

Vision Insurance: Humana Vision Care Plan At-A-Glance

Services	In Network	Out of Network
Eye Exam	\$10 Copay	Up to \$35 Reimbursement
Materials	\$15 Copay	Plan Reimbursement Based on Type of Service
Frequency of Services	In Network	Out of Network
Examination	12 Months	
Lenses	12 Months	
Frames	24 Months	
Contact Lenses	12 Months	
Lenses	In Network	Out of Network
Single	Paid in Full After \$15 Materials Copay	Up to \$20 Reimbursement
Bifocal		Up to \$40 Reimbursement
Trifocal		Up to \$60 Reimbursement
Frames	In Network	Out of Network
Allowance	Paid in Full (\$15 Materials Copay May Apply)	Up to \$35 Reimbursement
Contact Lenses*	In Network	Out of Network
Non-Elective (Medically Necessary)	Paid in Full (\$15 Materials Copay May Apply)	Up to \$150 Reimbursement
Elective (Fitting, Follow-up & Lenses)	Up to \$100 Retail Allowance	Up to \$100 Reimbursement

* Contact lenses are in lieu of spectacle lenses and a frame