

Humana

Customer Service: (800) 865-3676

www.compbenefits.com

The City offers the Humana Vision Care plan. Vision insurance is 100% employee paid and biweekly premiums are deducted from your paycheck 24 times a year. A brief description of the vision plan and summary of benefits is provided below. The employee costs per pay period are shown on the premium table to the right. For detailed coverages, exclusions and stipulations, please refer to the carrier's benefit summary or contact Humana Customer Service.

In-Network Benefits

The vision plan offers you and your covered dependents coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, covered members can select any optometrist or ophthalmologist that participates in the **Humana VisionCare Network**. At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and optional upgrades are available at an additional wholesale cost. There is no Calendar Year Deductible. There is no Out-of-Pocket Maximum. However, there are benefit reimbursement maximums for certain services per calendar year.

To locate a provider, go to www.compbenefits.com and click "Provider/Search" then select "Find Vision Providers." Choose "Vision Care Plan" and fill out the search criteria then click "search."

Please note the following:

- Member options, such as Lasik, UV coating, progressive lenses, etc. are not covered in full, but may be available at a discount.

Vision Insurance – VisionCare Plan Employee Bi-Weekly Premium Deductions

Tier of Coverage	Employee Cost
Employee Only	\$2.96
Employee + One Dependent	\$5.92
Employee + Family	\$7.91

Vision Insurance – VisionCare Plan Monthly Premium Rates

Tier of Coverage	Retiree Cost
Retiree Only	\$5.92
Retiree + One Dependent	\$11.84
Retiree + Family	\$15.82

Services	In Network
Eye Exam	\$10 copay (once every 12 months)
Lenses (single, bifocal, trifocal)	\$15 copay (once every 12 months)
Frames	\$45 credit on wholesale price (once every 24 months)
Contact Lenses Non-elective (Medically Necessary)	100%
Contact Lenses Elective (Fitting, Follow-up & Lenses)*	Up to \$105 Reimbursement (once every 12 months)

Contact Humana's Customer Service for an out-of-network reimbursement schedule.

*Contact lenses are in lieu of lenses.