



Humana Vision

**Florida School Retiree Benefits Consortium
2024 Vision Plans**

Humana[®]

FLHLY7GEN 0523

CONTACT INFORMATION

All Eligible and Enrolled Retirees should view the www.myfsrbc.com website initially.

Pre-enrollment Team – 855-811-0409

- Aging in Questions
- Benefit Plan Explanation

Open enrollment or qualifying event - 877-589-4051

- Initial Enrollment via phone
- Dependent Coverage changes
- Plan Changes
- Divorce
- Death
- Termination Request

Vision – 877-398-2980

- Vision Benefit Question
- Vision In Network Provider Search
- Vision Claims

Existing Member Changes – 800-233-4013

- Name Change
- Correct Birthdate
- Update Phone Number
- Address Change
- DHMO Primary Care Dentist (PCD) change

Enrolled Member Billing – 877-829-5037

- Billing Questions
- Paper Bill Receipt
- Set up or Change an ACH Bank Draft
- Pay by Phone
- Change Payment Preference
- Incorrect Invoice
- Reinstatement Requests Due to Delinquent Invoice
- Termination Request
- Florida Retirement System (FRS) Authorization Form
 - Deduction from retiree pension form
 - Return To: FRSAuthorization@humana.com

Vision Low

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 ¹	\$10 Up to \$39	Up to \$30 Not covered
Contact lens exam options² • Standard contact lens fit and follow-up • Premium contact lens fit and follow-up	Up to \$40 10% off retail	Not covered Not covered
Frames³	\$130 allowance 20% off balance over \$130	\$65 allowance
Standard plastic lenses⁴		
• Single vision • Bifocal • Trifocal • Lenticular	\$15 \$15 \$15 \$15	Up to \$25 Up to \$40 Up to \$60 Up to \$100
Covered lens options⁴		
• UV coating • Tint (solid and gradient) • Standard scratch-resistance • Standard polycarbonate - adults • Standard polycarbonate - children <19 • Standard anti-reflective coating • Premium anti-reflective coating	\$15 \$15 \$15 \$40 \$0 \$45 Premium anti-reflective coatings as follows:	Not covered Not covered Not covered Not covered Not covered Not covered Premium anti-reflective coatings
- Tier 1 - Tier 2 - Tier 3	\$57 \$68 80% of charge	Not covered Not covered Not covered
• Standard progressive (add-on to bifocal) • Premium progressive - Tier 1 - Tier 2 - Tier 3 - Tier 4	\$15 Premium progressives as follows: \$110 \$120 \$135 \$90 copay, 80% of charge less \$120 allowance \$75	Up to \$40 Premium progressives as follows: Not covered Not covered Not covered Not covered
• Photochromatic / plastic transitions • Polarized	20% off retail	Not covered Not covered
Contact lenses⁵ (applies to materials only)		
• Conventional	\$130 allowance. 15% off balance over \$130	\$104 allowance
• Disposable • Medically necessary	\$130 allowance \$0	\$104 allowance \$200 allowance

Humana Vision 130

Vision care services

	If you use an IN-NETWORK provider	If you use an OUT-OF-NETWORK provider
	(Member cost)	(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	\$ 0	Up to \$77
- Up to (2) services per year		
• Retinal Imaging	\$ 0	Up to \$50
- Up to (2) services per year		
• Extended Ophthalmoscopy -	\$ 0	Up to \$15
Up to (2) services per year		
• Gonioscopy	\$ 0	Up to \$15
- Up to (2) services per year		
• Scanning Laser	\$ 0	Up to \$33
- Up to (2) services per year		

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 Insight 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.

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.
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.

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.



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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.

