

# Vision health impacts overall health

Eye health exams are an important part of routine preventive healthcare. Because many eye and vision conditions have no obvious symptoms, you may be unaware of problems. Early diagnosis and treatment are important for maintaining good vision and preventing permanent vision loss. <sup>1</sup>

Vision care is essential to maintaining a healthy lifestyle. Eye exams can detect symptoms of diseases such as diabetes, hypertension, multiple sclerosis, brain tumors, osteoporosis, and rheumatoid arthritis. <sup>2</sup>

## Exceptional service

You expect exceptional service, and we deliver. You can talk to a Customer Care specialist from 7:30 a.m. - 11 p.m. Monday – Saturday, and 11 a.m. - 8 p.m. Sunday, Eastern time. Our specialists resolve more than 95 percent of member inquiries during the first call.



## How the Vision Care Plan works

1. After signing up for the Vision Care Plan, you'll receive an ID card in the mail.
2. Prior to scheduling your appointment, select a participating provider through the Customer Care center, automated information line, or [HumanaVisionCare.com/custom/fl](http://HumanaVisionCare.com/custom/fl)
3. Schedule an appointment, providing your name, patient's name, and employer
4. Sign your provider's Vision Care Plan form after your exam. You'll pay any copays and/or costs of any upgrades at that time.

<sup>1</sup> American Optometric Association

<sup>2</sup> Thompson Media Inc.

## Affordable frames

Benefits include a wholesale frame allowance. If the wholesale cost exceeds the frame allowance, employees pay twice the wholesale difference. They never pay full retail.

Retail price *	Wholesale price	Wholesale allowance	Member pays	Savings
\$150-\$225	\$75	\$75	\$0	\$150-\$225
\$200-\$300	\$100	\$75	\$50 (\$100-\$75=\$25x2=\$50)	\$150-\$250

\*Retail costs may differ and are based on two to three times the wholesale cost. Actual savings may vary.



LENSCRAFTERS®

PEARLE VISION®

JCPenney . Optical

Sears  
Optical

OPTICAL®

**Vision Care Plan**  
(including exam and materials)

	See a participating provider	See a nonparticipating provider
Exam with dilation as necessary <sup>1</sup>	100% after \$10 copay	\$40 allowance
Lenses		
Single	100% after \$10 copay	\$40 allowance
Bifocal	100% after \$10 copay	\$60 allowance
Trifocal	100% after \$10 copay	\$80 allowance
Frames	\$75 wholesale allowance	\$60 retail allowance
Contact lenses <sup>2</sup>		
Elective (conventional and disposable) <sup>3</sup>	\$150 allowance	\$75 allowance
Medically necessary (limit one pair) <sup>4</sup>	100%	\$100 allowance
Frequency (based on date of service)		
Examination	Once every 12 months	Once every 12 months
Lenses or contact lenses	Once every 12 months	Once every 12 months
Frame	Once every 24 months	Once every 24 months

Monthly member rates

People First Benefit Plan Code: 3004

Employee only	\$ 6.32
Employee and spouse	\$ 12.48
Employee and child(ren)	\$ 12.34
Employee and family	\$ 19.38

Additional plan discounts through participating providers

- Members receive additional fixed copayments on lens options including progressive lens and polarized styles.
- Members also receive a 20% retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam and available through the participating provider who sold the initial pair of eyeglasses.
- After copay, standard polycarbonate available at no charge for dependents less than 19 years old.
- Members' \$25 scratch-resistant lens allowance covers factory and premium scratch-resistant coatings at no additional payment.
- Members' \$50 anti-reflective lens allowance covers standard and premium anti-reflective (AR) coating products at no additional payment.

<sup>1</sup> Material copay is required for a complete pair of eyeglasses, lenses or frames.

<sup>2</sup> If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames).

<sup>3</sup> The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members may be eligible to receive up to a 15 percent discount on participating provider professional services. The discount for professional services is available for 12 months after the covered eye exam.

<sup>4</sup> Benefit provides coverage for professional services and one pair of medically necessary contact lenses with prior plan authorization.

## HumanaVision Lasik discount

We have contracted with many well-known facilities and eye doctors to offer Lasik procedures at substantially reduced fees. You can take advantage of these low fees when procedures are done by network providers. Participants receive a 25 percent discount off the usual and customary price or a 5 percent off advertised promotions or specials for LASIK services provided by in-network providers, whichever discount is greater. The discount includes consultations, laser procedure, follow-up visits and any additional necessary corrective procedures.



## Limitations and exclusions

The Vision Care Plan provides a complete analysis of the eyes and related structures to determine vision problems or other abnormalities once every 12 months. The plan covers any lenses needed for the patient's visual welfare as determined by the network doctor. Certain lenses such as those described in the "Limitations" are cosmetic in nature and are not necessary for the visual welfare of the patient. The extra cost of these must be borne by the patient. The plan offers a wide selection of frames every 24 months. The plan covers contact lenses every 12 months. The contact lens allowance replaces the lens and frame benefits, and plan co-payments do not apply for the contact lens allowance.

### Limitations

In no event will coverage exceed the lesser of:

1. The actual cost of covered services or materials
2. The limits of the policy, shown in the Schedule of Benefits or
3. The allowance as shown in the Schedule of Benefits

Materials covered by the policy that are lost or broken will only be replaced at normal intervals as provided for in the Schedule of Benefits.

We will pay only for the basic cost for lenses and frames covered by the policy. The insured is responsible for extras selected, including but not limited to:

1. Blended lenses
2. Progressive multifocal lenses
3. Photochromatic lenses; tinted lenses, sunglasses, prescription and plano
4. Coating of lens or lenses
5. Laminating of lens or lenses
6. Groove, drill or notch, and roll and polish; unless otherwise specifically listed as a covered benefit in the Schedule of Benefits

### Exclusions

We will not cover:

1. Orthoptic or vision training and any associated supplemental testing
2. Two pair of glasses, in lieu of bifocals, trifocals or progressives
3. Medical or surgical treatment of the eyes
4. Any services and/or materials required by an employer as a condition of employment
5. Any injury or illness covered under any Workers' Compensation or similar law
6. Sub-normal vision aids, aniseikonic lenses or non-prescription lenses
7. Charges incurred after: (a) the policy ends; or (b) the insured's coverage under the policy ends, except as stated in the policy
8. Experimental or non-conventional treatment or device
9. Contact lenses, except as specifically covered by the policy
10. Hi index, aspheric and non-aspheric styles
11. Oversized 61 and above lens or lenses
12. Cosmetic items, unless otherwise specifically listed as a covered benefit in the Schedule of Benefits