Humana Vision plans

Ohio

Vision

Vision plans offer a comprehensive eye exam every year for a low cost. Members receive benefits for glasses or contact lenses without ever paying full retail prices at in-network locations. This plan is available to 2+ group sizes.

	Exams	Frames[1]	Standard Plastic Lenses[2]				Contact Lenses[3]		
	Routine exam with dilation	Frame allowance	Single	Bifocal	Trifocal	Lenticular	Disposable allowance	Conventional allowance[4]	Medically necessary
Vision 130									
In-network	$10	$130	$15	$15	$15	$15	$130	$130	$0
Out-of-network	Up to $30	$65	Up to $25	Up to $40	Up to $60	Up to $100	$104	$104	Up to $200

1) Members may receive up to a 20 percent discount on remaining balance after frame allowance when using an in-network provider. Contact provider to determine what discounts are available.
2) Any standard plastic lenses benefit containing two values separated by a (/) represents two copay options available on the plan.
3) Plan covers contact lenses or lenses for frames, but not both, unless you have the Eye Glass and Contact Lens Rider.
4) Members may receive up to a 15 percent discount on remaining balance after conventional contact lens allowance when using an in-network provider. Contact provider to determine what discounts are available.

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Humana Vision plans

Ohio

Vision PLUS

These plans offer a comprehensive eye exam every year for a low cost. Members receive benefits for glasses or contact lenses without ever paying full retail prices at in-network locations. This is a tiered network product, where members have access to enhanced benefits at designated PLUS providers, a subset of the Insight network. This plan is available to 2+ group sizes.

	Exams	Frames[1]	Standard Plastic Lenses[2]				Contact Lenses[3]		
	Routine exam with dilation	Frame allowance	Single	Bifocal	Trifocal	Lenticular	Disposable allowance	Conventional allowance[4]	Medically necessary
Vision 130									
PLUS provider	**$0**	**$180**	$15	$15	$15	$15	$130	$130	$0
In-network	$10	$130	$15	$15	$15	$15	$130	$130	$0
Out-of-network	Up to $30	$65	Up to $25	Up to $40	Up to $60	Up to $100	$104	$104	Up to $200
Vision 150									
PLUS provider	**$0**	**$200**	$10	$10	$10	$10	$150	$150	$0
In-network	$10	$150	$10	$10	$10	$10	$150	$150	$0
Out-of-network	Up to $30	$80	Up to $25	Up to $40	Up to $60	Up to $100	$128	$128	Up to $210

1) Members may receive up to a 20 percent discount on remaining balance after frame allowance when using an in-network provider. Contact provider to determine what discounts are available.
2) Any standard plastic lenses benefit containing two values separated by a (/) represents two copay options available on the plan.
3) Plan covers contact lenses or lenses for frames, but not both, unless you have the Eye Glass and Contact Lens Rider.
4) Members may receive up to a 15 percent discount on remaining balance after conventional contact lens allowance when using an in-network provider. Contact provider to determine what discounts are available.

Humana Vision plans

Ohio

Materials Only

Materials Only plans are limited to coverage for frames, lenses and contact lenses; ideal for clients who have an eye exam included in their medical benefits.

	Exams	Frames[1]	Standard Plastic Lenses				Contact Lenses[2]		
	Routine exam with dilation	Frame allowance	Single	Bifocal	Trifocal	Lenticular	Disposable allowance	Conventional allowance [3]	Medically necessary
Vision 130									
In-network	Not covered	$130	$15	$15	$15	$15	$130	$130	$0
Out-of-network	Not covered	$65	Up to $25	Up to $40	Up to $60	Up to $100	$104	$104	Up to $200

1) Members may receive up to a 20 percent discount on remaining balance after frame allowance when using an in-network provider. Contact provider to determine what discounts are available.
2) Plan covers contact lenses or lenses for frames, but not both, unless you have the Eye Glass and Contact Lens Rider.
3) Members may receive up to a 15 percent discount on remaining balance after conventional contact lens allowance when using an in-network provider. Contact provider to determine what discounts are available.

Humana Vision plans

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Additional plan details

Benefit frequencies	
Exam[1]	Once every 12 months
Lenses or contact lenses	Once every 12 months
Frames	Once every 24 months

Optional benefits	
12-month frame benefit	Benefit replaces the 24-month frequency of the base plan
Retinal imaging[1]	$0 in-network and up to $20 for out-of-network benefits (does not cross apply)
Lasik / PRK	$250 per eye (in- or out-of-network); 12-month waiting period applies
Eyeglass & contact lens benefit	Allows fulfillment of frame plus spectacle lenses in addition to the contact lens benefit of the base plan (not available for groups < 100)

Vision plan discounts

Discount Type	Details
Discounts on items not covered by the plan at network providers	• Members may receive 40% off a second pair of prescription eyeglasses and 20% off non-prescription sunglasses. • Members may receive 20% off other items not covered by the plan. • Members should contact their participating provider to determine what costs or discounts are available. • Discount does not apply to EyeMed Provider's professional services or contact lenses. • Plan discounts cannot be combined with any other discounts or promotional offers. • 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 may receive 20% off the retail price.
Lasik & PRK	• 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.

1) Not covered on Materials Only 130 plan.
2) Not available on Materials Only 130 plan.
3) This benefit is included on Vision and Vision Plus plan. Not available on Materials Only plan.

LIMITATIONS & EXCLUSIONS

Our benefit plans have limitations and exclusions and may have waiting periods and terms under which the coverage may be continued in force or discontinued. For costs and complete details of coverage, call or write your Humana insurance agent or broker.

Before applying for group coverage, please refer to the pre-enrollment disclosures for a description of plan provisions, which may exclude, limit, reduce, modify or terminate your coverage. These disclosures are available at https://www.Humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure or through your sales representative.

Vision plans insured by Humana Insurance Company.

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