

# HumanaVision

State of Florida Employees  
VCP Network



Specialty Benefits

Humana®







## We make it easy for you

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

HumanaVision VCP options have you covered and make eye care affordable. Select a plan that covers a comprehensive exam, eyeglasses or contact lenses, or a materials-only plan with your choice of eyeglasses or contact lenses.

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

- Call the Customer Care Center seven days a week at 1-800-939-5369 from 7:30 a.m. to 11 p.m. Eastern time Monday through Saturday, and 11 a.m. to 8 p.m. Sunday
- View benefits, check eligibility, and use other automated services at [HumanaVisionCare.com/custom/fl](https://HumanaVisionCare.com/custom/fl)
- Locate providers through [HumanaVisionCare.com/custom/fl](https://HumanaVisionCare.com/custom/fl), 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 35,000 provider locations 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®, Sears® Optical, Target® Optical, and JCPenney® 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.

<sup>1</sup> LIMRA International

# 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.<sup>1</sup>

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

## Exceptional service

You expect exceptional service, and we deliver. You can talk to a Customer Care specialist from 7:30 a.m. to 11 p.m. Eastern time Monday through Saturday, and 11 a.m. to 8 p.m. Sunday. Our specialists resolve more than 95 percent of member inquiries during the first call.

## 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 network provider through the Customer Care center, automated information line, or [HumanaVisionCare.com/custom/fl](http://HumanaVisionCare.com/custom/fl)
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.



<sup>1</sup> American Optometric Association

<sup>2</sup> Thompson Media Inc.

## 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 pays	Savings
\$150-\$225	\$75	\$75	\$0	\$150-\$225
\$200-\$300	\$100	\$75	\$50 (\$100-\$75=\$25x2=\$50)	\$150-\$250

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



LENSCRAFTERS®

PEARLE VISION®

JCPenney Optical

Sears Optical

OPTICAL

	Vision Care Plan (including exam and materials)		Vision Care Plan (materials only)	
	See a participating provider	See a nonparticipating provider	See a participating provider	See a nonparticipating provider
<b>Exam with dilation as necessary</b>	100% after \$10 copay	\$50 allowance	Not covered	Not covered
<b>Lenses<sup>1</sup></b>				
Single	100% after \$10 copay	\$40 allowance	100% after \$10 copay	\$40 allowance
Bifocal	100% after \$10 copay	\$60 allowance	100% after \$10 copay	\$60 allowance
Trifocal	100% after \$10 copay	\$80 allowance	100% after \$10 copay	\$80 allowance
	Members receive additional fixed copayments on lens options including anti-reflective and scratch-resistant coatings. After copay, standard polycarbonate available at no charge for dependents less than 19 years old.		Members receive additional fixed copayments on lens options including anti-reflective and scratch-resistant coatings. After copay, standard polycarbonate available at no charge for dependents less than 19 years old.	
<b>Frames<sup>1</sup></b>	\$75 wholesale allowance	\$60 retail allowance	\$75 wholesale allowance	\$60 retail allowance
<b>Contact lenses<sup>2 3</sup></b>				
Elective (conventional and disposable) <sup>4</sup>	\$100 allowance	\$100 allowance	\$100 allowance	\$100 allowance
Medically necessary	100%	\$200 allowance	100%	\$200 allowance
<b>Frequency</b> (based on date of service)				
Examination	Once every 12 months	Once every 12 months	Not covered	Not covered
Lenses or contact lenses	Once every 12 months	Once every 12 months	Once every 12 months	Once every 12 months
Frame	Once every 24 months	Once every 24 months	Once every 24 months	Once every 24 months

### Monthly member rates

	People First Benefit Plan Code: 3004		People First Benefit Plan Code: 3006	
	Employee only	\$ 5.85	Employee only	\$ 4.36
	Employee and spouse	\$ 11.56	Employee and spouse	\$ 8.60
	Employee and child(ren)	\$ 11.44	Employee and child(ren)	\$ 8.50
	Employee and family	\$ 17.98	Employee and family	\$ 13.38

### Other discounts

Members receive a 20 percent retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam and available through the VCP network provider who sold the initial pair of eyeglasses.

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

<sup>2</sup> If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of lenses.

<sup>3</sup> Contact lens allowance must be used at one time; no amount will be carried forward.

<sup>4</sup> The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members receive a 15 percent discount on professional services. The discount for professional services is available for 12 months after the covered eye exam.

## HumanaVision Lasik

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	
<b>TLC</b> 888-358-3937 (designated locations only)	\$895		\$1,295	\$1,895*
<b>LasikPlus</b> 866-757-8082	\$695* LasikPlus free enhancements for 1 year	\$1,395* LasikPlus free enhancements for life	\$1,895* LasikPlus free enhancements for life	
<b>QualSight LASIK</b> 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

You can also use independent Lasik provider network doctors to receive a 10% discount from usual and customary prices and pay no more than \$1,800 per eye for Conventional Lasik and \$2,300 per eye for Custom Lasik.

\*with IntraLase™

This is not a complete disclosure of the plan qualifications and limitations. The amount of benefits provided depends on the plan selected. Premiums will vary according to the plan selection.



## Limitations and Exclusions

The Vision Care Plan (exam and materials) 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 co-payments 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. Orthoptic 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 non-prescription 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 non-conventional treatment or device;
9. Contact lenses, except as specifically covered by the policy;
10. Hi index, aspheric and non-aspheric 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.



## Specialty Benefits

Dental    Vision    Life    Disability    Voluntary Benefits

Vision products insured by Humana Insurance Company or CompBenefits Insurance Company or CompBenefits Company

Policy number: GN-70148-01, CA-70148-01, MO-70148-01, NV-70148-01, OH-70148-01, OK-70148-01, VA-70148-01, or WI-70148-01

**Humana**<sup>®</sup>

