Orange County BOCC - 2019

Your Vision Benefits
<table>
<thead>
<tr>
<th>Vision care services</th>
<th>If you use an IN-NETWORK provider (Member cost)</th>
<th>If you use an OUT-OF-NETWORK provider (Reimbursement)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam with dilation as necessary</td>
<td>$5</td>
<td>Up to $30</td>
</tr>
<tr>
<td>• Retinal imaging</td>
<td>$5</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Up to $39</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact lens exam options</td>
<td>Up to $55</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Standard contact lens fit and follow-up</td>
<td>10% off retail</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Premium contact lens fit and follow-up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frames</td>
<td>$120 allowance</td>
<td>$65 allowance</td>
</tr>
<tr>
<td>20% allowance over $120</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard plastic lenses</td>
<td>$15</td>
<td>Up to $25</td>
</tr>
<tr>
<td>• Single vision</td>
<td>$15</td>
<td>Up to $40</td>
</tr>
<tr>
<td>• Bifocal</td>
<td>$15</td>
<td>Up to $60</td>
</tr>
<tr>
<td>• Trifocal</td>
<td>$15</td>
<td>Up to $100</td>
</tr>
<tr>
<td>• Lenticular</td>
<td>$15</td>
<td></td>
</tr>
<tr>
<td>Covered lens options</td>
<td>$15</td>
<td>Not covered</td>
</tr>
<tr>
<td>• UV coating</td>
<td>$15</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Tint (solid and gradient)</td>
<td>$0</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Standard scratch-resistance</td>
<td>$40</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Standard polycarbonate - adults</td>
<td>$0</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Standard polycarbonate - children &lt;19</td>
<td>Premium anti-reflective coatings as follows:</td>
<td></td>
</tr>
<tr>
<td>• Standard anti-reflective coating</td>
<td>Premium anti-reflective coatings as follows:</td>
<td></td>
</tr>
<tr>
<td>• Premium anti-reflective coating</td>
<td>Premium anti-reflective coatings as follows:</td>
<td></td>
</tr>
<tr>
<td>- Tier 1</td>
<td>$57</td>
<td>Not covered</td>
</tr>
<tr>
<td>- Tier 2</td>
<td>$68</td>
<td>Not covered</td>
</tr>
<tr>
<td>- Tier 3</td>
<td>80% of charge</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Standard progressive (add-on to bifocal)</td>
<td>$15</td>
<td>Up to $40</td>
</tr>
<tr>
<td>• Premium progressive</td>
<td>Premium progressives as follows:</td>
<td>Not covered</td>
</tr>
<tr>
<td>- Tier 1</td>
<td>$110</td>
<td></td>
</tr>
<tr>
<td>- Tier 2</td>
<td>$120</td>
<td></td>
</tr>
<tr>
<td>- Tier 3</td>
<td>$135</td>
<td></td>
</tr>
<tr>
<td>- Tier 4</td>
<td>$90 copay, 80% of charge less $120 allowance</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Photochromatic / plastic transitions</td>
<td>$75</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Polarized</td>
<td>20% off retail</td>
<td>Not covered</td>
</tr>
<tr>
<td>Contact lenses (applies to materials only)</td>
<td>$120 allowance, 15% off balance over $120</td>
<td>$104 allowance</td>
</tr>
<tr>
<td>• Conventional</td>
<td>$120 allowance</td>
<td>$104 allowance</td>
</tr>
<tr>
<td>• Disposable</td>
<td>$0</td>
<td>$200 allowance</td>
</tr>
<tr>
<td>• Medically necessary</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Humana Vision 130

Orange County BOCC

Humana.com
Page 1 of 5
### Vision care services

<table>
<thead>
<tr>
<th>Frequency</th>
<th>If you use an IN-NETWORK provider (Member cost)</th>
<th>If you use an OUT-OF-NETWORK provider (Reimbursement)</th>
</tr>
</thead>
<tbody>
<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 12 months</td>
<td>Once every 24 months</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Service</th>
<th>IN-NETWORK (Member cost)</th>
<th>OUT-OF-NETWORK (Reimbursement)</th>
</tr>
</thead>
<tbody>
<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>

### Optional benefits

- **Polycarbonate Lenses for Children <19**
  Provides for standard polycarbonate lens with $0 copay. Not available in AK, CT, ID, & OH.

