| 1. Choose your exam/material ¹ copay: | □ \$10/\$15 □ \$15/\$15 □ \$15/\$20 □ \$20/\$20 | |
|--|--|--|
| 2. Choose your wholesale frame allowance: | □\$40 □\$45 □\$50 | Approximate retail value: (\$80 - \$120) (\$90 - \$135) (\$100 - \$150) |
| 3. Choose your elective contact lens allowance: | □ \$110 □ \$150 | |

| | See a participating provider | | See a nonparticipating provider | |
|--|---------------------------------------|--------------|--|----------------------|
| Exam with dilation as necessary | 100% after copay | | \$60 allowance | |
| Lenses | | | | |
| • Single | 100% after copay | | \$50 allowance | |
| • Bifocal | 100% after copay | | \$75 allowance | |
| • Trifocal | 100% after copay | | \$100 allowance | |
| Frames | Wholesale frame allowance option | | \$120 retail allowance | |
| Contact lenses ² | | | | |
| Elective (conventional and disposable)³ Medically necessary (limit one pair)⁴ | Contact lens allowance option 100% | | Contact lens allowance option \$210 allowance | |
| Frequency (based on date of service) | Examination | Lenses or co | ontact lenses | Frame |
| Option 1 | Once every 12 months | Once every | 12 months | Once every 12 months |
| Option 2 | Once every 12 months | Once every | 12 months | Once every 24 months |
| Additional plan discounts | | | | |

dditional plan discounts

• Members may receive additional fixed copayments on lens options including: anti-reflective and scratch-resistant coatings.

• By using a participating provider, members may be eligible to receive up to a 20 percent retail discount on a second pair of eyeqlasses, which is available for 12 months after the covered eye exam through the participating provider who sold the initial pair of eyeqlasses.

• After copay, standard polycarbonate available at no charge for dependents less than 19 years old.

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

- ² If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames) (Vision Care Plan only).
- ³ The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members visiting a participating provider may be eligible to receive up to a 15 percent discount. The discount for professional services is available for 12 months after the covered eye exam.

⁴ 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. The network locations listed below offer the following prices (per eye):

| | Conventional | / Traditional** | Custom** | | |
|--|---|---|--|---|--|
| TLC | | | | | |
| 888-358-3937 (designated locations only) | \$8 | 395 | \$1,295 | \$1,895* | |
| Lasik <i>Plus</i> 866-757-8082 | \$695* Lasik <i>Plus</i> free enhancements for 1 year | \$1,395* Lasik <i>Plus</i> free enhancements for life | \$1,895* Lasik <i>Plus</i> free enhancements for life | | |
| QualSight LASIK 855-456-2020 | \$895 QualSight free enhancements for 1 year | \$1,295 with QualSight Lifetime Assurance Plan | \$1,320 | \$1,995* with QualSight Lifetime Assurance Plan | |

*with IntraLase™

**Pricing varies by section procedure offered by the provider you choose and options in your area. Not all locations offer fixed pricing. Please call the provider for details

How does the wholesale frame allowance work?

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

| Retail price* | Wholesale price | Wholesale allowance | Member pays | Savings |
|---------------|-----------------|---------------------|------------------------------|----------|
| \$125 | \$50 | \$50 | \$0 | \$125 |
| \$187.50 | \$75 | \$50 | \$50 (\$75-\$50=\$25x2=\$50) | \$137.50 |

Retail costs may differ and are based on 2½ times the wholesale cost. Actual savings may vary.

Use your HumanaVision benefits

HumanaVision options have you covered and make eye care affordable. You have access to one of the largest vision networks in the United States, with more than 35,000 participating optometrist, ophthalmologists, and national retail locations, including LensCrafters[®], Pearle Vision[®], Sears[®] Optical, Target[®] Optical, and JCPenney[®] Optical. In addition you'll enjoy:

- The same benefits at all participating providers, no matter where they're located
- Wholesale pricing on frames, avoiding high retail markups
- Simple access to plan information, provider search, Customer Care and other automated services at **HumanaVisionCare.com**



LensCrafters' **Pearle Vision**

JCPenney Optical

How it Works

ID card in the mail

patient's name and employer



1. After signing up for your vision plan, you will receive an

2. Prior to scheduling your appointment, select a network

3. Schedule an appointment, providing your name, the

information line, or HumanaVisionCare.com

provider through the Customer Care Center, automated

4. Sign your provider's form after your exam, you'll pay any

copayments and/or costs of any upgrades at this time

You may receive a 10% discount

providers and pay no more than \$1,800 per eye for Conventional Lasik and \$2,300 per eye for



Know what your plan covers

Attached is a summary of HumanaVision benefits that are described in detail in your certificate. You can find your certificate on HumanaVisionCare.com or call 1-866-537-0229. Here's what you can expect:

- Quality routine eye health care from independent eye care professionals and national retail locations.
- Services and materials provided on a prepaid basis, and the plan pays in-network providers directly, you also have the freedom to use out-of-network providers if you prefer
- Life without claim forms! With HumanaVision, you pay your eye care professional directly for copayments and any extra cosmetic options selected at the time of service
- Select a vision provider from our network simply by visiting HumanaVisionCare.com, if you prefer, call us at 1-866-537-0229

Know what your plan doesn't cover

Some items and services not included in HumanaVision are:

- Orthoptics or vision training, subnormal vision aids or Plano (non-prescription) lenses
- Replacement of lost or broken lenses, except at the regularly-scheduled plan intervals
- Medical or surgical treatment of eyes
- Care provided through or required by any government agency or program, including Workers' Compensation or a similar law

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.

This is not a complete disclosure of plan qualifications and limitations. Check with your local Humana or HumanaDental sales office to verify product availability. Insured by Humana Insurance Company.

This Plan Option is available in CT, NH, MA, ME and VT.