Vision High

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 imaging¹

\$5
Up to \$39

Up to \$30
Not covered

Contact lens exam options²
• Standard contact lens fit and follow-up
• Premium contact lens fit and follow-up

Up to \$40
10% off retail

Not covered
Not covered

Frames³

\$130 allowance
20% off balance over \$130

\$65 allowance

Standard plastic lenses⁴

- Single vision
- Bifocal
- Trifocal
- Lenticular

\$15
\$15
\$15
\$15

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

Covered lens options⁴

- 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
- Photochromatic / plastic transitions
- Polarized

\$15
\$15
\$15
\$40
\$0
\$45
Premium anti-reflective coatings as follows:
\$57
\$68
80% of charge
\$15
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
Not covered
Not covered

Contact lenses⁵ (applies to materials only)

- Conventional
- Disposable
- Medically necessary

\$130 allowance,
15% off balance over \$130
\$130 allowance
\$0

\$104 allowance
\$104 allowance
\$200 allowance

Humana Vision 130

Vision care services

Frequency

- Examination
- Lenses or contact lenses
- Frame

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

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

Once every 12 months

Once every 12 months

Once every 12 months

Once every 12 months

Once every 12 months

Once every 12 months

Diabetic Eye Care: care and testing for diabetic members

- Examination
 - Up to (2) services per year
- Retinal Imaging
 - Up to (2) services per year
- Extended Ophthalmoscopy -
 - Up to (2) services per year
- Gonioscopy
 - Up to (2) services per year
- Scanning Laser
 - Up to (2) services per year

\$ 0

Up to \$77

\$ 0

Up to \$50

\$ 0

Up to \$15

\$ 0

Up to \$15

\$ 0

Up to \$33

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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.
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9. Any service that we determine:
 - Is not a visual necessity;
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10. Orthoptic or vision training.
11. Subnormal vision aids and associated testing.
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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.
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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

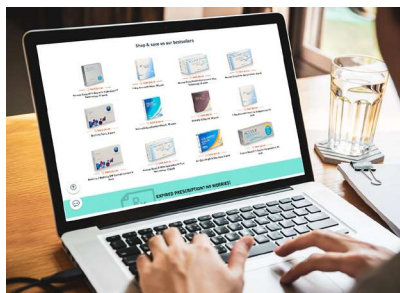


Humana members, meet ContactsDirect

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.



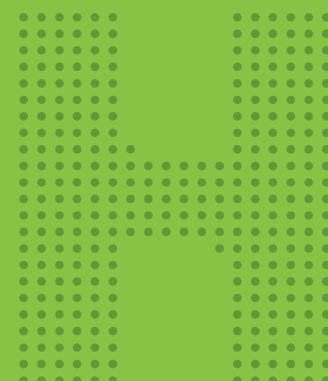
Check out this new, online in-network benefit

Visit us at
www.contactsdirect.com

How to order your new contacts:

- 1 Visit 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.

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As you get a little older, get a lot wiser about your eyes

Age-related macular degeneration (AMD)

The National Eye Institute defines age-related macular degeneration (AMD) as an eye disease that can blur the sharp, central vision you need for activities like reading and driving. According to the American Foundation for the Blind, AMD is the leading cause of vision loss in older Americans and affects more than 13 million people.^{1,2}

Cataracts

By age 75, approximately half of all Americans have cataracts.³ Regular eye exams can help identify and treat cataracts before they cause permanent blindness.

Floaters

Floaters are clusters of cells that have separated from the clear fluid inside the eye. About 25% of people experience floaters by their 60s, according to Harvard Medical School. If you have floaters, it's important to have an eye examination as they could be the result of a detached retina.



Protect your vision from common conditions

Your risk for eye diseases increases as you age. But vision loss doesn't have to be a part of aging. There are steps you can take. According to the National Eye Institute, regular comprehensive dilated eye exams can help catch problems early, when they're easier to treat.

