

Humana Vision

VISION PLAN DESIGN CHART

		Humana Standard Plan		Humana Enriched Plan	
		In-Network	Out of Network Reimbursement	In-Network	Out of Network Reimbursement
Plan Frequencies	Exam	Once every Plan Year	12	Once every Plan Year	12
	Lenses	Once every Plan Year	12	Once every Plan Year	12
	Frames	Once every OTHER Plan Year	24	Once every Plan Year	12
(Co-payments)	Exam	\$0	Up to \$45 allowance	\$0	Up to \$45 allowance
	Retinal Imaging	Covered Person's Co-payment will never exceed \$39.	Applied to the allowance for the eye examination	Covered Person's Co-payment will never exceed \$39.	Applied to the allowance for the eye examination
	Lenses and/or Frames	\$10	See Below	\$10	See Below
Covered Lens Options	Transition/Photochromic	Paid in full	Paid in Full, up to \$38	Paid in full	Paid in Full, up to \$75
	Polycarbonate	Paid in full- children up to age 26/ \$40 charge for adults	Applied to the allowance for the applicable corrective lens	Paid in full	Applied to the allowance for the applicable corrective lens
	Progressive Standard/Premium Progressive	Paid in full	\$50	Paid in full	\$50
	Ultra Violet Coating	Paid in full	Applied to the allowance for the applicable corrective lens	Paid in full	Applied to the allowance for the applicable corrective lens
	Scratch Resistant Coating	\$15 copay	N/A	\$15 copay	N/A
Eye Exam		Paid in full	\$45	Paid in full	\$45
Lenses (per pair)	Single	Paid in full	\$40	Paid in full	\$40
	Bifocal	Paid in full	\$60	Paid in full	\$60
	Trifocal	Paid in full	\$80	Paid in full	\$80
	Lenticular	Paid in full	\$100	Paid in full	\$100
Contact Lenses (1)	Medically necessary	Paid in full	up to \$175	Paid in full	up to \$175
	Elective	up to \$120 (2)	up to \$120	up to \$120 (2)	up to \$120
	Contact lens Fitting Fee	Standard up to \$40 copay; Premium 10% off	Applied to allowance for contact lenses	Standard and premium covered in full after material copayment (2)	Applied to allowance for contact lenses
	Mail Order Contact	Online, in network provides an additional \$20 to the allowances at Contactsdirect.com	Allowed up to the allowances	Online, in network provides an additional \$20 to the allowances at contactsdirect.com	Allowed up to the allowances

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Frame		\$160 allowance/ 20% off balance over \$160	\$50 allowance	\$160 allowance/ 20% off balance over \$160	\$50 allowance
Lasik Surgery		Discounts averaging 15-20% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK, and Custom LASIK. Discounts only available from Humana participating facilities.	N/A	Discounts averaging 15-20% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK, and Custom LASIK. Discounts only available from Humana participating facilities.	NA
ADDITIONAL DISCOUNTS ON NON-PRESCRIPTION GLASSES AND NON-PRESCRIPTION SUNGLASSES (9)		20% Discount off additional complete pairs of non-prescription glasses and non-prescription sunglasses Including lens options.		20% Discount off additional complete pairs of non-prescription glasses and non-prescription sunglasses Including lens options.	
ADDITIONAL DISCOUNTS ON PRESCRIPTION GLASSES AND PRESCRIPTION SUNGLASSES (8)		40% Discount off additional complete pairs of prescription glasses and prescription sunglasses Including lens options.		40% Discount off additional complete pairs of prescription glasses and prescription sunglasses Including lens options.	
Calendar Year Deductible		None, after plan co-payments		None, after plan co-payments	
Calendar Year Maximum Benefit		Up to plan limits		Up to plan limits	
Lifetime Maximum Benefit		Unlimited		Unlimited	
Waiting Periods		None		None	

In-Network Optional Services

In-Network co-payments for below Optional Services. The Optional Services are not covered Out-of-Network.

	Humana Standard Plan		Humana Enriched Plan	
Non-Standard Lens Types	Executive Bif	Paid in full	Executive Bif	Paid in full
	Blended Bif	Paid in full	Blended Bif	Paid in full
Other Progressive Lenses (3)	Varilux Ellipse	Paid in full	Varilux Ellipse	Paid in full
	Varilux Physio	Paid in full	Varilux Physio	Paid in full
	Varilux Physio 360	Paid in full	Varilux Physio 360	Paid in full
	Kodak Unique	Paid in full	Kodak Unique	Paid in full
High Index Lenses (3)	Single Vision	20% discount	Single Vision	20% discount
	Varilux Comfort 1.60	\$0 + 20% off high index add on	Varilux Comfort 1.60	\$0 + 20% off high index add on
	Varilux Comfort 1.67	\$0 + 20% off high index add on	Varilux Comfort 1.67	\$0 + 20% off high index add on
	Varilux Panamic 1.60	\$0 + 20% off high index add on	Varilux Panamic 1.60	\$0 + 20% off high index add on
	Varilux Ellipse 1.67	\$0 + 20% off high index add on	Varilux Ellipse 1.67	\$0 + 20% off high index add on
	Varilux Physio 1.67	\$0 + 20% off high index add on	Varilux Physio 1.67	\$0 + 20% off high index add on
	Varilux Physio 360 1.67	\$0 + 20% off high index add on	Varilux Physio 360 1.67	\$0 + 20% off high index add on
	Kodak Unique 1.60	\$0 + 20% off high index add on	Kodak Unique 1.60	\$0 + 20% off high index add on
Polycarbonate Lenses for Adults (3)	Single Vision	\$40	Single Vision	Paid in full
	Kodak Concise	\$40	Kodak Concise	Paid in full
	Kodak Precise	\$40	Kodak Precise	Paid in full
	Kodak Precise Short	\$40	Kodak Precise Short	Paid in full
	Varilux Comfort	\$40	Varilux Comfort	Paid in full
	Varilux Panamic	\$40	Varilux Panamic	Paid in full
	Varilux Ellipse	\$40	Varilux Ellipse	Paid in full
	Varilux Physio	\$40	Varilux Physio	Paid in full
	Varilux Physio 360	\$40	Varilux Physio 360	Paid in full
Kodak Unique	\$40	Kodak Unique	Paid in full	
Glass Lenses Clear	RD. Seg	Paid in full	RD. Seg	Paid in full
	Flat Top 35	Paid in full	Flat Top 35	Paid in full
	Ultex	Paid in full	Ultex	Paid in full
	Executive	Paid in full	Executive	Paid in full
	Trifocal 7x35	Paid in full	Trifocal 7x35	Paid in full
Glass PGX Lenses	Single Vision	Paid in full	Single Vision	Paid in full
	Varilux Comfort	Paid in full	Varilux Comfort	Paid in full
Anti-Reflective Coatings	AR Coating (1 year warranty)	\$45	AR Coating(1 year warranty)	\$45
	Tinting (Color Lenses)	\$15	Tinting (Color Lenses)	\$15
	Crizal AR Coating	\$57	Crizal AR Coating	\$57
	Crizal Alize' AR Coating	\$68	Crizal Alize' AR Coating	\$68
	Crizal Alize' w/Clear Guard	\$68	Crizal Alize' w/Clear Guard	\$68
	Kodak Clear AR	\$57	Kodak Clear AR	\$57
Polarized Lenses	Single Vision	20% off retail	Single Vision	20% off retail
	Flat Top 28	20% off retail	Flat Top 28	20% off retail
	Varilux Comfort	Paid in full	Varilux Comfort	Paid in full

NOTES:

- (1) Program covers contact lenses in lieu of glasses lenses only.
- (2) Contact lens fit and up to 2 follow ups are covered in full for all standard/premium contact lenses, we do not limit to a select group. The entire \$120 allowance is available to purchase contact lens materials.
- (3) For high index, the member is only responsible for the high index retail cost less 20% discount. Polycarbonate progressive lenses would all be covered in full on the high option.
- (4) Additional \$25 off when using your vision insurance at Target Optical
- (5) \$25 towards a complete pair of glasses or Rx sunglasses at Pearle Vision. Can be combined with vision insurance benefits
- (6) \$20 off any purchase or \$50 off purchase of \$200 or more at Sunglass Hut
- (7) \$20 off at ContactsDirect.com
- (8) 40% off additional pairs of prescription glasses
- (9) 20% off additional pair of non-prescription glasses