



VISION

Vision wellness
is in sight



Miami Dade County Government

2025 Summary of Benefits

Vision member services: **877-398-2980**

your.humana.com/miami-dade-county

Humana®





Vision plans are definitely worth a closer look



There's more to vision health than getting an annual eye exam.

It not only makes sure you're seeing clearly, but also supports your eye and overall health. A yearly eye exam monitors your vision and eye health for things like glaucoma and cataracts, and signs of medical conditions, including diabetes and high blood pressure.

Why sign up for vision benefits?



Annual eye exams are no additional cost when you see an in-network doctor. And, they may help detect or prevent other eye or health conditions.



Easily find an eye doctor near home, work or away with independent, retail and online options.



LENSCRAFTERS



OPTICAL

Walmart  sam's club 



GLASSES.COM

contactsdirect



Save an average of 80% off retail prices for glasses and contacts with our fixed copays and allowances.



Plus, **caring for you is at the heart of everything we do** so we make it easy for you to get the help you need – when you need it. Our service teams are always ready to help and answer your questions.



Review the benefit information in this guide to help you choose a vision plan that's right for you.

* Eye exams not covered on Humana Vision Materials only plans.



Know what your plan covers

Included in this guide is a summary of Humana Vision benefits that are described in detail in your certificate. You can find your certificate on [Humana.com](https://www.humana.com) or call **800-233-4013**. Here's what you can expect:

- Quality routine eye health care from independent eye care professionals and national retail locations.
- Services and materials provided on a prepaid basis, and the plan pays in-network providers directly. You also have the freedom to use out-of-network providers if you prefer.
- Life without claim forms! With Humana Vision, you pay your eye care professional directly for copayments and any extra cosmetic options selected at the time of service.
- Select a vision provider from our network simply by visiting [Humana.com](https://www.humana.com) or, if you prefer, call us at **800-233-4013**.

Know what your plan doesn't cover

Some items and services not included in Humana Vision are:

- Orthoptics or vision training, subnormal vision aids or Plano (non-prescription) lenses.
- Replacement of lost or broken lenses, except at the regularly-scheduled plan intervals
- Medical or surgical treatment of eyes.
- Care provided through, or required by any government agency or program, including Workers' Compensation or a similar law.



Vision health impacts overall health

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis and rheumatoid arthritis.¹

¹ Thompson Media Inc.

This is not a complete disclosure of plan qualifications and limitations.



Miami-Dade County

Standard

Benefit summary

	In-network provider (Member cost)	Out-of-network provider (Reimbursement)
Routine eye exam Exam with dilation, as necessary Retinal imaging	\$0 Up to \$39	Up to \$45 allowance applied to the allowance for the eye examination
Materials copay Lenses and/or Frames	\$10	N/A
Contact lens² exam options Standard contact lens fit and follow-up Premium contact lens fit and follow-up	Up to \$40 copay 10% off retail	Not covered Not covered
Frames	\$160 allowance, 20% off balance over \$160	\$50 allowance
Standard plastic lenses³ Single vision Bifocal Trifocal Lenticular	Paid in full Paid in full Paid in full Paid in full	Up to \$40 Up to \$60 Up to \$80 Up to \$100
Lens options³ UV coating Tint (solid and gradient) Standard scratch-resistance Standard polycarbonate • Adults • Children up to age 26 Standard anti-reflective coating Premium anti-reflective coating Standard progressive (add-on to bifocal) Premium progressive Photochromatic / plastic transitions Polarized	Paid in full \$15 \$15 \$40 Paid in full \$45 \$57-\$68 Paid in full Paid in full Paid in full 20% off retail	Not covered Not covered Not covered Not covered Not covered Not covered Not covered \$50 \$50 Up to \$38 Not covered
Contact lenses⁴ (applies to materials only) Conventional Medically necessary	Up to \$120 Paid in full	Up to \$120 Up to \$175
Frequency Examination Lenses or contact lenses Frames	Once every plan year Once every plan year Once every other plan year	12 months from last service 12 months from last service 24 months from last service

See the savings with Humana Vision plans:

	Retail	Humana Vision In-network providers
Eye Exam	\$119	\$0
Lenses	\$153	\$10
Average retail frame cost	\$208	\$208
Average frame allowance	none	– \$160
Discount on balance over frame allowance	none	– 20%
YOUR COST:	\$480	\$48.40

On average, members save 80% when visiting an in-network provider

Savings example only for illustrative purposes. Actual savings will depend on benefits and frame selection. Retail cost based on industry averages.