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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 may be 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.

### 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.
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.

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.
Discrimination is Against the Law

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Humana Inc. and its subsidiaries provide:
- 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.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-877-320-1235 or if you use a TTY, call 711.

If you believe that Humana Inc. and its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances
P.O. Box 14618
Lexington, KY 40512 - 4618

If you need help filing a grievance, call 1-877-320-1235 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 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, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html
Multi-Language Interpreter Services

**English:** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-877-320-1235 (TTY: 711).

**Español (Spanish):** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-320-1235 (TTY: 711).

**繁體中文 (Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-320-1235 (TTY: 711)。


**한국어 (Korean):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-320-1235 (TTY: 711) 번으로 전화해 주십시오.


**Pусский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-320-1235 (телетайп: 711).


**Français (French):** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-320-1235 (ATS: 711).


**Italiano (Italian):** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-320-1235 (TTY: 711).


**العربية (Arabic):**

**日本語 (Japanese):** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-320-1235 (TTY: 711) まで、お電話にてご連絡ください。

**فارسی (Farsi):**

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>Item</th>
<th>Retail cost</th>
<th>Cost with Humana Vision</th>
<th>Potential savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>$70</td>
<td>$5</td>
<td>$65</td>
</tr>
<tr>
<td>Frames</td>
<td>$150</td>
<td>$16</td>
<td>$134</td>
</tr>
<tr>
<td>Single-vision lenses</td>
<td>$70–120</td>
<td>$15</td>
<td>$55–105</td>
</tr>
<tr>
<td>Standard scratch–resistant coating</td>
<td>$40</td>
<td>$15</td>
<td>$25</td>
</tr>
<tr>
<td>Standard UV coating</td>
<td>$40</td>
<td>$15</td>
<td>$25</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$370–420</strong></td>
<td><strong>$66</strong></td>
<td><strong>$304–354</strong></td>
</tr>
</tbody>
</table>

Data is based on the Humana Vision 130 plan. Example is for illustration purposes only, and individual results may vary.


GCHJPWZEN 0816
Employees have a realistic way to try on glasses digitally:

In-network now means online

We’re changing the way benefits work - because online purchases of prescription glasses is projected to increase by 15% over the next 10 years.¹ And now that Glasses.com is in our network, members can go online to buy glasses anytime, from anywhere. And the best part is that they can use their in-network benefits.

It’s easy:

- Members can find a pair they love from thousands of name-brand frames
- Snap and send a picture of the prescription – or have Glasses.com call the provider for it
- Lenses available for most prescriptions (including progressives and multifocals)
- Orders fulfilled and shipped the following day – and it’s free!
- All supported by the award winning² photorealistic and geometrically accurate 3D virtual “try-on” app for iPad and iPhone

Try glasses on at home

Risk Free

We’ll send members frames they like in their prescription
They can wear them for 15 days
They can keep them – or send them back – all with free shipping

See from any angle

See how frames look from side to side

Share on Social Media
Get the opinions of family friends

See how our vision is changing reality

Download the app or visit Glasses.com today

¹Estin & Co, 2013 estimates and analysis; Essilor International
²2014 Cannes Lions Festival, Bronze Award for “Creative Use of Technology”
Members can now use their contact lens allowance online

We know that even though employees are busy, they always have a mobile device ready or a computer nearby. That’s why they can order contact lenses online using ContactsDirect when they need to - without leaving their homes. And the best part is that they can use their in-network benefits to make sure they’re getting the best price around.

Plus, members can be sure that they can find what they need because ContactsDirect stocks the best-selling brands. The site also offers a best-in-class user experience that allows users to view their eligibility and available allowance (with application directly in their shopping cart). All with fast, free shipping!

And don’t worry, for members who still prefer to visit their eye doctor in person to purchase contacts lenses, nothing has changed. ContactsDirect is just one more way we’re helping employees see life to the fullest.

73% of brokers agree that online, in-network options are of high value for their clients.**

Check out this new, online in-network benefit that you can offer to employees, visit us at www.contactsdirect.com

*ContactsDirect will abide by state laws that pertain to contact lens. **EyeMed internal research study, 2014
*** Members whose prescriptions are more than a year old will need an updated prescription to make an online or in-person purchase using their benefits.
How to view a copy of your vision identification (ID) card

What do I do if I need to visit my provider and I haven’t received my Humana member ID card?

You will have access to view and print your vision ID card via the website or HumanaVitality Mobile App.

Here’s How

• Go to Humana.com and sign in/register for MyHumana (Have your Humana member ID card or Social Security number available)

• Click “Access your ID Card” under “Tools & Forms” in the lower right of your MyHumana home page or in the page’s footer under “Tools & Resources”

• A new window will appear with links to the ID card or proof of coverage

• Print if desired

Call Member Services at 1-877-398-2980 for assistance or more information
Get the most up-to-date information.
Follow these simple steps to find a Humana Vision provider:

1. Under “Find a doctor” on the home page, click on “Search.”

2. Under “Search Type,” select “Vision” and click on “Go.”

Select “Vision coverage through your employer” and click on “Go.”

Select Humana Vision (Humana Insight Network)

Enter Zip code and select Get Results

Your search results will display.
STEPS TO FINDING PROVIDERS ON HUMANA’S VISION INSIGHT NETWORK

www.humana.com

STEP 1. Select “Find a doctor or pharmacy”...click search.

STEP 2. “Search Type”....select vision from the drop down box...Click, go.
STEP 3. Be sure the radio button is on “Vision coverage through employer...” Click, go.

STEP 4. Select “Humana Vision (Humana Insight network)"
STEP 5 Begin by entering your zip code.
Reduced fees

Lasik procedures are available if you’re nearsighted or have astigmatism and wear glasses or contacts. We have contracted with many well-known facilities and eye doctors to offer these 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):

<table>
<thead>
<tr>
<th>Facility</th>
<th>Contact Number</th>
<th>Custom **</th>
<th>LasikPlus</th>
<th>QualSight LASIK</th>
<th>QualSight Lifetime Assurance Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>TLC</td>
<td>1-888-358-3937</td>
<td>$1,295</td>
<td>$1,895*</td>
<td>$1,320</td>
<td>$1,995*</td>
</tr>
<tr>
<td>LasikPlus</td>
<td>1-866-757-8082</td>
<td>$1,895*</td>
<td>LasikPlus free enhancements for life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QualSight LASIK</td>
<td>1-855-456-2020</td>
<td>$1,320</td>
<td>$1,995*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Pricing varies by section, by procedure offered by the provider you choose, and by options in your area. Not all locations offer fixed pricing. Please call the provider for details.

Easy access to service

During your comprehensive eye health examination, your doctor can determine if you’re a candidate for Lasik. If you qualify, the doctor can also make arrangements for the procedure with one of the centers that participates in this program.

Your Humana Vision ID card verifies your eligibility for Lasik discounts. You can find a list of providers online at Humana.com or by calling a Customer Care specialist at 1-877-398-2980.

This discount cannot be combined with any other discount or promotional offer. The Humana Vision Lasik program is not affiliated with any medical or health plan. All pricing listed is per eye.
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:

- Visiting Humana.com and clicking the Privacy Practices link at the bottom of the home page
- E-mailing us at privacyoffice@humana.com
- Sending a written request to:
  Humana Privacy Office
  P.O. Box 1438
  Louisville, KY 40202