistant coatings.</li> <li>• Members may also be eligible to receive up to a 20 percent retail discount on a second pair of eyeglasses, which is available for 12 months after the covered eye exam through the participating provider who sold the initial pair of eyeglasses.</li> <li>• After copay, standard polycarbonate available at no charge for dependents less than 19 years old.</li> </ul>		
<p><sup>1</sup> Material copay is required for a complete pair of eyeglasses, lenses or frames.</p> <p><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).</p> <p><sup>3</sup> The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members may be eligible to receive up to a 15 percent discount on in-network professional services, which is available for 12 months after the covered eye exam.</p> <p><sup>4</sup> Benefit provides coverage for professional services and one pair of medically necessary contact lenses with prior plan authorization.</p>		

## Vision Care Plan

### 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)	<b>\$895</b>		<b>\$1,295</b>	<b>\$1,895*</b>
<b>LasikPlus</b> 866-757-8082	<b>\$695*</b> LasikPlus free enhancements for 1 year	<b>\$1,395*</b> LasikPlus free enhancements for life	<b>\$1,895*</b> LasikPlus free enhancements for life	
<b>QualSight LASIK</b> 855-456-2020	<b>\$895</b> QualSight free enhancements for 1 year	<b>\$1,295</b> with QualSight Lifetime Assurance Plan	<b>\$1,320</b>	<b>\$1,995*</b> with QualSight Lifetime Assurance Plan

You may receive a 10% discount from retail prices at certain independent Lasik participating providers and pay no more than \$1,800 per eye for Conventional Lasik and \$2,300 per eye for Custom Lasik.

\*with IntraLase™

\*\*Pricing varies by section procedure offered by the provider you choose and options in your area. Not all locations offer fixed pricing. Please call the provider for details

### 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.

### 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 network 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



## 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

## 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>

<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.

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

