



Humana Vision

State of Florida Employees

2024 Vision Care Plan

Humana[®]

FLHLY7GEN 0523



We make it easy for you

Humana's Vision Care Plan (VCP) options help you maintain good eye health, while providing budget-friendly plan options. Select a plan that covers an eye exam, eyeglasses or contact lenses.

At home or on the road, you'll find a provider with convenient hours and locations. With Humana Vision, you can:

- Call the Customer Care center seven days a week at 800-939-5369, Monday – Saturday from 7:30 a.m. – 11 p.m., and Sunday from 11 a.m. – 8 p.m., Eastern time
- View benefits, check eligibility and use other automated services at www.compbenefits.com/custom/state-of-fla-vision/
- Locate providers through www.compbenefits.com/custom/state-of-fla-vision/, Customer Care or our automated information line

National network provides real savings

You have access to one of the largest vision networks in the United States, with more than 108,000 access points with independent optometrists and ophthalmologists and national retail locations—and every one accepts new patients. You will be able to use your benefits at some of the top names in eye care, including LensCrafters®, Pearle Vision® and Target Optical® in addition to the many independent optometrists and ophthalmologists. Plus, you save on frames. You pay the wholesale price, avoiding high retail markups. And the cost of frames is the same at any provider location.



A vision plan is one of the top five most desired benefits, after medical insurance, by employees.¹

¹LIMRA International



LENSCRAFTERS®



Vision health impacts overall health

Eye health exams are an important part of routine preventive healthcare. Because many eye and vision conditions have no obvious symptoms, you may be unaware of problems. Early diagnosis and treatment are important for maintaining good vision and preventing permanent vision loss.¹

Vision care is essential to maintaining a healthy lifestyle. Eye exams can detect symptoms of diseases such as diabetes, hypertension, multiple sclerosis, brain tumors and rheumatoid arthritis.²

Exceptional service

You expect exceptional service, and we deliver. You can talk to a Customer Care specialist Monday – Saturday, 7:30 a.m. – 11 p.m., and Sunday, 11 a.m. – 8 p.m., Eastern time. Our specialists answer member inquiry calls in an average of 22 seconds or less.³

How the Vision Care Plan works

1. After signing up for the Vision Care Plan, you'll receive an ID card in the mail.
2. Prior to scheduling your appointment, select a participating provider through the Customer Care center, automated information line or www.compbenefits.com/custom/state-of-fla-vision/.
3. Schedule an appointment, providing your name, patient's name and employer.
4. Sign your provider's Vision Care Plan form after your exam. You'll pay any copays and/or costs of any upgrades at that time.

Affordable frames

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



Retail price *	Wholesale price	Wholesale allowance	Member cost	Savings
\$150 – \$225	\$125	\$125	\$0	\$150 – \$225
\$200 – \$300	\$150	\$125	\$50 ($\$150 - \$125 = \$25 \times 2 = \50)	\$150 – \$250

*Retail costs may differ and are based on two to three times the wholesale cost. Actual savings may vary.

¹American Optometric Association

²American Academy of Ophthalmology

³Humana 4th Quarter 2021 Performance Report

Vision Care Plan (including exam and materials)

	See a participating provider	See a nonparticipating provider
Exam with dilation as necessary ¹	100% after \$10 copay	\$40 allowance
Lenses		
Single	100% after \$10 copay	\$40 allowance
Bifocal	100% after \$10 copay	\$60 allowance
Trifocal	100% after \$10 copay	\$80 allowance
Frames	\$125 wholesale allowance	\$100 retail allowance
Contact lenses²		
Elective (conventional and disposable) ³	\$150 allowance	\$75 allowance
Medically necessary (limit one pair) ⁴	100%	\$100 allowance
Frequency (based on date of service)		
Examination		Once every 12 months
Lenses or contact lenses		Once every 12 months
Frame		Once every 24 months

Monthly member rates (People First Benefit Plan Code: 3004)

Employee only	\$5.92
Employee and spouse	\$11.68
Employee and child(ren)	\$11.56
Employee and family	\$18.16

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

²If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames).

³The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members may be eligible to receive up to a 15% discount on participating provider professional services. The discount for professional services is available for 12 months after the covered eye exam.

⁴Benefit provides coverage for professional services and one pair of medically necessary contact lenses with prior plan authorization.

Additional plan discounts through participating providers

- Members receive additional fixed copayments on lens options including progressive lens, anti-reflective and polarized styles.
- Members also receive a 20% retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam and available through the participating provider who sold the initial pair of eyeglasses.
- After copay, standard polycarbonate available at no charge for dependents younger than 19 years old.
- Members' \$40 scratch-resistant lens allowance covers factory and premium scratch-resistant coatings at no additional payment.
- Members' \$70 anti-reflective lens allowance covers standard and premium anti-reflective (AR) coating products at no additional payment.

