



Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)	
Exam with dilation as necessary • Retinal imaging ¹	\$10 Up to \$39	Up to \$30 Not covered	
Contact lens exam options ² • Standard contact lens fit and follow-up • Premium contact lens fit and follow-up	Up to \$40 10% off retail	Not covered Not covered	
Frames ³	\$130 allowance 20% off balance over \$130	\$65 allowance	
Standard plastic lenses ⁴ • Single vision • Bifocal • Trifocal • Lenticular	\$15 \$15 \$15 \$15	Up to \$25 Up to \$40 Up to \$60 Up to \$100	
 Covered lens options ⁴ UV coating Tint (solid and gradient) Standard scratch-resistance Standard polycarbonate - adults Standard polycarbonate - children <19 Standard anti-reflective coating Premium anti-reflective coating Tier 1 - Tier 2 - Tier 3 Standard progressive (add-on to bifocal) Premium progressive - Tier 1 - Tier 2 - Tier 3 - Tier 4 Photochromatic / plastic transitions Polarized 	\$15 \$15 \$40 \$40 \$45 Premium anti-reflective coatings as follows: \$57 \$68 80% of charge \$15 Premium progressives as follows: \$110 \$120 \$135 \$90 copay, 80% of charge less \$120 allowance \$75 20% off retail	Not covered Premium anti-reflective coatings as follows: Not covered Not covered Not covered Up to \$40 Premium progressives as follows: Not covered	
Contact lenses 5 (applies to materials only) • Conventional • Disposable • Medically necessary	\$130 allowance, 15% off balance over \$130 \$130 allowance \$0	\$104 allowance \$104 allowance \$200 allowance	



Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Frequency		
ExaminationLenses or contact lensesFrame	Once every 12 months Once every 12 months Once every 24 months	Once every 12 months Once every 12 months Once every 24 months
Diabetic Eye Care: care and testing for diabetic members		
ExaminationUp to (2) services per year	\$0	Up to \$77
 Retinal Imaging Up to (2) services per year 	\$0	Up to \$50
 Extended Ophthalmoscopy Up to (2) services per year 	\$0	Up to \$15
GonioscopyUp to (2) services per year	\$0	Up to \$15
• Scanning Laser - Up to (2) services per year	\$0	Up to \$33

Optional benefits

¹ Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.

² Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.

³ Discounts may be available on all frames except when prohibited by the manufacturer.

⁴ Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.

⁵ Plan covers contact lenses or frames, but not both.

Additional plan discounts

- Member may receive a 20% discount on items not covered by the plan at network Providers. Members may contact their participating provider to determine what costs or discounts are available. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name Vision Materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.
- Members may also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure, performed by specialty trained providers, this discount may not always be available from a provider in your immediate location.

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.¹

¹ Thompson Media Inc.



Questions?

Check out Humana.com
Call 1-866-995-9316 seven days a week:
8 a.m. to 6 p.m. Eastern Time
Monday through Saturday and
11 a.m. to 8 p.m. Sunday.



Limitations and Exclusions:

In addition to the limitations and exclusions listed in your "Vision Benefits" section, this policy does not provide benefits for the following:

- 1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
- 2. Services:
 - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
 - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
 - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
- 3. Any loss caused or contributed by:
 - War or any act of war, whether declared or not;
 - Any act of international armed conflict; or
 - Any conflict involving armed forces of any international authority.
- 4. Any expense arising from the completion of forms.
- 5. Your failure to keep an appointment.
- 6. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
- 7. Prescription drugs or pre-medications, whether dispensed or prescribed.
- 8. Any service not specifically listed in the Schedule of Benefits.
- 9. Any service that we determine:
 - Is not a visual necessity;
 - Does not offer a favorable prognosis;
 - Does not have uniform professional endorsement; or
 - Is deemed to be experimental or investigational in nature.
- 10. Orthoptic or vision training.
- 11. Subnormal vision aids and associated testing.
- 12. Aniseikonic lenses.
- 13. Any service we consider cosmetic.
- 14. Any expense incurred before your effective date or after the date your coverage under this policy terminates.

- 15. Services provided by someone who ordinarily lives in your home or who is a family member.
- 16. Charges exceeding the reimbursement limit for the service.
- 17. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
- 18. Plano lenses.
- 19. Medical or surgical treatment of eye, eyes, or supporting structures.
- 20. Replacement of lenses or frames furnished under this plan which are lost or broken, unless otherwise available under the plan.
- 21. Any examination or material required by an Employer as a condition of employment.
- 22. Non-prescription sunglasses.
- 23. Two pair of glasses in lieu of bifocals.
- 24. Services or materials provided by any other group benefit plans providing vision care.
- 25. Certain name brands when manufacturer imposes no discount.
- 26. Corrective vision treatment of an experimental nature.
- 27. Solutions and/or cleaning products for glasses or contact lenses.
- 28. Pathological treatment.
- 29. Non-prescription items.
- 30. Costs associated with securing materials.
- 31. Pre- and Post-operative services.
- 32. Orthokeratology.
- 33. Routine maintenance of materials.
- 34. Refitting or change in lens design after initial fitting, unless specifically allowed elsewhere in the certificate.
- 35. Artistically painted lenses.