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¹www.nei.nih.gov/learn-about-eye-health/eye-conditions-and-diseases/age-related-macular-degeneration

²www.afb.org/aw/15/1/15644 ³www.aao.org/newsroom/eye-health-statistics

³www.aao.org/newsroom/eye-health-statistics

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GNAOBM3HH 1220

Don't lose sight of what's important

Know the facts about glaucoma

Protect your vision. Regular eye exams are the best way to avoid significant glaucoma damage.¹

Glaucoma is a leading cause of blindness in the United States.¹ It is an eye disease that can cause loss of vision and irreversible blindness by damaging the optic nerve. It typically affects people over 40 years old. Early signs may occur when the passages that filter and exchange fluid from within the eye become blocked, causing internal eye pressure to increase. The chances of developing glaucoma are increased by family history, race, extreme nearsightedness and diabetes.² There is no cure but it can be treated.¹

You may not have symptoms

Glaucoma tends to develop gradually. If there are symptoms, they may include: minor blurring of vision, loss of central or peripheral vision, the appearance of colored rings around lights and eye pain or dull headaches.

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Visit your eye doctor for an exam and treatment

A comprehensive eye exam can detect the onset of glaucoma. Your eye care specialist will do further testing and may prescribe medication or recommend other forms of treatment, including surgery.

¹www.glaucoma.org/glaucoma/glaucoma-facts-and-stats.php

²www.glaucoma.org/gleams/what-can-i-do-to-prevent-glaucoma.php

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Look out for your eyes

Diabetes can affect sight

If you're having difficulty seeing, it may be a sign of diabetes.

What is diabetes?

Diabetes is a disease in which the pancreas cannot produce insulin or the body cannot use insulin efficiently.¹ Insulin is needed to break down sugars and starches and turn them into energy for your body. The American Diabetes Association reports that 30.3 million people have diabetes in the United States.

If diabetes is left untreated, eye diseases such as retinopathy (damage to the retina), cataracts (clouding of eye lens) and glaucoma (increased fluid pressure in the eye) could develop, blurring vision and eventually causing blindness.

Know the symptoms

The early symptoms of diabetic retinopathy may be hard to detect. According to the National Eye Institute, you may experience changes in your vision (blurry vision, floating spots) or have difficulty reading or seeing faraway objects.

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Visit your eye doctor for an exam and treatment

An ophthalmologist or optometrist can examine the retina for signs of eye disease, including diabetic retinopathy. If diabetic retinopathy is detected, it can be treated by laser surgery. While there is no cure for diabetes, it can be managed. Proper medication, close monitoring of blood sugar levels, a healthy diet and regular exercise can help and reduce the likelihood of vision-related complications.

¹www.niddk.nih.gov/health-information/diabetes/overview/what-is-diabetes

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Exclusive discounts for Humana members

We understand the importance of your overall health and that's why we've carefully selected companies to team up with to offer special discounts Humana members can enjoy.



To access your exclusive discounts, sign in to [MyHumana.com](https://www.mychumana.com), go to the "Menu" tab at the top and scroll down to "Coverage" and then scroll down to "Special Discounts".

You have access to a variety of discounts that support your overall health and well-being



Dental health

Discounts on personalized dental products for things like:

- ✓ Invisible teeth straightening aligners – from your home
- ✓ Innovative dental devices with tracking & personalized feedback
- ✓ Teeth whitening



Eye health

Vision care discounts that help you see better:

- ✓ Bladeless and traditional LASIK vision correction
- ✓ Exams, glasses, & contacts



Hearing

Improve your hearing experience with discount options that fit you:

- ✓ Unique online solution for hearing aids and support
- ✓ Professional care in your area with savings up to 60% on hearing aids

Plus, **additional discounts** for things like weight loss, acupuncture & chiropractic services, massage therapy, fitness devices, identity theft protection and more! [Sign in to MyHumana](https://www.mychumana.com) to see all your discounts!



AUDICUS

TruHearing®

The discounts offered through the Special Discounts Program (the Program) are not insurance or insured benefits.

