

Vision Care Plan

Hamilton County, Ohio

| | See a participating provider | See a nonparticipating provider |
|---------------------------------------------------------|--------------------------------|---------------------------------|
| Exam with dilation as necessary | 100% after \$10 copay | \$35 allowance |
| Lenses | | |
| • Single | 100% after \$25 copay | \$25 allowance |
| • Bifocal | 100% after \$25 copay | \$40 allowance |
| • Trifocal | 100% after \$25 copay | \$60 allowance |
| Frames | \$50 wholesale frame allowance | \$50 retail allowance |
| Contact lenses ¹ | | |
| • Elective (conventional and disposable) ^{2,3} | \$110 contact lens allowance | \$110 contact lens allowance |
| • Medically necessary | 100% | \$210 allowance |
| Frequency (based on date of service) | | |
| • 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 |

Additional plan discounts

- Members receive additional fixed copayments on lens options including: anti-reflective and scratch-resistant coatings.
- 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 VCP network provider who sold the initial pair of eyeglasses.
- After copay, standard polycarbonate available at no charge for dependents less than 19 years old.

¹ If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames) (Vision Care Plan only).

² The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members receive a 15 percent discount on in-network professional services. The discount for professional services is available for 12 months after the covered eye exam.

³ Contact lens allowance must be used at one time; no amount will be carried forward.

Monthly rates

| | |
|-----------------|---------|
| Employee | \$6.19 |
| Employee + one: | \$12.37 |
| Family: | \$16.55 |

Semi-monthly rates

| | |
|-----------------|--------|
| Employee | \$3.10 |
| Employee + one: | \$6.19 |
| Family: | \$8.28 |

Bi-weekly rates

| | |
|-----------------|--------|
| Employee | \$2.86 |
| Employee + one: | \$5.71 |
| Family: | \$7.64 |

HumanaVision 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. The network locations listed below offer the following prices (per eye):

| | Conventional / Traditional | | Custom | |
|-----------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------|
| TLC 888-358-3937 (designated locations only) | \$895 | | \$1,295 | \$1,895* |
| LasikPlus 866-757-8082 | \$695* LasikPlus free enhancements for 1 year | \$1,395* LasikPlus free enhancements for life | \$1,895* LasikPlus free enhancements for life | |
| QualSight LASIK 855-456-2020 | \$895 QualSight free enhancements for 1 year | \$1,295 with QualSight Lifetime Assurance Plan | \$1,320 | \$1,995* with QualSight Lifetime Assurance Plan |

You can also use independent Lasik provider network doctors to receive a 10% discount from usual and customary prices and pay no more than \$1,800 per eye for Conventional Lasik and \$2,300 per eye for Custom Lasik.

*with IntraLase™

How does the wholesale frame allowance work?

Benefits include a wholesale frame allowance. If the wholesale cost exceeds the frame allowance, members pay twice the wholesale difference. They never pay full retail.

| Retail price* | Wholesale price | Wholesale allowance | Member pays | Savings |
|---------------|-----------------|---------------------|------------------------------|----------|
| \$125 | \$50 | \$50 | \$0 | \$125 |
| \$187.50 | \$75 | \$50 | \$50 (\$75-\$50=\$25x2=\$50) | \$137.50 |

* Retail costs may differ and are based on 2½ times the wholesale cost. Actual savings may vary.

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

Use your HumanaVision benefits

HumanaVision options have you covered and make eye care affordable. You have access to one of the largest vision networks in the United States, with more than 35,000 participating optometrist, ophthalmologists, and national retail locations, including LensCrafters®, Pearle Vision®, Sears® Optical, Target® Optical, and JCPenney® Optical. In addition you'll enjoy:

- › The same benefits at all participating providers, no matter where they're located
- › Wholesale pricing on frames, avoiding high retail markups
- › To search for a provider, go to [Humana.com](https://www.humana.com), click on "Find a Doctor", then under provider search, click on "Vision Care Plan"

How it Works

1. After signing up for your vision plan, you will receive an ID card in the mail
2. Prior to scheduling your appointment, select a network provider through the Customer Care Center, automated information line, or [HumanaVisionCare.com](https://www.humana.com)
3. Schedule an appointment, providing your name, the patient's name and employer
4. Sign your provider's form after your exam, you'll pay any copayments and/or costs of any upgrades at this time

Know what your plan covers

Attached is a summary of HumanaVision benefits that are described in detail in your certificate. You can find your certificate on [HumanaVisionCare.com](https://www.humana.com) or call 1-866-537-0229. 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 HumanaVision, you pay your eye care professional directly for copayments and any extra cosmetic options selected at the time of service

Know what your plan doesn't cover

Some items and services not included in HumanaVision 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



LENSCRAFTERS®

PEARLE VISION®

JCPenney Optical

Sears Optical

OPTICAL®

HUMANA®

Insured by Humana Insurance Company, HumanaDental Insurance Company, CompBenefits Insurance Company, or The Dental Concern, Inc.

¹ Thompson Media Inc.