Humana Vision 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. Participants receive a 25% discount off the usual and customary price or 5% off advertised promotions or specials for Lasik services provided by in-network providers, whichever discount is greater. The discount includes consultations, laser procedure, follow-up visits and any additional necessary corrective procedures.

Limitations and exclusions

The Vision Care Plan provides a complete analysis of the eyes and related structures to determine vision problems or other abnormalities once every 12 months. The plan covers any lenses needed for the patient's visual welfare as determined by the network doctor. Certain lenses such as those described in the "Limitations" are cosmetic in nature and are not necessary for the visual welfare of the patient. The extra cost of these must be borne by the patient. The plan offers a wide selection of frames every 24 months. The plan covers contact lenses every 12 months. The contact lens allowance replaces the lens and frame benefits, and plan copayments do not apply for the contact lens allowance.

Limitations

In no event will coverage exceed the lesser of:

1. The actual cost of covered services or materials
2. The limits of the policy, shown in the Schedule of Benefits or
3. The allowance as shown in the Schedule of Benefits. Materials covered by the policy that are lost or broken will only be replaced at normal intervals as provided for in the Schedule of Benefits.

We will pay only for the basic cost for lenses and frames covered by the policy. The insured is responsible for extras selected, including but not limited to:

1. Blended lenses
2. Progressive multifocal lenses
3. Photochromatic lenses; tinted lenses, sunglasses, prescription and plano
4. Coating of lens or lenses
5. Laminating of lens or lenses
6. Groove, drill or notch, and roll and polish; unless otherwise specifically listed as a covered benefit in the Schedule of Benefits

Exclusions

We will not cover:

1. Orthopic or vision training and any associated supplemental testing
2. Two pair of glasses, in lieu of bifocals, trifocals or progressives
3. Medical or surgical treatment of the eyes
4. Any services and/or materials required by an employer as a condition of employment
5. Any injury or illness covered under any workers' compensation or similar law
6. Sub-normal vision aids, aniseikonic lenses or nonprescription lenses
7. Charges incurred after: (a) the policy ends; or (b) the insured's coverage under the policy ends, except as stated in the policy
8. Experimental or nonconventional treatment or device
9. Contact lenses, except as specifically covered by the policy
10. High index, aspheric and nonaspheric styles
11. Oversized 61 and above lens or lenses
12. Cosmetic items, unless otherwise specifically listed as a covered benefit in the Schedule of Benefits

A fresh look at glasses



Humana members, meet Glasses.com

Get new glasses from the comfort of your own home. With your Humana Vision plan, you can search thousands of options on Glasses.com and have them shipped right to you. That's human care.

Here's how it works:

- Search for a pair you love from thousands of name-brand frames
- Snap and send a picture of your prescription—or have Glasses.com call the provider for it
- Select lenses suited for many types of prescriptions (including progressives and multifocals)
- Get your glasses shipped the following day—with free shipping



We'll send you frames you like with lenses in your prescription



Test your frames up to 15 days



Keep them or send them back — all with free shipping



Buy new glasses from the comfort of home: **Download the app** or visit [Glasses.com](https://www.glasses.com) today

Humana®

See a brighter future with contacts delivered straight to your door

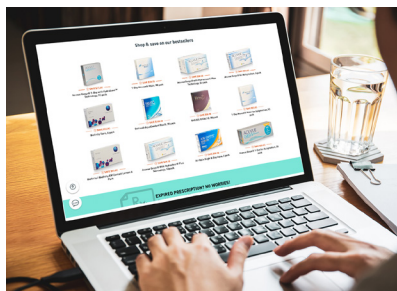


Humana members, meet ContactsDirect

We know life gets busy. You don't always have time to visit your eye doctor to pick up new contact lenses. With ContactsDirect, you don't have to. ContactsDirect is an in-network service that delivers contact lenses straight to your door. That's human care.

As a Humana member, you can apply your vision benefits directly to the contacts you buy through ContactsDirect. Choose from dozens of the name brands you know and love and have them shipped to you for free.

ContactsDirect.com is just another way Humana is helping you see a brighter future.



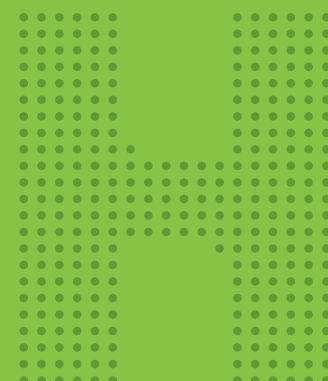
Check out this new, online in-network benefit

Visit us at
www.contactsdirect.com

Humana[®]

How to order your new contacts:

- 1 Visit contactsdirect.com.
- 2 Choose from a wide selection of top selling brands.
- 3 In-network vision benefits instantly apply to your purchase price.
- 4 Contact lenses will ship as soon as the prescription is verified. Most even ship that same day.



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

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك



www.compbenefits.com/custom/state-of-fla-vision

800-939-5369

877-320-1235 (TTY: 711)



This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health 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.

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Insured or administered by Humana Insurance Company or offered by CompBenefits Company.