

# Humana Vision

## VISION PLAN DESIGN CHART

		Humana Standard Plan		Humana Enriched Plan	
		In-Network	Out of Network Reimbursement	In-Network	Out of Network Reimbursement
<b>Plan Frequencies</b>	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
<b>Co-payments</b>	Exam	\$10 copay	Up to \$45 allowance	\$10 copay	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 copay	See Below	\$10 copay	See Below
<b>Covered Lens Options</b>	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	Paid in full	\$50	Paid in full	\$50
	Premium Progressive Tier 1 Tier 2 Tier 3 Tier 4	Paid in full Paid in full Paid in full Paid in full	Not covered Not covered Not covered Not covered	Paid in full \$120 copay \$135 copay \$90 copay, 80% of charge less \$120 allowance	Not covered Not covered Not covered Not covered
	Ultraviolet 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
<b>Eye Exam</b>		\$10 copay	\$45	\$10 copay	\$45
<b>Lenses (per pair)</b>	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
<b>Contact Lenses (1)</b>	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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<b>Frame</b>	\$160 allowance/ 20% off balance over \$160	\$50 allowance	\$160 allowance/ 20% off balance over \$160	\$50 allowance
<b>Lasik Surgery</b>	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
<b>ADDITIONAL DISCOUNTS ON NON-PRESCRIPTION GLASSES AND NON-PRESCRIPTION SUNGLASSES (9)</b>	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.	
<b>ADDITIONAL DISCOUNTS ON PRESCRIPTION GLASSES AND PRESCRIPTION SUNGLASSES (8)</b>	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.	
<b>Calendar Year Deductible</b>	None, after plan co-payments		None, after plan co-payments	
<b>Calendar Year Maximum Benefit</b>	Up to plan limits		Up to plan limits	
<b>Lifetime Maximum Benefit</b>	Unlimited		Unlimited	
<b>Waiting Periods</b>	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	
<b>Non-Standard Lens Types</b>	Executive Bif	Paid in full	Executive Bif	Paid in full
	Blended Bif	Paid in full	Blended Bif	Paid in full
<b>Other Progressive Lenses (3)</b>	Varilux Ellipse	Discontinued Lens	Varilux Ellipse	Discontinued Lens
	Varilux Physio	Paid in full	Varilux Physio	Tier 4: \$90 copay, 80% of charge less \$120 allowance
	Varilux Physio 360	Discontinued Lens	Varilux Physio 360	Discontinued Lens
	Kodak Unique	Paid in full	Kodak Unique	Tier 4: \$90 copay, 80% of charge less \$120 allowance
<b>High Index Lenses (3)</b>	Single Vision	20% discount	Single Vision	20% discount
	Varilux Comfort 1.60	\$0 + 20% off high index add on	Varilux Comfort 1.60	Prem Prog Tier 2: \$120 copay + 20% off high index add on
	Varilux Comfort 1.67	\$0 + 20% off high index add on	Varilux Comfort 1.67	Prem Prog Tier 2: \$120 copay + 20% off high index add on
	Varilux Panamic 1.60	\$0 + 20% off high index add on	Varilux Panamic 1.60	Prem Prog Tier 3: \$135 copay + 20% off high index add on
	Varilux Ellipse 1.67	Discontinued Lens	Varilux Ellipse 1.67	Discontinued Lens
	Varilux Physio 1.67	\$0 + 20% off high index add on	Varilux Physio 1.67	Prem Prog Tier 3: \$135 copay + 20% off high index add on
	Varilux Physio 360 1.67	Discontinued Lens	Varilux Physio 360 1.67	Discontinued Lens
	Kodak Unique 1.60	\$0 + 20% off high index add on	Kodak Unique 1.60	Prem Prog Tier 4: \$90 copay, 80% of charge less \$120 allowance + 20% off high index add on
<b>Polycarbonate Lenses for Adults (3)</b>	Single Vision	\$40	Single Vision	Paid in full
	Kodak Concise	Discontinued Lens	Kodak Concise	Discontinued Lens
	Kodak Precise	\$40	Kodak Precise	Prem Prog Tier 2: \$120 copay
	Kodak Precise Short	\$40	Kodak Precise Short	Prem Prog Tier 2: \$120 copay
	Varilux Comfort	\$40	Varilux Comfort	Prem Prog Tier 2: \$120 copay
	Varilux Panamic	\$40	Varilux Panamic	Prem Prog Tier 3: \$135 copay
	Varilux Ellipse	Discontinued Lens	Varilux Ellipse	Discontinued Lens
	Varilux Physio	\$40	Varilux Physio	Prem Prog Tier 3: \$135 copay
	Varilux Physio 360	Discontinued Lens	Varilux Physio 360	Discontinued Lens
	Kodak Unique	\$40	Kodak Unique	Prem Prog Tier 4: \$90 copay, 80% of charge less \$120 allowance
<b>Glass Lenses Clear</b>	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
<b>Glass PGX Lenses</b>	Single Vision	Paid in full	Single Vision	Paid in full
	Varilux Comfort	Paid in full	Varilux Comfort	Prem Prog Tier 2: \$120 copay

<b>Anti-Reflective Coatings</b>	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
<b>Polarized Lenses</b>	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	Prem Prog Tier 2: \$120 copay

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 be covered at the applicable progressive Tier copay on the Enhanced Plan and Paid in full-children up to age 26/ \$40 copay for adults on the Standard plan.
- (4) Additional \$50 off multifocal lenses or \$25 off single vision lenses when using your vision insurance at Target Optical for a complete pair of purchase. Up to \$150 instant savings off an annual supply of contact lenses from Target Optical.
- (5) \$50 off a complete pair purchase at Pearle Vision. Can be combined with vision insurance benefits
- (6) Members who visit an in-network provider for their annual exam receive a \$25 voucher to use at Sunglass Hut.
- (7) 10% off at ContactsDirect.com
- (8) 40% off additional pairs of prescription glasses
- (9) 20% off additional pair of non-prescription glasses

\*Special offers and savings #4-9 above are subject to change. See flyer for current Special offers.