Humana Vision products insured by Humana Insurance Company, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc. or Humana Insurance Company of New York.

This is not a complete disclosure of the plan qualifications and limitations. Specific limitations and exclusions as contained in the Regulatory and Technical Information Guide will be provided by the agent. Please review this information before applying for coverage.

NOTICE: Your actual expenses for covered services may exceed the stated cost or reimbursement amount because actual provider charges may not be used to determine insurer and member payment obligations.





Besides checking for changes in your vision, your eye doctor can check for common eye conditions like glaucoma.

An eye exam can also uncover other health issues, such as high blood pressure and diabetes. If you have diabetes, most Humana Vision plans have additional coverage for the care and testing you need to help manage your condition.

Humana Vision Plan makes good eye health easy and budget friendly

- Get an annual eye exam for \$10
- Choose from more than 70,000 eye doctors, in the Humana Insight Network, available in more than 24,000 locations including LensCrafters®, Pearle Vision®, Target Optical®, Sears® Optical, JCPenney Optical and many other private practioners

How you can save with Humana Vision

		Retail cost	Cost with Humana Vision	Potential savings
0	Exam	\$70	\$10	\$60
\bigcirc	Frames	\$225	\$52	\$173
	Varilux Comfort (premium progressives)	\$250	\$60	\$190
	Crizal Easy (anti-reflective)	\$150	\$22	\$128 Rollmost
\$	Total	\$695	\$144	\$551 cost

Data is based on the Humana Vision 160 plan. Example is for illustration purposes only, and individual results may vary.

Humana.

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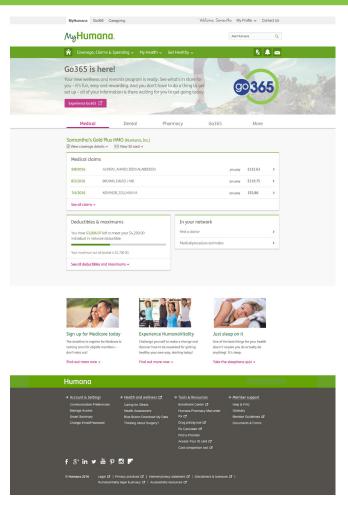
How to view a copy of your vision identification (ID) card

What do I do if I need to visit my provider and I haven't received my Humana member ID card?

You will have access to view and print your vision ID card via the website.

Here's how

- Go to Humana.com and sign in/register for MyHumana. Have your Humana member ID card or Social Security number available.
- Click "Access your ID Card" under "Tools & Forms" in the lower right of your MyHumana home page or in the page's footer under "Tools & Resources."
- A new window will appear with links to the ID card or proof of coverage.
- · Print if desired.



Call Member Services at **1-877-398-2980** for assistance or more information







Employees have a realistic way to try on glasses digitally:



Find frames
Thousands of styles
rendered instantly
in 3D



See from any angle See how frames look from side to side



Share on Social Media Get the opinions of family friends

In-network now means online

We're changing the way benefits work - because online purchases of prescription glasses is projected to increase by 15% over the next 10 years. And now that Glasses.com is in our network, members can go online to buy glasses anytime, from anywhere. And the best part is that they can use their in-network benefits.

It's easy:

- Members can find a pair they love from thousands of name-brand frames
- Snap and send a picture of the prescription – or have Glasses.com call the provider for it
- Lenses available for most prescriptions (including progressives and multifocals)
- Orders fulfilled and shipped the following day – and it's free!
- All supported by the award winning² photorealistic and geometrically accurate 3D virtual "try-on" app for iPad and iPhone

Try glasses on at home

Risk Free



We'll send members frames they like in their prescription



They can wear them for 15 days



They can keep them – or send them back – all with free shipping

See how our vision is changing reality

Download the app or visit Glasses.com today

¹Estin & Co, 2013 estimates and analysis; Essilor International ²2014 Cannes Lions Festival, Bronze Award for "Creative Use of Technology"

CONTACTSDIRECT





Members can now use their contact lens allowance online

We know that even though employees are busy, they always have a mobile device ready or a computer nearby. That's why they can order contact lenses online using ContactsDirect when they need to - without leaving their homes. And the best part is that they can use their in-network benefits to make sure they're getting the best price around.

