

# HumanaOne Vision Focus Plan

## Vision care services

	See a participating provider	See a nonparticipating provider
<b>Exam with dilation</b> as necessary	\$10 copay	\$30 allowance
<b>Contact lens exam options*</b>		
Standard contact lens fit and follow-up	\$40 copay	not available
Premium contact lens fit and follow-up	10% off retail	not available
<b>Frames</b>		
Discounts available on all frames except when prohibited by the manufacturer.	\$100 allowance, 20% off balance over \$100	\$50 allowance
<b>Standard plastic lenses</b>		
Single vision	\$25 copay	\$25 allowance
Bifocal	\$25 copay	\$40 allowance
Trifocal	\$25 copay	\$55 allowance
<b>Lens options</b>		
UV coating	\$15 copay	not available
Tint (solid and gradient)	\$15 copay	not available
Standard scratch-resistance	\$15 copay	not available
Standard polycarbonate**	\$40 copay	not available
Standard anti-reflective coating	\$45 copay	not available
Standard progressive (add-on to bifocal)	\$65 copay	not available
Other add-ons and services	20% off retail price	not available
<b>Contact lenses</b> (applies to materials only)		
Conventional	\$115 allowance, 15% off balance over \$115	\$92 allowance
Disposable	\$115 allowance	\$92 allowance
Medically necessary	\$0 copay, paid-in-full	\$200 allowance
<b>Frequency†</b>		
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

\* **Standard contact lens fitting:** spherical clear contact lenses in conventional wear and planned replacement (examples include but not limited to disposable, frequent replacement, etc.)

\* **Premium contact lens fitting:** all lens designs, materials and specialty fittings other than standard contact lenses (examples include toric, multifocal, etc.)

\*\* Standard polycarbonate available at no charge to dependents to 19 years old. All other members pay a fixed charge of \$40.

† Frequencies are based on date of service.

## Questions?

Call 1-877-243-1545 anytime  
for the automated information  
line or 8 a.m. to 6 p.m. for a  
Customer Care specialist.

## Additional plan discounts

- › You will receive a 20% discount off retail price on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services or contact lenses. Retail prices may vary by location. Always ask your provider about special offers which may provide a lower overall price.
- › You also receive a 40% discount off retail price on complete eyeglass purchases and a 15% discount off retail price on conventional contact lenses once the funded benefit has been used.
- › You 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. For a location near you and the discount authorization, please call 1-877-5LASER6.
- › After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to you.

## Plan limitations and exclusions

- › Lost or broken materials are not covered.
- › Discounts do not apply for benefits provided by other benefit plans. Allowances are one-time use benefits; no remaining balance.
- › Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing.
- › Medical and/or surgical treatment of the eye, eyes, or supporting structures.
- › Services provided as a result of any Worker's Compensation law.
- › Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan.
- › Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).
- › Services or materials provided by any other benefit providing for vision care.
- › Two pair of glasses in lieu of bifocals.
- › Aniseikonic lenses.



Vision products 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, 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/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, **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 nika'adoowoł.

**العربية (Arabic)**

GCHJV5REN 0220

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك