



VISION

Vision
wellness
is in **sight**



Humana®



Vision plans are definitely worth a closer look



There's more to vision health than getting an annual eye exam. It not only makes sure you're seeing clearly, but also supports your eye and overall health. A yearly eye exam monitors your vision and eye health for things like glaucoma and cataracts, and signs of medical conditions, including diabetes and high blood pressure.

Why sign up for vision benefits?



Get an annual eye exam for \$0 when you see an in-network doctor. And, they may help detect or prevent other eye or health conditions.



Easily find an eye doctor near home, work or away with independent, retail and online options.

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS

PEARLE
VISION

OPTICAL

Walmart

Ray-Ban

GLASSES.COM

contactsdirect

sam's club



Save an average of 80% off retail prices for glasses and contacts with our fixed copays and allowances.



Plus, **caring for you is at the heart of everything we do** so we make it easy for you to get the help you need – when you need it. Our service teams are always ready to help and answer your questions.



Review the benefit information in this guide to help you choose a vision plan that's right for you.

* Eye exams not covered on Humana Vision Materials only plans.



Humana Custom Vision PLUS

Louisiana State University Agricultural and Mechanical College

Louisiana

Services	In-network PLUS provider (Member cost)	In-network provider (Member cost)	Out-of-network provider (Reimbursement)
Exam with dilation as necessary	\$0	\$0	Up to \$40
Retinal imaging* ¹	Up to \$39	Up to \$39	Not covered
Contact lens exam²			
Standard contact lens fit and follow-up*	Up to \$40	Up to \$40	Not covered
Premium contact lens fit and follow-up*	10% off retail	10% off retail	Not covered
Frames³	\$200 allowance, 20% off balance over \$200	\$150 allowance, 20% off balance over \$150	\$91 allowance
Standard plastic lenses			
Single vision	\$0	\$0	\$30
Bifocal	\$0	\$0	\$50
Trifocal	\$0	\$0	\$70
Lenticular	\$0	\$0	\$70
Lens options⁴			
UV coating*	\$0	\$0	Up to \$5
Tint (solid and gradient)*	\$0	\$0	Up to \$5
Standard scratch-resistance*	\$0	\$0	Up to \$5
Standard polycarbonate - Adults*	\$40	\$40	Up to \$5
Standard polycarbonate - Children <19	\$0	\$0	Up to \$5
Standard anti-reflective coating*	\$45	\$45	Up to \$5
Premium anti-reflective coating*			
• Tier 1	\$57	\$57	Up to \$5
• Tier 2	\$68	\$68	Up to \$5
• Tier 3	\$85	\$85	Up to \$5
Standard progressive (add-on to bifocal)	\$0	\$0	Up to \$50
Premium progressive			
• Tier 1	\$0	\$0	Up to \$50
• Tier 2	\$95	\$95	Up to \$50
• Tier 3	\$110	\$110	Up to \$50
• Tier 4	\$175	\$175	Up to \$50
Photochromatic / Plastic transitions*	\$75	\$75	Not covered
Polarized*	20% off retail	20% off retail	Not covered

*This service is not a covered benefit under your insurance policy. However, this service may be available to members from participating providers at the discounted rate shown. Members should confirm pricing with their provider.



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Services	In-network PLUS provider (Member cost)	In-network provider (Member cost)	Out-of-network provider (Reimbursement)
Contact lenses⁵ (applies to materials only)			
Conventional	\$130 allowance, 15% off balance over \$130	\$130 allowance, 15% off balance over \$130	\$91 allowance
Disposable	\$130 allowance	\$130 allowance	\$91 allowance
Medically necessary	\$0	\$0	\$210 allowance
Frequency			
Examination	Once every 12 months	Once every 12 months	Once every 12 months
Lenses or contact lenses	Once every 12 months	Once every 12 months	Once every 12 months
Frame	Once every 12 months	Once every 12 months	Once every 12 months
Diabetic eye care: Care and testing for diabetic members			
Examination • Up to (2) services per year	\$0	\$0	Up to \$77
Retinal imaging • Up to (2) services per year	\$0	\$0	Up to \$50
Extended Ophthalmoscopy • Up to (2) services per year	\$0	\$0	Up to \$15
Gonioscopy • Up to (2) services per year	\$0	\$0	Up to \$15
Scanning laser • Up to (2) services per year	\$0	\$0	Up to \$33

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

²Standard 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.