Miami-Dade County

Enriched

Benefit summary

	In-network provider (Member cost)	Out-of-network provider (Reimbursement)
Routine eye exam Exam with dilation, as necessary Retinal imaging	\$0 Up to \$39	Up to \$45 allowance applied to the allowance for the eye examination
Materials copay Lenses and/or Frames	\$10	N/A
Contact lens² exam options Standard contact lens fit and follow-up Premium contact lens fit and follow-up	Paid in full, after material copay	Up to \$30 Up to \$30
Frames	\$160 allowance, 20% off balance over \$160	\$50 allowance
Standard plastic lenses³ Single vision Bifocal Trifocal Lenticular	Paid in full Paid in full Paid in full Paid in full	Up to \$40 Up to \$60 Up to \$80 Up to \$100
Lens options³ UV coating Tint (solid and gradient) Standard scratch-resistance Standard polycarbonate • Adults • Children up to age 26 Standard anti-reflective coating Premium anti-reflective coating Standard progressive (add-on to bifocal) Premium progressive Photochromatic / plastic transitions Polarized	Paid in full \$15 \$15 Paid in full Paid in full \$45 \$57-\$68 Paid in full Paid in full Paid in full 20% off retail	Not covered Not covered Not covered Not covered Not covered Not covered Not covered \$50 \$50 Paid in full, up to \$75 Not covered
Contact lenses⁴ (applies to materials only) Conventional Medically necessary	Up to \$120 Paid in full	Up to \$120 Up to \$175
Frequency Examination Lenses or contact lenses Frames	Once every plan year Once every plan year Once every plan year	12 months from last service 12 months from last service 12 months from last service



Additional plan discounts

Standard and Enriched

Member may receive a 20% discount on items not covered by the plan at network providers. Members may contact their participating provider to determine what costs or discounts are available. Discount does not apply to provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name vision materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.

Members may also receive 15% off retail price or 5% 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 specially trained providers. This discount may not always be available from a provider in your immediate location.

**Discounts may be available on all frames except when prohibited by the manufacturer.*

- 1 Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.*
- 2 Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.*
- 3 Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.*
- 4 Plan covers contact lenses or frames, but not both.*



Miami-Dade County

Standard and Enriched

Limitations and exclusions:

In addition to the limitations and exclusions listed in your “Vision Benefits” section, this policy does not provide benefits for the following:

1. Any expenses incurred while you qualify for any worker’s compensation or occupational disease act or law, whether or not you applied for coverage.
2. Services:
 - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
 - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
 - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
 - War or any act of war, whether declared or not;
 - Any act of international armed conflict; or
 - Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment.
6. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthesiologist.
7. Prescription drugs or pre-medications, whether dispensed or prescribed.
8. Any service not specifically listed in the Schedule of Benefits.
9. Any service that we determine:
 - Is not a visual necessity;
 - Does not offer a favorable prognosis;
 - Does not have uniform professional endorsement; or
 - Is deemed to be experimental or investigational in nature.
10. Orthoptic or vision training.
11. Subnormal vision aids and associated testing.
12. Aniseikonic lenses.
13. Any service we consider cosmetic.
14. Any expense incurred before your effective date or after the date your coverage under this policy terminates
15. Services provided by someone who ordinarily lives in your home or who is a family member.
16. Charges exceeding the reimbursement limit for the service.
17. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
18. Plano lenses.
19. Medical or surgical treatment of eye, eyes or supporting structures.
20. Replacement of lenses or frames furnished under this plan which are lost or broken, unless otherwise available under the plan.
21. Any examination or material required by an Employer as a condition of employment.
22. Non-prescription sunglasses.
23. Two pair of glasses in lieu of bifocals.
24. Services or materials provided by any other group benefit plans providing vision care.
25. Certain name brands when manufacturer imposes no discount.
26. Corrective vision treatment of an experimental nature.
27. Solutions and/or cleaning products for glasses or contact lenses.
28. Pathological treatment.
29. Non-prescription items.
30. Costs associated with securing materials.
31. Pre- and Post-operative services.
32. Orthokeratology.
33. Routine maintenance of materials.
34. Refitting or change in lens design after initial fitting, unless specifically allowed elsewhere in the certificate.
35. Artistically painted lenses.

This is not a complete disclosure of the plan qualifications and limitations. Specific limitations and exclusions as contained in the Regulatory and Technical Information Guide will be provided by the agent. Please review this information before applying for coverage.

NOTICE: Your actual expenses for covered services may exceed the stated cost or reimbursement amount because actual provider charges may not be used to determine insurer and member payment obligations.



See the bottom line ahead of time

Try our Know Before You Go out-of-pocket cost estimator

Humana Vision members have access to an out-of-pocket cost estimator tool, which can be accessed from MyHumana online or the MyHumana mobile app.

The **Know Before You Go** cost estimator tool boosts member confidence by explaining the different types of contact and eyeglass lenses, lens materials and frame categories.

Using this tool, you can receive estimated total costs ahead of time, so there are fewer surprises when it's time to pay the provider. That's what we call human care.

Here's how to view your estimated total cost in three easy steps:

1. Sign in to MyHumana at [Humana.com](https://www.humana.com), select the “**Vision**” tab, then select “**Humana Vision**”.
2. Select the “**Estimate Costs**” tab.
3. Complete the **Know Before You Go** out-of-pocket cost estimator.



Many members often have no out-of-pocket costs beyond their copays, but you can feel better prepared for your visit by estimating costs ahead of time.





How to find a vision doctor in the network

Visiting a vision provider in the Humana network ensures you're getting the lowest cost when using your vision benefits. To find an in-network doctor, follow these steps:



Step 1:

Scan the QR code or click on this [Find an eye doctor](#) link to search for eye doctors in the **Humana Vision Plan (Humana Insight Network)** plan network.



Step 2:

Search for an eye doctor using your location to find a doctor in your area, or search by a doctor's name.



In-network online providers

You may also consider one of our many in-network online options including [Oakley](#), [Ray-Ban](#), [Glasses.com](#), [ContactsDirect.com](#), [LensCrafters](#) and [Target Optical](#).





Exclusive discounts for Humana Vision plan members

Good vision health is important to overall health and that's why we're committed to providing access to value-added discounts that make it easier to care for your eyes—and help save you money.

With your Humana Vision plan, you already get 40% off a second pair of frames and lenses and 20% off non-prescription sunglasses when you use an in-network provider.

Additionally, you can enjoy even more discounts from these retailers, including*:

- **LensCrafters:** Get \$50 off and 50% off additional pairs of glasses at LensCrafters® in addition to your vision insurance
- **Target:** Get up to \$150 instant savings on an annual supply of contact lenses and an additional \$25 off when using your vision insurance at Target Optical®
- **Pearle Vision:** Get \$100 off a complete pair of progressive lenses or \$50 off a complete pair of single vision glasses
- **LasikPlus:** Save \$1,000 on LASIK with the Wavelight Laser at LasikPlus®, TLC Laser Eye Center and the LASIK Vision Institute
- **Glasses.com:** Get up to \$30 off premium anti-reflective lenses with anti-smudge treatment



To access your discounts, go to [Humana.com](https://www.humana.com) and sign in. Select Vision, then select Humana Vision, then select Special Offers.

- **ContactsDirect:** Save 10% on contact lenses
- **Cooper Vision | MiSight®:** Save \$300 on 1-day soft contact lenses designed for kids with nearsightedness
- **HumanWare™:** \$100 discount on explore 5 & 8 magnifiers for low vision
- **Hilco Vision:** Save on lens cleaners, Croakies retainers and glasses cases
- **Amplifon:** Up to 64% off hearing aids at thousands of locations nationwide

* Discounts and offers are not valid in the State of Texas.





Exclusive discounts for Humana members

We understand the importance of your overall health and that’s why we’ve carefully selected companies to team up with to offer special discounts Humana members can enjoy.



To access your exclusive discounts, sign in to [MyHumana.com](https://www.mychumana.com), go to the “Menu” tab at the top and scroll down to “Coverage” and then scroll down to “Special Discounts”.

You have access to a variety of discounts that support your overall health and well-being



Dental health

Discounts on personalized dental products for things like:

- Invisible teeth straightening aligners—from your home.
- Innovative dental devices with tracking & personalized feedback
- Teeth whitening



Eye health

Vision care discounts that help you see better:

- Bladeless and traditional LASIK vision correction
- Exams, glasses and contacts



Hearing

Improve your hearing experience with discount options that fit you:

- Unique online solution for hearing aids and support
- Professional care in your area with savings up to 60% on hearing aids

Plus, additional discounts for things like weight loss, acupuncture & chiropractic services, massage therapy, fitness devices, identity theft protection and more!

[Sign in to MyHumana](#) to see all your discounts!



