



# Humana Vision

## Insight Network

**Jacksonville University**  
**2023 Vision benefits**

**Humana**®

# 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 plans makes good eye health easy and budget friendly

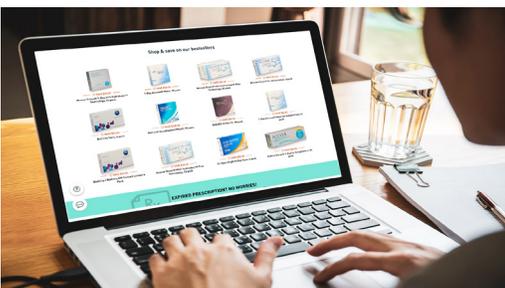
- Get an annual eye exam for \$10
- Choose from more than 108,000 access points including independent optometrists, ophthalmologists and national retail eye exam locations including LensCrafters®, Pearl Vision® and Target Optical®.



## How you can save with Humana Vision

Options	Retail cost	Cost with Humana Vision	Potential savings
Exam	\$70	\$10	\$65
Frames	\$225	\$52	\$173
Varilux comfort (premium progressives)	\$250	\$55	\$195
Crizal easy (anti-reflective)	\$125	\$22	\$103
<b>Total</b>	<b>\$670</b>	<b>\$139</b>	<b>\$531 - Almost 80% off the total retail cost</b>

Data is based on the Humana Vision 160 plan. Example is for illustration purposes only and individual results may vary. Humana group vision plans are offered by Humana Insurance Company, Humana Dental Insurance Company, Humana Health Benefit Plan of Louisiana, Humana Insurance Company of Kentucky, Humana Insurance Company of New York, CompBenefits Insurance Company, CompBenefits Company or The Dental Concern, Inc.



Contact Humana Customer Care at 877-398-2980. Monday - Saturday, 7:30 a.m. - 11 p.m., Eastern time, and Sunday, 11 a.m. - 8 p.m., Eastern time or visit [Humana.com](https://www.humana.com).

# Frequently asked questions

## What are Humana Insight Vision Plans?

Humana Insight Vision Plans are network-based vision plans that emphasize high quality routine eye healthcare from independent eye care professionals. Services and materials are provided on a prepaid basis, and the plans pay network doctors directly. Humana Insight Vision Plan members can also use non-network doctors if they wish.

## How does Humana Insight Vision Plan work?

Members simply select any in-network optometrist or ophthalmologist and make their appointments. At the time of the appointment, members pay only their copayments and for any extra cosmetic options selected. There are no forms to complete or claims to file.

Members can also choose an out-of-network provider. In this case, they pay their doctor at the time of the visit and submit itemized receipts to First American Administrators for reimbursement. Benefits are paid according to a reimbursement schedule. Out-of-network claim forms can be obtained from Humana Customer Care department.

## Are there any limitations to my vision benefit?

Yes, there are a few. Blended and progressive lenses are not normally required for visual welfare and are generally excluded. Elective or cosmetic items such as photochromic lenses, fashion color-coated lenses and sun lenses are not normally covered but may be provided at a discount.

## Do Humana Insight Vision Plans exclude anything?

Yes, some items and services are excluded, such as:

- 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 the eyes
- Care provided through or required by any government agency or program, including workers' compensation or similar law

## What do I need to access my benefits?

It's simple. Just take your Humana Vision Insight Plan ID card to your eye doctor, and he or she will file your claim for you.

## Can I go online to find out more about my plan or get assistance?

Yes. You can visit **MyHumana.com** to learn about your plan, to check your benefits, to use our Provider Locator, to send us an email and more.

## How can I get additional information?

Contact Humana Customer Care at 877-398-2980. Monday -Saturday, 7:30 a.m. - 11 p.m., Eastern time, and Sunday, 11 a.m. - 8 p.m., Eastern time or visit **Humana.com**.

