

EyeMed – Optimum Plan

Dighton-Rehoboth Regional

Vision Care Services	See a participating provider	See a nonparticipating provider
Exam with dilation as necessary	\$10 copay	\$30 allowance
Contact lens exam options Standard contact lens fit and follow-up Premium contact lens fit and follow-up	Up to \$40 10% off retail	not available not available
Frames Discounts available on all frames except when prohibited by the manufacturer.	\$130 allowance, 20% off balance over \$130	\$65 allowance
Standard plastic lenses Single vision Bifocal Trifocal	\$0 copay \$0 copay \$0 copay	\$25 allowance \$40 allowance \$55 allowance
Lens options UV coating Tint (solid and gradient) Standard scratch-resistance Standard polycarbonate** Standard anti-reflective coating Standard progressive (add-on to bifocal) Other add-ons and services	\$15 copay \$15 copay \$15 copay \$40 copay \$45 copay \$65 copay 20% off retail price	not available not available not available not available not available not available not available
Contact lenses (applies to materials only) Conventional Disposable Medically necessary	\$130 allowance, 15% off balance over \$130 \$130 allowance \$0 copay, paid-in-full	\$104 allowance \$104 allowance \$200 allowance
Frequency options (based on date of service) Examination Lenses or contact lenses Frame	Once every 12 months Once every 12 months Once every 24 months	Once every 12 months Once every 12 months Once every 24 months

* **Standard contact lens fitting:** spherical clear contact lenses in conventional wear and planned replacement (examples include but not limited to disposable, frequent replacement, etc.)

* **Premium contact lens fitting:** all lens designs, materials and specialty fittings other than standard contact lenses (examples include toric, multifocal, etc.)

** Frame, lenses, and lens option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, member receive 20% off the retail price.

Questions?

Check out HumanaVisionCare.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.

Additional plan discounts

- › Member will receive a 20% discount off retail price on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services or contact lenses. Retail prices may vary by location. Always ask your provider about special offers which may provide a lower overall price.
- › Members also receive a 40% discount off retail price on complete eyeglass purchases and a 15% discount off retail price on conventional contact lenses once the funded benefit has been used.
- › Members 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. For a location near you and the discount authorization, please call 1-877-5LASER6.
- › After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member.

Plan limitations and exclusions

- › Lost or broken materials are not covered.
- › Discounts do not apply for benefits provided by other group benefit plans. Allowances are one-time use benefits; no remaining balance.
- › Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing.
- › Medical and/or surgical treatment of the eye, eyes, or supporting structures.
- › Services provided as a result of any Worker's Compensation law.
- › Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan.
- › Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).
- › Services or materials provided by any other group benefit providing for vision care.
- › Two pair of glasses in lieu of bifocals.
- › Aniseikonic lenses.

HUMANA®

Specialty Benefits

Vision products insured by Humana Insurance Company or Humana Insurance Company of Kentucky or Humana Health Benefit Plan of Louisiana, Inc.

This is not a complete disclosure of plan qualifications and limitations. Check with your local Humana or HumanaDental sales office to verify product availability.

Policy number: GN-70148-01, CA-70148-01, MO-70148-01, NV-70148-01, OH-70148-01, OK-70148-01, VA-70148-01, or WI-70148-01