

Vision care services	See a participating provider	See a nonparticipating provider
Exam with dilation as necessary	\$10 copay	\$35 allowance
Contact lens exam options*		
Standard contact lens fit and follow-up	Up to \$55	not available
Premium contact lens fit and follow-up	10% off retail	not available
Frames		
Discounts available on all frames except when prohibited by the manufacturer.	\$100 allowance, 20% off balance over \$100	\$50 allowance
Standard plastic lenses		
Single vision	\$25 copay	\$25 allowance
Bifocal	\$25 copay	\$40 allowance
Trifocal	\$25 copay	\$55 allowance
Lens options		
UV coating	\$15 copay	not available
Tint (solid and gradient)	\$15 copay	not available
Standard scratch-resistance	\$15 copay	not available
Standard polycarbonate†	\$40 copay	not available
Standard anti-reflective coating	\$45 copay	not available
Standard progressive (add-on to bifocal)	\$65 copay	not available
Other add-ons and services	20% off retail price	not available
Contact lenses (applies to materials only)		
Conventional	\$115 allowance, 15% off balance over \$115	\$92 allowance
Disposable	\$115 allowance	\$92 allowance
Medically necessary	\$0 copay, paid-in-full	\$200 allowance
Frequency		
Examination	Once every 12 months	Once every 12 months
Frame	Once every 24 months	Once every 24 months
Lenses or contact lenses	Once every 12 months	Once every 12 months

* **Standard contact lens fitting:** spherical clear contact lenses in conventional wear and planned replacement (examples include but not limited to disposable, frequent replacement, etc.)

Premium contact lens fitting: all lens designs, materials and specialty fittings other than standard contact lenses (examples include toric, multifocal, etc.)

† Standard polycarbonate available at no charge to dependents to 19 years old. All other members pay a fixed charge of \$40.

Questions?

Check out HumanaVisionCare.com

Call 1-888-439-3633 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.

Additional plan discounts

- › Member will receive a 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services or contact lenses. Retail prices may vary by location.
- › Members also receive a 40% discount off complete eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.
- › Members 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. For a location near you and the discount authorization, please call 1-877-5LASER6.
- › After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member.

Plan limitations and exclusions

- › Lost or broken materials are not covered.
- › Discounts do not apply for benefits provided by other group benefit plans. Allowances are one-time use benefits; no remaining balance.
- › Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing.
- › Medical and/or surgical treatment of the eye, eyes, or supporting structures.
- › Services provided as a result of any Worker's Compensation law.
- › Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan.
- › Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).
- › Services or materials provided by any other group benefit providing for vision care.
- › Two pair of glasses in lieu of bifocals.
- › Aniseikonic lenses.

HUMANA
Guidance when you need it most

Vision products insured by Humana Insurance Company or Humana Insurance Company of Kentucky or Humana Health Benefit Plan of Louisiana, Inc.

This is not a complete disclosure of 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

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