

## EyeMed Select Network

When a patient receives necessary vision services, they will be covered according to the following schedule.

Vision Care Services	Patient Cost	Out-of-Network Allowance
<b>Exam:</b>  Exam with Dilation as Necessary	\$0 Copay	N/A
<b>Frames, Lens &amp; Lens Options Packages:</b>  (Any frame, lens and lens options available at provider location.)	\$200 allowance for frame, lens and lens options, 20% off balance over \$200	N/A
<b>Contact Lenses:</b>  <i>(includes materials only)</i>  Conventional lenses  Disposable lenses	\$200 allowance, 15% off balance over \$200  \$200 allowance	N/A  N/A
<b>Frequency:</b>  Exam  Frame  Lenses or contacts	Once every 12 months  Once every 12 months  Once every 12 months	N/A  N/A  N/A

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## Additional Plan Details:

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After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. The contact lens benefit allowance is not applicable to this service. Details are available at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com).

Discounts do not apply for benefits provided by other group benefit plans. Allowances are one-time use benefits; no remaining balance.

Lost or broken materials are not covered.

Benefits are offered on an annual basis. If these benefits are changed or eliminated next year and the benefits have not been used, the member is no longer eligible for these benefits.

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## Additional Discounts:

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Member may receive a 20% discount on items not covered by the plan at in-network locations. Discount does not apply to Provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time.

Members may receive a 40% discount off complete pair eyeglass purchases and may receive a 15% discount off conventional contact lenses once the funded benefit has been used.

Member may receive a 15% discount off the retail price or may receive 5% off any promotional price of LASIK or PRK laser vision correction procedures. LASIK or PRK correction procedures are provided by the U.S. Laser Network, owned by LCA-Vision. Please note that since LASIK or PRK Vision Correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location, so members should first call 1-877-5LASER6 for the nearest facility and to receive authorization for the discount.

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Humana is a Medicare Advantage health maintenance organization (HMO) plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

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## 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, marital status, or religion. 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 **1-877-320-1235** 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/ocrportal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **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: **1-800-927-HELP (4357)**, to file a grievance.

### Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (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. 1-877-320-1235 (TTY: 711)

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

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

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

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**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 béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá' jiik'éh saad bee áká'ánída'áwo'déé' níká'adoowól.

**العربية (Arabic)**

GCHJV5REN 0220

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك