

# HumanaOne<sup>®</sup>

## 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 may be 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 (applies to materials only)</b>		
• 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<sup>‡</sup></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 by 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 may be eligible to receive a 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 may also be eligible to receive a discount off retail price on complete eyeglass purchases and a discount off retail price on conventional contact lenses once the funded benefit has been used.
- You may also be eligible to receive a discount off retail price or a discount 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 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 This is not a complete disclosure of plan qualifications and limitations.

