

VISION PLAN

Humana offers eye exams and materials coverage.

Caring for your eyes is an essential part of your overall health and wellness. That is why the State offers you competitive vision coverage at affordable rates through **Humana Vision**. Coverage is also available to retirees through COBRA for participants, provided they were enrolled prior to termination.



VISION PLAN CHART

Benefit Frequency (based on the service date and not per calendar year)

Exam Every	12 Months
Lenses Every	12 Months
Frames Every	24 Months

Benefits	In Network	Out-of-Network
Eye Exam	100% after you pay \$10 copay	\$40 allowance
Lenses:		
Single	100% after you pay \$10 copay	\$40 allowance
Bifocal	100% after you pay \$10 copay	\$60 allowance
Trifocal	100% after you pay \$10 copay	\$80 allowance
Scratch Resistance Lenses	\$40 allowance	Not covered
Anti-Reflective Lenses	\$70 allowance	Not covered
Frames	\$125 wholesale allowance	\$100 retail allowance
Contact Lenses		
Elective	\$150 allowance	\$75 allowance
Medically Necessary	100%	\$100 allowance
LASIK	Receive a 25% discount off the usual and customary price or 5% off advertised promotions or specials for LASIK services from in-network providers. Discount covers consultations, laser procedure, follow-up visits, and any additional necessary corrective procedures.	

MONTHLY PREMIUM

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$6.12	\$12.10	\$11.96	\$18.80