Plus, members can be sure that they can find what they need because ContactsDirect stocks the best-selling brands. The site also offers a best-in-class user experience that allows users to view their eligibility and available allowance (with application directly in their shopping cart). All with fast, free shipping!

And don't worry, for members who still prefer to visit their eve doctor in person to purchase contacts lenses, nothing has changed. ContactsDirect is just one more way we're helping employees see life to the fullest.

73% of brokers agree that online, in-network options are of high value for their clients.**

Check out this new, online in-network benefit that you can offer to employees, visit us at www.contactsdirect.com

It's an easy ordering process:



Members will go to contactsdirect.com



They'll select their lenses from a wide selection of top selling brands



In-network vision benefits instantly apply to their purchase price



Contact lenses will ship as soon as the prescription is verified- most even ship that same day

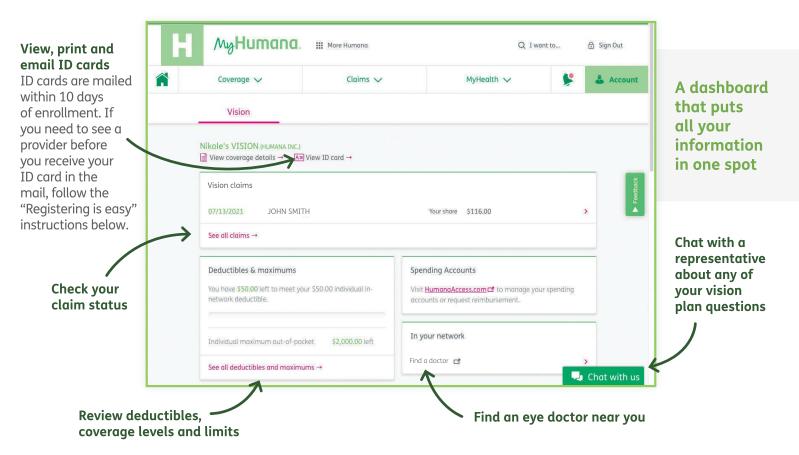
^{*}ContactsDirect will abide by state laws that pertain to contact lens. **EyeMed internal research study, 2014
*** Members whose prescriptions are more than a year old will need an updated prescription to make an online or in-person purchase using their benefits.



Your personal MyHumana account gives you quick, convenient and secure access to your Humana vision plan information. It's available anytime, anywhere.



Get quick access to your vision plan



Registering is easy

- **1.** Go to **Humana.com/Register** and "Start activation now".
- 2. Confirm member information. Enter your member ID number (or Social Security number), date of birth, and ZIP code.
- **3.** Create a username, password and security prompt and choose "Next" to finish.





* Message and data rates may apply.

Find a doctor with Physician Finder Plus®

Physician Finder Plus is Humana's online **provider look-up** tool. It's your guide to the latest information about providers in Humana's network.

The tool provides the names, addresses and phone numbers of in-network providers. You can choose to sort your results by specialty or distance from your home or office.

To find a participating provider, visit **Humana.com** and in the **Find a doctor or pharmacy** section, click on **Search**. You will need your ZIP code and plan type to help narrow your search. This service is also available on MyHumana and the MyHumana Mobile app for your smart phone.

If you need more assistance finding an in-network provider, call the Customer Care number on the back of your Humana member ID card.



To find a participating provider, click on **Start your search** and then enter your ZIP code and plan type.

Discrimination is against the law

Humana Inc. and its subsidiaries comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Humana Inc. and its subsidiaries provide:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call **1-877-320-1235**, or if you use a TTY, call **711**.

If you believe that Humana Inc. and its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances

P.O. Box 14618

Lexington, KY 40512-4618



Humana.com

Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
 Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
 If you need help filing a grievance, call 1-877-320-1235 or if you use a TTY, call 711.
- You can also file a civil rights complaint with the U.S. Department of Health and Human Services,
 Office for Civil Rights electronically through their Complaint Portal, available at https://ocrportal.hhs.gov/ocr/
 portal/lobby.jsf, or at U.S. Department of Health and Human Services, 200 Independence Avenue, SW,
 Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms
 are available at https://www.hhs.gov/ocr/office/file/index.html.
- California residents: You may also call California Department of Insurance toll-free hotline number: 1-800-927-HELP (4357), to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística. **繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí. **한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오 .

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis. **Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

(Farsi) فارسى

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wódahí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé niká'adoowoł.

(Arabic) العربية

GCHJV5REN 0220

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك