Your Vision Benefits
Indian River State College
# Vision care services

<table>
<thead>
<tr>
<th>If you use an IN-NETWORK provider</th>
<th>If you use an OUT-OF-NETWORK provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Member cost)</td>
<td>(Reimbursement)</td>
</tr>
</tbody>
</table>

## Exam with dilation as necessary
- Retinal imaging
  - $10
  - Up to $39
  - Up to $30
  - Not covered

## Contact lens exam options
- Standard contact lens fit and follow-up
  - $25
  - Up to $55
  - 10% off retail
  - Not covered
- Premium contact lens fit and follow-up
  - $25
  - Up to $55
  - Not covered

## Frames
- Up to $100
- 20% off balance over $100
- Up to $50

## Standard plastic lenses
- Single vision
  - $25
- Bifocal
  - $25
- Trifocal
  - $25
- Lenticular
  - $25
- Up to $25
- Up to $40
- Up to $60
- Up to $100

## Covered lens options
- UV coating
  - $15
- Tint (solid and gradient)
  - $15
- Standard scratch-resistance
  - $15
- Standard polycarbonate - adults
  - $40
- Standard polycarbonate - children <19
  - $40
- Standard anti-reflective coating
  - $45
- Premium anti-reflective coating
  - Premium anti-reflective coatings as follows:
    - Tier 1
      - $57
    - Tier 2
      - $68
    - Tier 3
      - 80% of charge
      - Up to $40
    - Tier 4
    - Premium progressives as follows:
      - Tier 1
        - $110
      - Tier 2
        - $120
      - Tier 3
        - $135
      - Tier 4
        - $90, 80% of charge, then up to $120
      - $75
      - 20% off retail
- Standard progressive (add-on to bifocal)
  - $25
  - Premium progresses as follows:
    - Tier 1
      - $110
    - Tier 2
      - $120
    - Tier 3
      - $135
    - Tier 4
      - $90, 80% of charge, then up to $120
- Photochromatic / plastic transitions
  - $75
- Polarized

## Contact lenses
- Up to $100, 15% off balance over $100
- Up to $80
- Up to $80
- Up to $200
- Up to $100
- $0
- Up to $200
# Vision care services

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network Provider (Member cost)</th>
<th>Out-of-Network Provider (Reimbursement)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequency</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Examination</td>
<td>Once every 12 months</td>
<td>Once every 12 months</td>
</tr>
<tr>
<td>• Lenses or contact lenses</td>
<td>Once every 12 months</td>
<td>Once every 24 months</td>
</tr>
<tr>
<td>• Frame</td>
<td>Once every 24 months</td>
<td></td>
</tr>
<tr>
<td><strong>Diabetic Eye Care: care and testing for diabetic members</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Examination</td>
<td>$0</td>
<td>Up to $77</td>
</tr>
<tr>
<td>- Up to (2) services per year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Retinal Imaging</td>
<td>$0</td>
<td>Up to $50</td>
</tr>
<tr>
<td>- Up to (2) services per year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Extended Ophthalmoscopy</td>
<td>$0</td>
<td>Up to $15</td>
</tr>
<tr>
<td>- Up to (2) services per year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Gonioscopy</td>
<td>$0</td>
<td>Up to $15</td>
</tr>
<tr>
<td>- Up to (2) services per year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Scanning Laser</td>
<td>$0</td>
<td>Up to $33</td>
</tr>
<tr>
<td>- Up to (2) services per year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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. Discounts available on all frames except when prohibited by the manufacturer.
4. Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.
5. Plan covers contact lenses or frames, but not both, unless you have the Eye Glass and Contact Lens Rider.

## Additional plan discounts

- 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 EyeMed 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 specialty trained providers, this discount may not always be available from a provider in your immediate location.
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.

Questions
Check out Humana.com

Call 1-866-995-9316 seven days a week: 8 a.m. to 6 p.m. Eastern Time Monday through Saturday, and 11 a.m. to 8 p.m. Sunday.

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 anesthetist.

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.


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.


27. Solutions and/or cleaning products for glasses or contact lenses.


29. Non-prescription items.


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.
Choosing Humana Vision is good for your health

Besides checking for changes in your vision, your eye doctor can check for common eye conditions like glaucoma.

An eye exam can also uncover other health issues, such as high blood pressure and diabetes. If you have diabetes, most Humana Vision plans have additional coverage for the care and testing you need to help manage your condition.

Humana Vision makes good eye health easy and budget friendly

- Get an annual eye exam for $10
- Choose from more than 70,000 eye doctors in more than 24,000 locations including LensCrafters®, Pearle Vision®, Target Optical, Sears Optical®, JCPenney Optical and many other private practitioners

How you can save with Humana Vision

<table>
<thead>
<tr>
<th></th>
<th>Retail cost</th>
<th>Cost with Humana Vision</th>
<th>Potential savings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exam</strong></td>
<td>$70</td>
<td>$10</td>
<td>$60</td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td>$225</td>
<td>$52</td>
<td>$173</td>
</tr>
<tr>
<td>Varilux Comfort</td>
<td>$250</td>
<td>$60</td>
<td>$190</td>
</tr>
<tr>
<td>(premium progressives)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crizal Easy</td>
<td>$150</td>
<td>$22</td>
<td>$128</td>
</tr>
<tr>
<td>(anti-reflective)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$695</td>
<td>$144</td>
<td><strong>$551</strong></td>
</tr>
</tbody>
</table>

Data is based on the Humana Vision 160 plan. Example is for illustration purposes only, and individual results may vary.
Relationships are built on trust. Respect for an individual’s privacy goes a long way toward building trust. Humana values our relationship with you, and we take your personal privacy seriously. Humana’s Notice of Privacy Practices outlines how Humana may use or disclose your personal and health information. It also tells how we protect this information. The notice provides an explanation of your rights concerning your information, including how you can access this information and how to limit access to your information. In addition, it provides instructions on how to file a privacy complaint with Humana or to exercise any of your rights regarding your information.

If you’d like a copy of Humana’s Notice of Privacy Practices, you can request a copy by:

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- E-mailing us at privacyoffice@humana.com
- Sending a written request to:
  Humana Privacy Office
  P.O. Box 1438
  Louisville, KY 40202