## Vision care services

If you use an  
**IN-NETWORK** provider  
(Member cost)

If you use an  
**OUT-OF-NETWORK** provider  
(Reimbursement)

### Exam with dilation as necessary

- Retinal imaging <sup>1</sup>

\$10  
Up to \$39

Up to \$30  
Not covered

### Contact lens exam options <sup>2</sup>

- Standard contact lens fit and follow-up
- Premium contact lens fit and follow-up

Up to \$40  
10% off retail

Not covered  
Not covered

### Frames <sup>3</sup>

\$100 allowance  
20% off balance over \$100

\$50 allowance

### Standard plastic lenses <sup>4</sup>

- Single vision
- Bifocal
- Trifocal
- Lenticular

\$25  
\$25  
\$25  
\$25

Up to \$25  
Up to \$40  
Up to \$60  
Up to \$100

### Covered lens options <sup>4</sup>

- UV coating
- Tint (solid and gradient)
- Standard scratch-resistance
- Standard polycarbonate - adults
- Standard polycarbonate - children <19
- Standard anti-reflective coating
- Premium anti-reflective coating
  - Tier 1
  - Tier 2
  - Tier 3
- Standard progressive (add-on to bifocal)
- Premium progressive
  - Tier 1
  - Tier 2
  - Tier 3
  - Tier 4

\$15  
\$15  
\$15  
\$40  
\$40  
\$45  
Premium anti-reflective coatings as follows:  
\$57  
\$68  
80% of charge  
\$25  
Premium progressives as follows:  
\$110  
\$120  
\$135  
\$90 copay, 80% of charge less \$120 allowance  
\$75  
20% off retail

Not covered  
Not covered  
Not covered  
Not covered  
Not covered  
Not covered  
Premium anti-reflective coatings as follows:  
Not covered  
Not covered  
Not covered  
Up to \$40  
Premium progressives as follows:  
Not covered  
Not covered  
Not covered  
Not covered

### Contact lenses <sup>5</sup>

(applies to materials only)

- Conventional
- Disposable
- Medically necessary

\$100 allowance,  
15% off balance over \$100  
\$100 allowance  
\$0

\$80 allowance  
\$80 allowance  
\$200 allowance

## Vision care services

**If you use an  
IN-NETWORK provider  
(Member cost)**

**If you use an  
OUT-OF-NETWORK provider  
(Reimbursement)**

### Frequency

• 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

### Diabetic Eye Care: care and testing for diabetic members

• Examination - Up to (2) services per year	\$0	Up to \$77
• Retinal Imaging - Up to (2) services per year	\$0	Up to \$50
• Extended Ophthalmoscopy - Up to (2) services per year	\$0	Up to \$15
• Gonioscopy - Up to (2) services per year	\$0	Up to \$15
• Scanning Laser - Up to (2) services per year	\$0	Up to \$33

### Optional benefits

- <sup>1</sup> Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.
- <sup>2</sup> 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.
- <sup>3</sup> Discounts may be available on all frames except when prohibited by the manufacturer.
- <sup>4</sup> Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.
- <sup>5</sup> Plan covers contact lenses or frames, but not both.

### 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.<sup>1</sup>

<sup>1</sup> Thompson Media Inc.



### 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 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.

Humana Vision products insured by Humana Insurance Company, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc. or Humana Insurance Company of New York.

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.

# A fresh look at glasses



## Humana members, meet Glasses.com®

Get new glasses from the comfort of your own home. With your Humana Vision plan, you can search thousands of options on Glasses.com and have them shipped right to you. That's human care.

### Here's how it works:

- Search for a pair you love from thousands of name-brand frames
- Snap and send a picture of your prescription—or have Glasses.com call the provider for it
- Select lenses suited for many types of prescriptions (including progressives and multifocals)
- Get your glasses shipped the following day—with free shipping



We'll send you frames you like  
with lenses in your prescription



Test your frames  
up to 15 days



Keep them or send them back  
— all with free shipping



Buy new glasses from the comfort of home: **Download the app** or visit [Glasses.com](https://www.glasses.com) today

**Humana**®

# See a brighter future with contacts delivered straight to your door



## Humana members, meet ContactsDirect®

We know life gets busy. You don't always have time to visit your eye doctor to pick up new contact lenses. With ContactsDirect, you don't have to. ContactsDirect is an in-network service that delivers contact lenses straight to your door. That's human care.

As a Humana member, you can apply your vision benefits directly to the contacts you buy through ContactsDirect. Choose from dozens of the name brands you know and love and have them shipped to you for free.

ContactsDirect.com is just another way Humana is helping you see a brighter future.



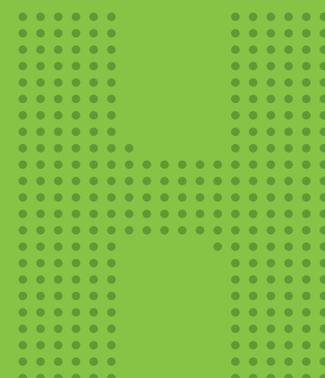
Check out this new,  
online in-network benefit

Visit us at  
[www.contactsdirect.com](http://www.contactsdirect.com)

## How to order your new contacts:

- 1 Visit [contactsdirect.com](http://contactsdirect.com).
- 2 Choose from a wide selection of top selling brands.
- 3 In-network vision benefits instantly apply to your purchase price.
- 4 Contact lenses will ship as soon as the prescription is verified. Most even ship that same day.

**Humana**®



# Vision discounts to help members see a complete picture

Humana knows that good vision health is important to overall health. That's why we're committed to making sure that members get the most value from their vision benefits.

Humana is making it easier to control out-of-pocket costs with discounts and rebates. We're looking out for our members with everything you'd expect from a vision plan, plus more. That's what we call human care.



Vision plan members can learn about and access all the discounts available to you, go to **Humana.com** and sign in. Select Vision, then select Humana vision, then select Special offers.

## A vast network

Our network consists of private practitioners including ophthalmologists and optometrists, LensCrafters, Target Optical and Pearle Vision; as well as online, in-network options, such as [www.lenscrafters.com](http://www.lenscrafters.com), [www.glasses.com](http://www.glasses.com), [www.contactsdirect.com](http://www.contactsdirect.com) and [www.ray-ban.com](http://www.ray-ban.com).

## Special offers

Examples of currently available special offers\* are listed below. New and updated offers are added quarterly and annually.

- **Lasik** – \$800 off Lasik, with the Wavelight Laser, at LasikPlus Vision Centers.
- **Target Optical** – Additional \$25 off when using vision insurance at Target Optical.
- **Pearle Vision** – \$25 toward your purchase of a complete pair of glasses or Rx sunglasses. Can be combined with vision benefits or select offers.
- **Sunglass Hut** – \$20 off any purchase or \$50 off purchase of \$200 or more from Sunglass Hut.
- **Glasses.com** – Get \$50 off any nonprescription pair of designer sunglasses above \$200, or \$20 off any other non-prescription pair of sunglasses below \$200.
- **ContactsDirect.com** – Get 10% off your contact lens purchase, plus free shipping at ContactsDirect.com.



- **Special pricing, lens cleaners, Croakies retainers, child and adult cases** – Special member pricing on lens cleaners, Croakies retainers, child and adult cases.
- **Prescription glasses** – 40% off second pair of prescription glasses from participating in-network providers.\*
- **Sunglasses** – 20% off non-Rx sunglasses from participating in-network providers.\*
- **Frames, lenses or lens options** – 20% off after coverage has reached its maximum for frames, lenses or lens options at participating in-network providers.\*

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\*For vision plans with qualified materials benefits only. Not applicable for exam-only vision plans.

The discounts offered through this Discount Program are not insurance or insured benefits. The program is subject to change or may be discontinued, without notice and at any time.

This is a sample of offers that are available online. Offers represented here may not be combined. To obtain offer codes, view offer terms and conditions, and search other current and available offers, visit the website listed on your ID card.

# Provider directory Humana.com

1 Select “Find a doctor tool” on the home page

2 Choose vision care

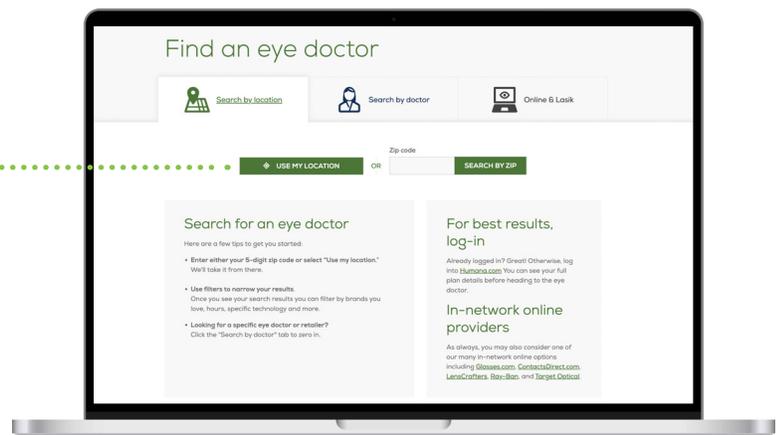
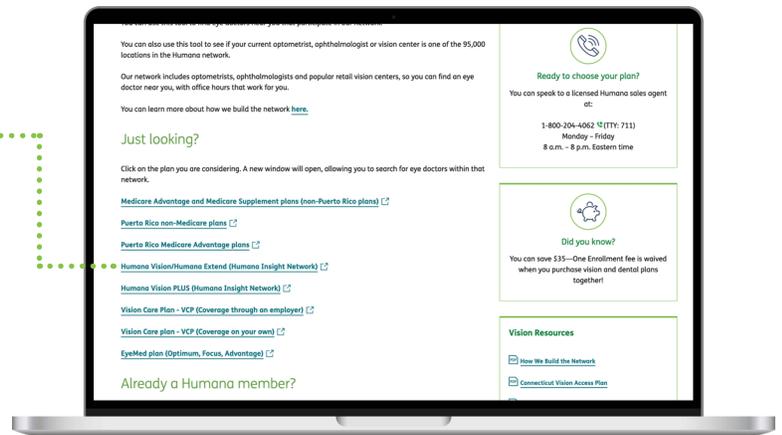
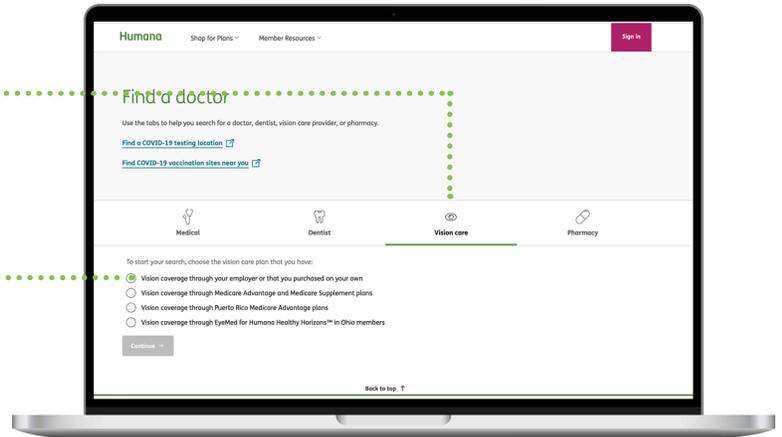
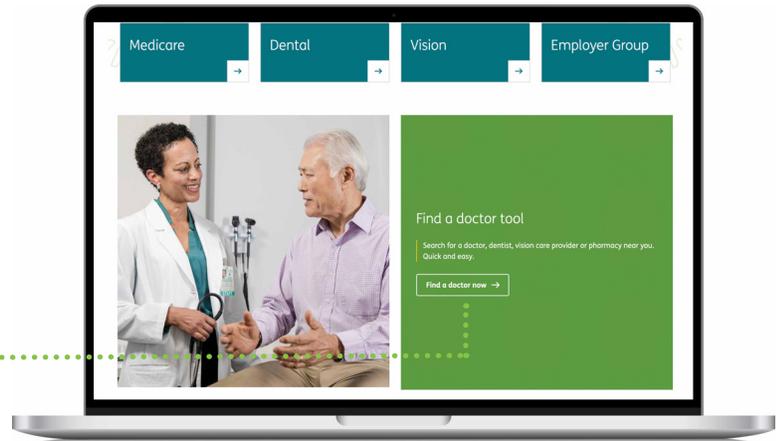
3 Select the “Vision coverage through your employer or that you purchased on your own” option and then select continue

4 Select Humana Vision/Humana Extend (Humana Insight Network) as your network plan

5 Select “Use my location” or “search by zip”

6 List of eye care providers and contact information will populate

7 Choose the provider that is best for you





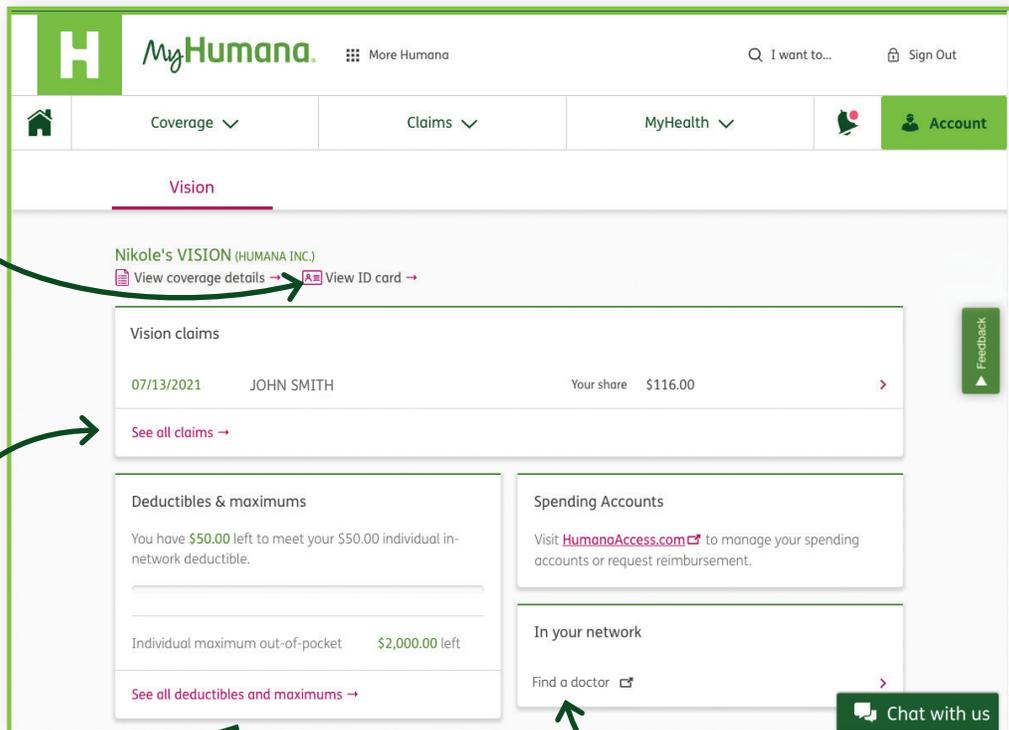
# MyHumana

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.



## Get quick access to your vision plan



View, print and email ID cards

Check your claim status

Review deductibles, coverage levels and limits

Find an eye doctor near you

A dashboard that puts all your information in one spot

Chat with a representative about any of your vision plan questions

### Registering is easy

1. Go to [Humana.com/register](https://www.humana.com/register) and "Start activation now".
2. Confirm member information. Enter your member ID number (or Social Security number), date of birth and ZIP code.
3. Create a username, password and security prompt and click "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 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'í béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك



Vision member services • 877-398-2980

**Humana.com**

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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.

Policy number: FL-70148-01LG9/15et.al.;FL-70148-01SG9/15et.al.

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.

Insured or administered by Humana Insurance Company.