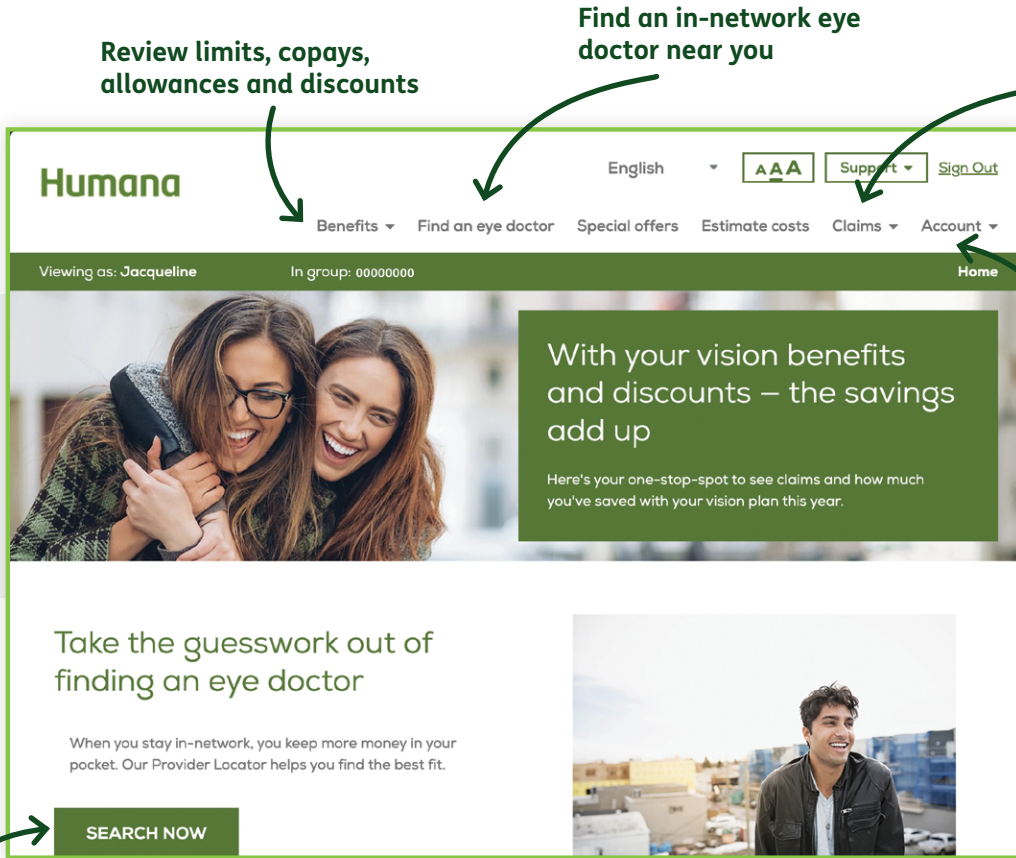


MyHumana

Your vision plan at your fingertips

Your personal MyHumana account gives you quick, convenient and secure access to your Humana vision plan information. It's available anytime, anywhere.

In MyHumana click on Vision to get to your dashboard.



Check your claim status

View and print ID cards

ID cards are mailed within 10 days of enrollment. If you need to see a provider before you receive your ID card in the mail, you can view and print your ID card here.

Take the guesswork out of finding an eye doctor

When you stay in-network, you keep more money in your pocket. Our Provider Locator helps you find the best fit.

SEARCH NOW

You may also consider one of our many in-network online options including Oakley, Ray-Ban, Glasses.com, ContactsDirect.com, LensCrafters and Target Optical.

Registering is easy

1. Go to [Humana.com/Register](https://www.humana.com/register) and Select "I'm a Member" and click the "Start activation now" button.
2. Select "Something else" as your plan type.
3. Enter your member ID from your ID card (or Social Security number), date of birth and ZIP code.
4. Create a username, password and security prompt and choose "Next" to finish.



Use MyHumana anywhere

Download the MyHumana mobile app from your app store. You can also sign up for text message alerts at [Humana.com](https://www.humana.com).*



* Message and data rates may apply.



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 the 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 hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánida'áwo'déé níká'adoowó.

العربية (Arabic)

اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.



Vision member services

877-398-2980

your.humana.com/miami-dade-county



Humana group vision plans are offered by Humana Insurance Company.

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

The discounts offered through the Special Discounts Program (the Program) are not insurance or insured benefits. The Program is subject to change and may be discontinued, without notice and at any time. The Program is only available to eligible Humana members. Discounts not available for policies issued in NH, NJ, NM, VT and WA. Additional exclusions may apply for members of individual policies. The Program is not available to Medicare or Medicaid members. The discount vendors are third party vendors. The vendors are solely responsible to you for the provision of these products and services. The discount vendors may impose additional eligibility requirements, including but not limited to: age, valid Social Security number, internet and email access. You should independently review the products and services and the discount vendors before purchasing. Humana's contract with the discount vendors does not eliminate a member of any obligations under the policy or change the terms of the policy. Participation in the Program is voluntary. Humana and the discount vendor, including each party's respective affiliates and subsidiaries, are independent, non-affiliated entities. Humana, its parent and affiliates, expressly disclaims all liability for any care or services rendered by these vendors and all liability if vendors refuse to honor the discounts.

App Store and Google Play app store are registered trademarks of Apple Inc. and Google. All rights reserved. Apple and Google are not participants in or sponsors of this promotion.

