



Humana Vision plan

Miami Dade County Government

Summary of benefits

Vision member services

📞 877-398-2980

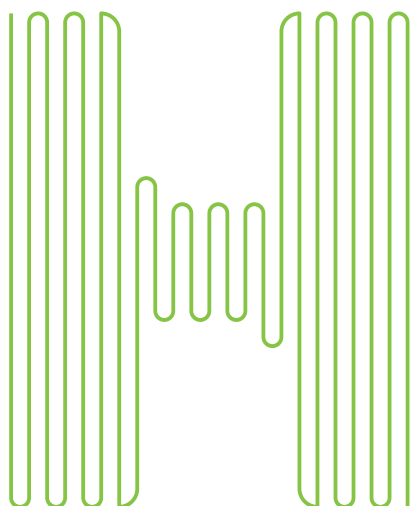
💻 <https://our.humana.com/miami-dade-county>

Humana®





Welcome to Humana



At Humana, we want to help take care of you — with benefits that make it easy for you to get the care you need, when you need it. With plan options designed to fit your health and wellness needs, your care is always at the core of what we do.

Review the information in this guide to see the benefits available to you.

Miami-Dade County

Standard

Benefit summary	In-network provider (Member cost)	Out-of-network provider (Reimbursement)
Routine eye exam Exam with dilation, as necessary Retinal imaging	\$0 Up to \$39	Up to \$45 allowance applied to the allowance for the eye examination
Materials copay Lenses and/or Frames	\$10	NA
Contact lens² exam options Standard contact lens fit and follow-up Premium contact lens fit and follow-up	Up to \$40 copay 10% off retail	Not covered Not covered
Frames	\$160 allowance, 20% off balance over \$160	\$50 allowance
Standard plastic lenses³ Single vision Bifocal Trifocall Lenticular	Paid in full Paid in full Paid in full Paid in full	Up to \$40 Up to \$60 Up to \$80 Up to \$100
Lense options³ UV coating Tint (solid and gradient) Standard scratch-resistance Standard polycarbonate <ul style="list-style-type: none"> • Adults • Children up to age 26 Standard anti-reflective coating Premium anti-reflective coating Standard progressive (add-on to bifocal) Premium progressive Photochromatic / plastic transitions Polarized	Paid in full \$15 \$15 \$40 Paid in full \$45 \$57-\$68 Paid in full Paid in full Paid in full 20% off retail	Not covered Not covered Not covered Not covered Not covered Not covered Not covered \$50 \$50 Up to \$38 Not covered
Contact lenses⁴ (applies to materials only) Conventional Medically necessary	Up to \$120 Paid in full	Up to \$120 Up to \$175
Frequency Examination Lenses or contact lenses Frames	Once every plan year Once every plan year Once every other plan year	12 12 24

Additional plan discounts

Member 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 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 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 specially trained providers, this discount may not always be available from a provider in your immediate location.

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

1. Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.
2. Standard 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.
3. Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.
4. Plan covers contact lenses or frames, but not both.

Limitations and exclusions:

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

This is not a complete disclosure of the plan qualifications and limitations. Specific limitations and exclusions as contained in the Regulatory and Technical Information Guide will be provided by the agent. Please review this information before applying for coverage.

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.

Miami-Dade County

Enriched

Benefit summary	In-network (after copayments)	Out-of-network (after copayments)
Routine eye exam Exam with dilation, as necessary Retinal imaging	\$0 Up to \$39	Up to \$45 allowance applied to the allowance for the eye examination
Materials copay Lenses and/or Frames	\$10	NA
Contact lens² exam options Standard contact lens fit and follow-up Premium contact lens fit and follow-up	Paid in Full, After material copay	Up to \$30 Up to \$30
Frames	\$160 allowance, 20% off balance over \$160	\$50 allowance
Standard plastic lenses³ Single vision Bifocal Trifocall Lenticular	Paid in full Paid in full Paid in full Paid in full	Up to \$40 Up to \$60 Up to \$80 Up to \$100
Lense options³ UV coating Tint (solid and gradient) Standard scratch-resistance Standard polycarbonate <ul style="list-style-type: none"> • Adults • Children up to age 26 Standard anti-reflective coating Premium anti-reflective coating Standard progressive (add-on to bifocal) Premium progressive Photochromatic / plastic transitions Polarized	Paid in full \$15 \$15 Paid in full Paid in full \$45 \$57-\$68 Paid in full Paid in Full Paid in full 20% off retail	Not covered Not covered Not covered Not covered Not covered Not covered Not covered \$50 \$50 Paid in full, up to \$75 Not covered
Contact lenses⁴ (applies to materials only) Conventional Medically necessary	Up to \$120 Paid in full	Up to \$120 Up to \$175
Frequency Examination Lenses or contact lenses Frames	Once every plan year Once every plan year Once every plan year	12 12 12

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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.
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25. Certain name brands when manufacturer imposes no discount.
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27. Solutions and/or cleaning products for glasses or contact lenses.
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29. Non-prescription items.
30. Costs associated with securing materials.
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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.

Vision discounts to help members see a complete picture

Humana knows that good vision health is important to overall health. That's why we're committed to making sure that members get the most value from their vision benefits.

Humana is making it easier to control out-of-pocket costs with discounts and rebates. We're looking out for our members with everything you'd expect from a vision plan, plus more. That's what we call human care.



A vast network

Our network consists of private practitioners including ophthalmologists and optometrists, LensCrafters, Target Optical and Pearle Vision; as well as online, in-network options, such as www.lenscrafters.com, www.glasses.com, www.contactsdirect.com and www.ray-ban.com.



Special offers

Examples of currently available special offers* are listed below. New and updated offers are added quarterly and annually

- **LASIK** - \$800 off LASIK, with the Wavelight Laser, at LasikPlus Vision Centers. Call 1-800-988-4221 or visit LasikPlus at www.speciallasikoffer.com/#/home to learn more.
- **Target Optical** - Additional \$25 off when using vision insurance at Target Optical. Show this page on your mobile device to redeem in-store, or visit www.targetoptical.com and use code 755044.
- **Pearle Vision** - \$25 toward a complete pair of glasses or Rx sunglasses at Pearle Vision. Can be combined with vision benefits or select offers.
- **Sunglass Hut** - \$20 off any purchase or \$50 off purchase of \$200 or more from Sunglass Hut.
- **www.Glasses.com** - Up to \$50 off any pair of designer sunglasses at www.glasses.com. Get \$50 off any nonprescription pair of designer



sunglasses above \$200 (promo code: 50sun20) or \$20 off any other nonprescription pair of sunglasses below \$200 (promo code: 20sun20), for a limited time only.

- **www.ContactsDirect.com** - 10% off at ContactsDirect.com. Save when buying your favorite contacts with coupon code CONTACT2021.
- **Special pricing, lens cleaners, croakie retainers, child and adult cases** - Special member pricing on lens cleaners, croakies retainers, child and adult cases. Visit <https://hveyeresource.comeyemed/> to see all the products that are available to purchase.
- **Prescription glasses** - 40% off second pair of prescription glasses from participating in-network providers.*
- **Sunglasses** - 20% off non-Rx sunglasses from participating in-network providers.*
- **Frames, lenses or lens options** - 20% off after coverage has reached its maximum for frames, lenses, or lens options at participating in-network providers.

*For vision plans with qualified materials benefits only. Not applicable for exam-only vision plans.

The discounts offered through this Discount Program are not insurance or insured benefits. The program is subject to change or may be discontinued, without notice and at any time.

*Restrictions may apply. Detailed terms and conditions for each available special member offer can be viewed on the Humana Vision Insight member microsite www.humana.com