The Program is subject to change and may be discontinued, without notice and at any time. The Program is only available to eligible Humana members. For any non-vision discounts in the Program, members in New Mexico and Vermont are not eligible. Additional exclusions may apply for members of individual policies. The Program is not available to Medicare or Medicaid members. The discount vendors are third-party vendors. The vendors are solely responsible to you for the provision of these products and services. The discount vendors may impose additional eligibility requirements, including but not limited to: age, valid Social Security number, internet and email access. You should independently review the products and services and the discount vendors before purchasing. Humana's contract with the discount vendors does not eliminate a member of any obligations under the policy or change the terms of the policy. Participation in the Program is voluntary. Humana and the discount vendor, including each party's respective affiliates and subsidiaries, are independent, non-affiliated entities. Humana, its parent and affiliates, expressly disclaims all liability for any care or services rendered by these vendors and all liability if vendors refuse to honor the discounts.

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.





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

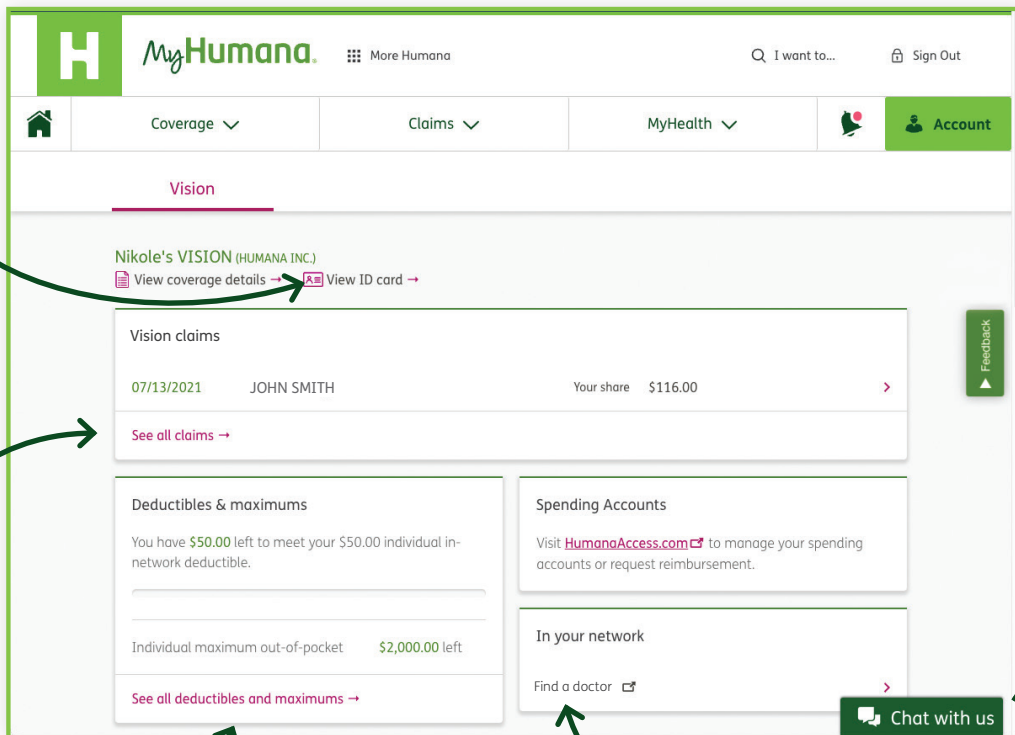
View, print and email ID cards

ID cards are mailed within 10 days of enrollment. If you need to see a provider before you receive your ID card in the mail, follow the "Registering is easy" instructions below.

Check your claim status

Review deductibles, coverage levels and limits

Find an eye doctor near you

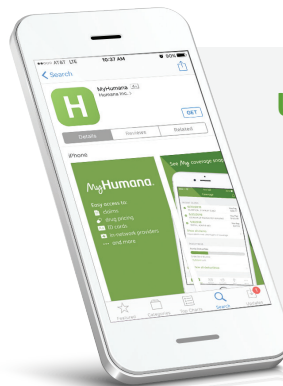


A dashboard that puts all your information in one spot

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 choose "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 hí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiiik'eh saad bee áká'ánída'áwo'déé nika'adoowól.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك