



# Your Humana benefits guide:

VisionCare Plan (VCP)

**Humana**®

Orange County Public Schools

2025-2026 Plan Year





# Welcome to Humana

At Humana, we want to help take care of you — with benefits that make it easy for you to get the care you need, when you need it. With plan options designed to support your overall well-being, your care is always at the core of what we do.





# 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?



**Get an annual eye exam for \$5** 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.

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**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.

# Vision plan

The benefits and services highlighted below provide an overview of the vision plan you can sign up for. The table shows how services will be paid when you visit an eye care professional in the network.

Orange County Public Schools		
	See a participating provider	See a nonparticipating provider
<b>Exam<sup>1</sup> with dilation</b> as necessary	100% after \$5 copay	\$35 allowance
<b>Lenses</b>		
Single vision	100% after \$15 copay	\$25 allowance
Bifocal	100% after \$15 copay	\$40 allowance
Trifocal	100% after \$15 copay	\$60 allowance
<b>Frames</b>	\$50 wholesale allowance	\$50 retail allowance
<b>Contact lenses<sup>2</sup></b>		
Elective (conventional and disposable) <sup>3</sup>	\$125 allowance	\$125 allowance
Medically necessary (limit one pair) <sup>4</sup>	100%	\$210 allowance
<b>Frequency (based on date of service)</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 12 months	Once every 12 months
<b>Additional plan discounts</b>	<ul style="list-style-type: none"> <li>Members may benefit with fixed pricing for most lens options including anti-reflective and scratch-resistant coatings.</li> <li>Members may also be eligible to receive up to a 20 percent retail discount on a second pair of eyeglasses, which is available for 12 months after the covered eye exam through the participating provider who sold the initial pair of eyeglasses.</li> <li>After copay, standard polycarbonate available at no charge for dependents less than 19 years old.</li> </ul>	
<b>More features you'll enjoy</b>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	

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

2. If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames).

3. 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 in-network professional services, which is available for 12 months after the covered eye exam.

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

# Vision plan

## Wholesale frame allowance

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 cost	Savings
\$150 – \$225	\$125	\$125	\$0	\$150 – \$225
\$200 – \$300	\$150	\$125	\$50 (\$150 – \$125 = \$25 x 2 = \$50)	\$150 – \$250

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

### See the savings with Humana VCP plans:

		Humana Vision
	Retail	In-network providers
Eye Exam	\$119	\$5
Lenses	\$153	\$15
Average retail frame cost	\$208	\$208
Average frame allowance	none	–\$125
Discount on balance over frame allowance	none	–20%
YOUR COST:	\$480	\$86.40

### 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.



## Additional plan discounts through participating providers

- Members receive additional fixed copayments on lens options including progressive lens, anti-reflective and polarized styles.
- Members also receive a 20% 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' \$40 scratch-resistant lens allowance covers factory and premium scratch-resistant coatings at no additional payment.
- Members' \$70 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% discount off the usual and customary price or 5% 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.

## 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 12 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.

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 nonprescription 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 nonconventional treatment or device
9. Contact lenses, except as specifically covered by the policy
10. High index, aspheric and nonaspheric 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



# 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 visit <https://eyedoclocator.myhumanavcp.com/vcp/en-us> to search for eye doctors in the **Humana VCP** 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.

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# Manage your Humana VisionCare plan online

## **VisionCare benefits on the go**

Once you become a Humana VisionCare plan member, you can register for a MyCompBenefits account from the Orange County Public Schools VisionCare plan custom website.

**Step 1:** Go to: [HumanaVisionCare.com](https://HumanaVisionCare.com)

**Step 2:** Scroll down to Orange County Public School and click on '[View Your Vision Coverage](#)' to open the Orange County Public Schools VisionCare plan custom website.

You can also contact Member Services at **866-537-0229**.

## **You can use the site to:**

- **Explore coverage and benefit details**
- **Register or Log Into your MyCompBenefits account.**
  - Get your member ID cards
  - Find network providers close to you
  - Review claims status
  - Access your exclusive member discounts

**Notice of Non-Discrimination.** Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc. provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us as well as provides free language assistance services to people whose primary language is not English, including qualified sign language interpreters and written information in other formats.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services, contact Humana Inc. and its subsidiaries at **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a 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, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**.

**California members or 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). Hours of operation: 8 a.m. – 8 p.m., Eastern time.** Humana Inc. and its subsidiaries provide free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

**English:** Call the number above to receive free language assistance services.

**Español (Spanish):** Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

**Tiếng Việt (Vietnamese):** Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean)** 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino)** Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

**Русский (Russian):** Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

**العربية (Arabic):** اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

**French Creole (Haitian Creole):** Kreyòl Ayisyen (French Creole) Rele nimewo ki e dike anwo a pou resevwa sèvis éd gratis nan lang.

**Français (French):** Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

**Polski (Polish)** Aby skorzystać z bezpłatnej pomocy językowej, należy zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

**Italiano (Italian)** Chiamare il numero sopra indicato per ricevere servizi di assistenza linguistica gratuiti.

**日本語 (Japanese):** 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**فارسی (Farsi):** برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**हिंदी (Hindi):** भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

**հայերեն (Armenian):** Ձանգահարե՞ք վերը նշված հեռախոսահամարով՝ անվճար լեզվական օգնություն ծառայություններ ստանալու համար:

**ગુજરાતી (Gujarati):** મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કોલ કરો.

**Hmoob (Hmong)** Hu rau tus xov tooj saum toj sauv kom tau txais kev pab txhais lus dawb.





<https://www.compbenefits.com/custom/orangecountysb/>

Member services

**866-537-0229**



Humana group vision plans are insured or administered 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.

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