## Humana Vision State of Florida Employees

Vision Care Plan





FLHHMLGEN 0917

# 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>



Humana Vision VCP options have you covered and make eye care affordable. Select a plan that covers a comprehensive 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 1-800-939-5369, 7:30 a.m. – 11 p.m. Eastern time, Monday – Saturday, and 11 a.m. – 8 p.m. Sunday, Eastern time
- View benefits, check eligibility and use other automated services at **HumanaVisionCare.com/custom/fl**
- Locate providers through **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 37,000 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.

# 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 Monday – Saturday, 7:30 a.m. – 11 p.m., and Sunday, 11 a.m. – 8 p.m., Eastern time. 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 participating provider through the Customer Care center, automated information line or **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.

#### 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.

<sup>1</sup>American Optometric Association <sup>2</sup>Thompson Media Inc.



Vision Care Plan (including exam and materials)						
	See a participating provider		See a nonparticipating provider			
Exam with dilation as necessary <sup>1</sup>	100% after \$10 copay		\$40 allowance			
<b>Lenses</b> Single Bifocal Trifocal	100% after \$10 copay 100% after \$10 copay 100% after \$10 copay		\$40 allowance \$60 allowance \$80 allowance			
Frames	\$75 wholesale allowance		\$60 retail allowance			
Contact lenses <sup>2</sup> Elective (conventional and disposable) <sup>3</sup> Medically necessary (limit one pair) <sup>4</sup> Frequency (based on date of service) Examination Lenses or contact lenses Frame	\$150 allowance 100% Once every 12 months Once every 12 months Once every 24 months		\$75 allowance \$100 allowance Once every 12 months Once every 12 months Once every 24 months			
	<b>Monthly me</b> People First Benef	ember rates it Plan Code: 3004	4			
Emp	Employee only nployee and spouse loyee and child(ren) mployee and family	\$6.96 \$13.74 \$13.60 \$21.36				

Additional plan discounts through participating providers.

• Members receive additional fixed copayments on lens options including progressive lens and polarized styles.

- Members also 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 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' \$25 scratch-resistant lens allowance covers factory and premium scratch-resistant coatings at no additional payment.
- Members' \$50 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 percent discount off the usual and customary price or 5 percent 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.

<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 all other benefits (including frames).

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

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



#### 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.

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 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

### Discrimination is against the law

Humana Inc. and its subsidiaries comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Humana Inc. and its subsidiaries provide: (1) 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; and, (2) free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call **1-877-320-1235** or if you use a TTY, call **711**.

If you believe that Humana Inc. and its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with 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 the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone 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 http://www.hhs.gov/ocr/office/file/index.html.

### Multi-Language Interpreter Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-877-320-1235 (TTY: 711)**.... ATENCIÓN: Si habla español, tiene a su disposición servicios aratuitos de asistencia lingüística. Llame al 1-877-320-1235 (TTY: 711).... 注意:如果您使用繁體中文,您可以免費獲得語 言援助服務。請致電 1-877-320-1235 (TTY: 711)。... CHÚ Ý: Nếu ban nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-320-1235 (TTY: 711).... 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-320-1235 (TTY: 711)번으로 전화해 주십시오.... PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawaq sa 1-877-320-1235 (TTY: 711).... Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-320-1235 (телетайп: 711).... ATANSYON: Si w pale Kreyol Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-877-320-1235 (TTY: 711)**.... ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-877-320-1235 (ATS: 711)**.... UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-320-1235 (TTY: 711).... ATENÇÃO: Se fala português, encontramse disponíveis serviços linquísticos, grátis. Lique para **1-877-320-1235 (TTY: 711)**.... ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-320-1235 (TTY: 711)... ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-320-1235 (TTY: 711).... 注意事項:日本語を話される 場合、無料の言語支援をご利用いただけます。1-877-320-1235 (TTY: 711)まで、お電話にてご連絡ください。...

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با .**TTY: 711 1-877-320-1235 (TTY: 711)** تماس بگیرید.

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dę́ę́', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih 1-877-320-1235 (TTY: 711)....

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1235-877-1877 (رقم هاتف الصم والبكم: 711)**.



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