

Vision Benefit Summary

Welcome to Humana/CompBenefits!

When you consider that vision accounts for 90 percent of our sensory perception, it's easy to see why maintaining good eye health is critical to everyday life. Humana/CompBenefits' VisionCare Plan provides the eye care services and materials that you and your family need to protect your eyesight. It's convenient and easy to use!



This is what you receive with Humana/CompBenefits' VisionCare Plan:

<i>Benefit</i>	<i>Frequency</i>	<i>Co-payments with Humana/CompBenefits Provider</i>	<i>Non Network Benefits - Plan pays (copays do not apply)</i>
Vision Health Exam	Every Calendar Year	\$10 (Glasses or Contacts)	\$35
Lenses:	Every Calendar Year	\$25 lenses and frames	
Single Vision			\$25
Bifocal			\$40
Trifocal			\$60
Lenticular			\$100
Lens Options:		\$52 to \$135	No benefit
Progressive			No benefit
(Levels I-VI)			No benefit
UV Coating		\$15	No benefit
Standard Scratch Coating		\$16	No benefit
Anti-Reflection		\$44 1-year warranty	No benefit
Additional Lens Options		Available to members at the wholesale cost	No benefit
Frames:	Every Calendar Year	\$45 wholesale allowance - approximately \$105 to \$135 retail. Over 23,000 frames covered in full	\$45 retail
Contact Lenses*:	Every Calendar Year	\$130 allowance	\$130 allowance
Conventional			
Disposables			
Medically Necessary		covered in full	\$210 allowance
* If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits. This allowance is applied toward both your contact lenses and fitting fee for in-network and toward your exam, contact lenses and fitting fee for out-of-network.. Your plan includes a discount off the cost of your contact lens exam when obtained from a Humana/CompBenefits/VisionCare provider.			
**Laser Vision Correction		\$ 895 Conventional \$1295 Custom \$1895 Custom Bladeless	No benefit

** Members must call TLC Vision Advantage Program at 888.358.3937 to initiate services. If a member chooses another participating LASIK location, the member will receive a 10% discount from the provider and pay no more than \$1,800 per eye for the Conventional LASIK procedure and \$2,300 per eye for Custom LASIK.

Please refer to your Schedule of Benefits for complete details.

ID Cards:

Accessing your vision benefit is easy. Before scheduling an appointment for eye care, look at the list of network doctors in your area. Select a doctor from the list and call for an appointment. Identify yourself as a VisionCare Plan member and give your doctor your plan information. At the time of your appointment, simply show your ID card and sign the VisionCare Plan form. It's that easy!

If you choose an Out-of-Network eye doctor, pay the entire charge at the time of your visit and send your itemized bill to us for payment, according to your Schedule of Benefits. Keep a copy for your records but send the original to:

CompBenefits, 1511 N Westshore Blvd Suite 1000, Tampa, FL 33607.

<i>Monthly rates for each category</i>	
Employee Only	\$6.76
Spouse	\$5.06
1 Child	\$3.57
Children	\$4.46

<i>Monthly Cumulative rates for each category</i>	
Employee Only	\$6.76
Employee + Spouse	\$11.82
Employee + Spouse and Child	\$15.39
Employee + Child	\$10.33
Employee + Children	\$11.22
Employee + Spouse and Children	\$16.28

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