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

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

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

Optional benefits

12-month frame benefit

Benefit replaces the 24-month frequency of the base plan.



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Additional plan discounts

- Members 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 may 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.



Questions?

Visit [Humana.com](https://www.humana.com) or call **877-398-2980**
Monday – Saturday, 8 a.m. – 11 p.m., and
Sunday, 11 a.m. – 8 p.m., Eastern time.
Find a vision provider at [Humana.com/find-care](https://www.humana.com/find-care)



Register today!

Register or sign in to MyHumana at [Humana.com](https://www.humana.com)
to view your coverage details, ID cards, manage
claims, find a vision provider and more!



Limitations and exclusions (all services):

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.

Offered by Humana Health Benefit Plan of Louisiana, Inc.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our insurance benefit plans. Our insurance benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

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.

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, ethnicity, marital status, religion, or language. 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 **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, **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: **800-927-HELP (4357)**, to file a grievance.

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

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

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한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

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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。

فارسی (Farsi)

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

Diné Bizaad (Navajo): Wóda'í béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

GCHJV5REN 0721

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك



How to find a vision doctor in the network

Visiting a vision provider in the Humana network ensures you're getting the lowest cost when using your vision benefits. To find an in-network doctor, follow these steps:



Step 1:

Scan the QR code or click on this [Find an eye doctor](#) link to search for eye doctors in the **Humana Vision PLUS** plan network.

Step 2:

Search for an eye doctor using your location to find a doctor in your area, or search by a doctor's name



In-network online providers

You may also consider one of our many in-network online options including [Glasses.com](#), [ContactsDirect.com](#), [LensCrafters](#), [Ray-Ban](#), and [Target Optical](#).



What else comes with your Humana plan?

As a Humana member, you'll have access to other perks like our exclusive discounts on a variety of services that support your overall health and well-being.





Exclusive discounts for Humana members

Access to a variety of discounts that support your overall health and well-being

We understand the importance of your overall health and that's why we've carefully selected companies to team up with to offer special discounts Humana members can enjoy:

- **Vision care discounts** on LASIK, exams, glasses and contacts
- **Personalized dental products** for things like invisible teeth straightening aligners, teeth whitening, and dental devices with tracking and personalized feedback
- **Hearing aid options** in your area and online
- **Additional discounts** for things like weight loss, massage therapy, fitness devices, and more



To learn more about our exclusive discounts available after you enroll in a Humana plan, scan the QR code or download the flyer [here](#).

Humana 15%

Exclusive discounts for Humana members

Get special member rates on a variety of services and products from our exclusive network of providers. To learn more, visit [humana.com/exclusive](#).

To receive your exclusive discounts, sign in to MyHumana.com, go to the "More" tab at the top and click on "Exclusive" and then scroll down to "Special Discounts".

You have access to a variety of discounts that support your overall health and well-being.

Dental health	Eye health	Hearing
Discounts on dental services, including dental procedures for things like dental crowns, bridges, dentures, orthodontics, and more.	Special discounts that help you see better. Includes eye exams, contact lenses, glasses, and more.	Specialized hearing services with discounts on hearing aids and support. Includes hearing aids, hearing aids, and more.

*Additional discounts to things like weight loss, massage therapy, fitness devices, and more. Please contact your provider for more information on these discounts.

byte **Truthbrush** **Poptell+USA** **U.S. LASER** **QUALITY** **AUDICUS** **TRUHEARING**

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Manage your plan online

MyHumana: Your vision plan at your fingertips

Once you become a Humana vision plan member, you can register for MyHumana. You'll get quick and secure access to your vision plan information anytime, anywhere:

- Print your ID card
- Check your claims status
- Review coverage details
- Estimate your out-of-pocket costs ahead of time with the personal estimator tool
- Access special vision offers exclusively for Humana vision members

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العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

GCHJV5REN 0721

Humana group vision plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company of Kentucky, Humana Insurance Company of New York, CompBenefits Insurance Company, CompBenefits Company, or The Dental Concern, Inc. In Arizona, group vision plans insured by Humana Insurance Company. In New Mexico, group vision plans insured by Humana Insurance Company. This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans.

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For Colorado: The Network Access Plan, which describes an access plan specific to your network, is available by calling the customer service number found on your Humana Vision ID Card and requesting a copy.

For New Mexico: This is a limited policy. This is a vision only policy.

Members may receive discounts on items not covered by the plan from network providers. Members should contact their network provider to determine what discounts are available.