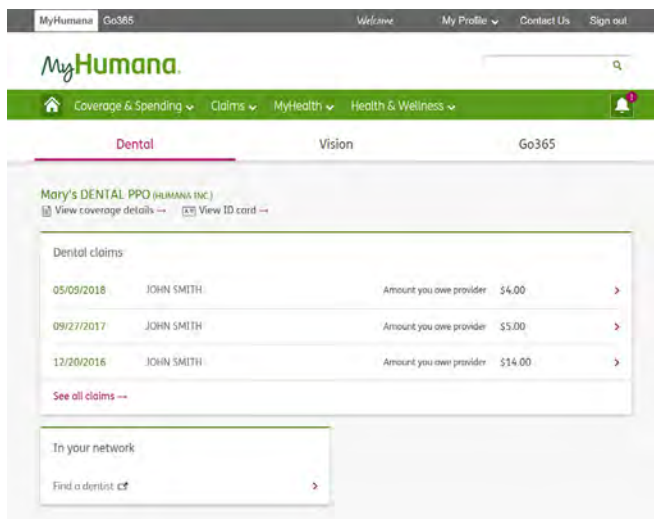


MyHumana: Your health plan at your fingertip

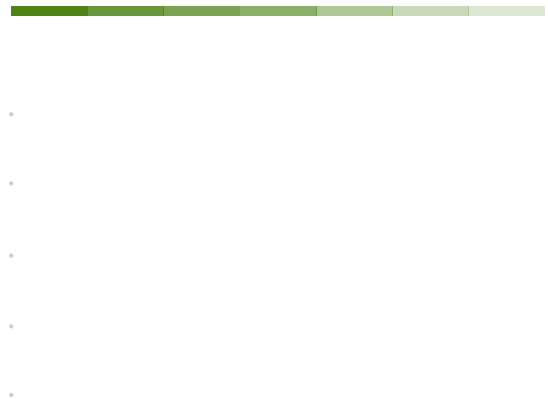
Your personal MyHumana account gives you quick, convenient and secure access to your Humana plan information, educational resources and access to wellness programs. It's available anytime, anywhere.

Humana.

A dashboard that puts all your information in one spot



Scroll over each bullet point to learn how to
navigate through the MyHumana dashboard!



Use MyHumana anywhere

Download the MyHumana Mobile app from your app store. You can also sign up for text message alerts* at Humana.com.

Register for MyHumana today to stay connected to your health benefit anytime you need them.



Download a print version [here](#)



*Message and data rates may apply.

Know before you go out of pocket cost estimator

Humana®

See the bottom line ahead of time

Humana Vision members have access to an industry-first cost transparency tool, which can be accessed on myHumana.com or the MyHumana mobile app.

The dynamic and engaging Know Before You Go cost estimator tool emphasizes the importance of an annual eye exam. It also increases member confidence by explaining the different types of contact and eyeglass lenses, lens materials and frame categories as well as some of the most popular lens options.

The member receives an estimated total cost ahead of time, so there are fewer surprises when it's time to pay the provider.

Members see their estimated total in 3 simple steps

- 1 Sign in and access the Vision home page on myHumana.com or the MyHumana mobile app.
- 2 Select the **Estimate costs** tab.
- 3 Complete the Know Before You Go out-of-pocket cost estimator activity.



Members often have no out-of-pocket costs beyond their copays, and all members will feel better prepared for their visit as a result of estimating their costs ahead of time.

Learn more about how we make vision benefits easy to use. Contact your Humana rep or visit [humana.com](https://www.humana.com).

Choosing Humana Vision is good for your health

Besides checking for changes in your vision, your eye doctor can check for common eye conditions like glaucoma.

An eye exam can also uncover other health issues, such as high blood pressure and diabetes. If you have diabetes, most Humana Vision plans have additional coverage for the care and testing you need to help manage your condition.

Humana Vision Plan makes good eye health easy and budget friendly

- Get an annual eye exam for \$0
- Choose from more than 108,000 access points including independent optometrists, ophthalmologists and national retail eye exam locations including Lens Crafters, Pearl Vision and Target Optical.



Shop and save more with online providers

Shop glasses, contacts and prescription sunglasses just like you would in the store — but from your computer, smartphone or tablet. It's fast, it's easy and it's seamless with your benefits. Choose from hundreds of brand-name frames and contacts. Instantly apply your in-network benefits at checkout and enjoy free shipping and returns.



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.

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.

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 beésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

Relationships are built on trust. Respect for an individual's privacy goes a long way toward building trust. Humana values our relationship with you, and we take your personal privacy seriously. Humana's Notice of Privacy Practices outlines how Humana may use or disclose your personal and health information. It also tells how we protect this information. The notice provides an explanation of your rights concerning your information, including how you can access this information and how to limit access to your information. In addition, it provides instructions on how to file a privacy complaint with Humana or to exercise any of your rights regarding your information.

If you'd like a copy of Humana's Notice of Privacy Practices, you can request a copy by:

- Visiting Humana.com and clicking the Privacy Practices link at the bottom of the home page
- E-mailing us at privacyoffice@humana.com
- Sending a written request to:
Humana Privacy Office
P.O. Box 1438
Louisville, KY 40202

Notes

Humana®

Humana.com

Vision member services

877-398-2980

