



Your 2022 Vision Benefits Guide

Living what matters

Sarasota County School Board

Humana®



Sarasota County School Board

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 options ² • Standard contact lens fit and follow-up • Premium contact lens fit and follow-up	Up to \$35 10% off retail	Not covered Not covered
Frames ³	\$120 allowance 20% off balance over \$120	\$65 allowance
Standard plastic lenses ⁴ • Single vision • Bifocal • Trifocal • Lenticular	\$15 \$15 \$15 \$15	Up to \$25 Up to \$40 Up to \$60 Up to \$100
Covered lens options ⁴ • 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 \$40 \$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 lenses ⁵ (applies to materials only) • Conventional • Disposable • Medically necessary	\$120 allowance, 15% off balance over \$120 \$120 allowance \$0	\$104 allowance \$104 allowance \$200 allowance

Humana Vision 120

Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Frequency <ul style="list-style-type: none"> 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
Diabetic Eye Care: care and testing for diabetic members <ul style="list-style-type: none"> Examination <ul style="list-style-type: none"> - Up to (2) services per year Retinal Imaging <ul style="list-style-type: none"> - Up to (2) services per year Extended Ophthalmoscopy <ul style="list-style-type: none"> - Up to (2) services per year Gonioscopy <ul style="list-style-type: none"> - Up to (2) services per year Scanning Laser <ul style="list-style-type: none"> - Up to (2) services per year 	\$0 \$0 \$0 \$0 \$0	Up to \$77 Up to \$50 Up to \$15 Up to \$15 Up to \$33

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.

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 anesthesiologist.
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.



¹ Thompson Media Inc.

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.



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 Plan makes good eye health easy and budget friendly

- Get an annual eye exam for \$10
- Choose from more than 108,000 access points including independent optometrists, ophthalmologists and national retail eye exam locations including Lens Crafters, Pearl Vision and Target Optical.



How you can save with Humana Vision

	Retail cost	Cost with Humana Vision	Potential savings
Exam	\$70	\$10	\$60
Frames	\$225	\$52	\$173
Varilux Comfort (premium progressives)	\$250	\$55	\$195
Crizal Easy (anti-reflective)	\$125	\$22	\$103
Total	\$670	\$139	<div><div>\$531</div>Almost 80% off the total retail cost</div>

Data is based on the Humana Vision 160 plan. Example is for illustration purposes only, and individual results may vary. Humana group vision plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Health Benefit Plan of Louisiana, Humana Insurance Company of Kentucky, Humana Insurance Company of New York, CompBenefits Insurance Company, CompBenefits Company, or The Dental Concern, Inc.





You have a realistic way to try on glasses digitally:



Find frames
Thousands of styles rendered instantly in 3D



See from any angle
See how frames look from side to side



Share on Social Media
Get the opinions of family friends

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, You can go online to buy glasses anytime, from anywhere. And the best part is that You can use their in-network benefits.

It's easy:

- You can find a pair you 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 you
frames you like in
your prescription



You can wear
them for 15 days



You can keep them
or send them back -
all with free shipping

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"

CONTACTSDIRECT



You can now use their contact lens allowance online

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

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

And don't worry, if you still prefer to visit their eye doctor in person to purchase contact lenses, nothing has changed. ContactsDirect is just one more way we're helping you see life to the fullest.

Check out this new, online in-network benefit. Visit us at www.contactsdirect.com

It's an easy ordering process:

1

You will go to contactsdirect.com

2

You'll select your lenses 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

*ContactsDirect will abide by state laws that pertain to contact lens.

**EyeMed internal research study, 2014

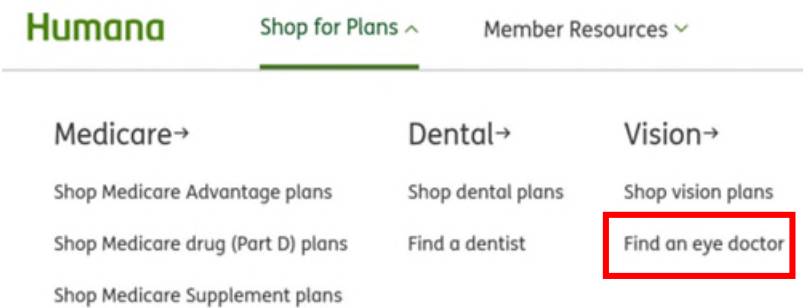
*** Members whose prescriptions are more than a year old will need an updated prescription to make an online or in-person purchase using their benefits.

Humana

Vision Provider Search

1 GO TO [HUMANA.COM](https://www.humana.com)

- Choose “Find an eye doctor” under “Shop for Plans”
- Click on the “Find an eye doctor” button



2 SELECT “Humana Vision (Humana Insight Network)”

3 SELECT SEARCH CRITERIA

- Enter desired zip code
- Click “Get Results”

A screenshot of the Humana website's "Find a Provider" search form. The Humana logo is at the top left. Below it is the heading "Begin Your Search". There is a text input field for "ZIP Code" with an asterisk, followed by "Or" and a button labeled "Use My Location" with a location pin icon. Below this is a dropdown menu labeled "What else is important?". At the bottom of the form are two buttons: "Get Results" and "Advanced Search". A small note at the bottom left says "* Required Field". To the right of the form is a grey box with the heading "Find a Provider". Inside this box, it says: "Find a network provider near you by searching below. To find a participating provider, complete either the full street address or the zip code, then click Search." Below this, it says: "Always call ahead to confirm a provider's participation in your plan. Make sure to say you're a Humana Vision member to ensure you receive your maximum benefits. Not all providers participate in every plan. If you aren't yet enrolled in a Humana Vision plan, please keep in mind your actual network may vary from what appears on our locator."

MyHumana: Your plan at your fingertips

Your personal MyHumana account gives you quick, convenient and secure access to your Humana plan information, educational resources and access to wellness programs. It's available anytime, anywhere.

Humana

A dashboard that puts all your information in one spot

MyHumana Go365 Welcome My Profile Contact Us Sign out

Ask Humana

Coverage & Spending Claims MyHealth

This season spread joy, not germs
Your family will thank you later for getting a flu shot now.
Show your love: Get a flu shot. Dismiss

Medical Dental Pharmacy Other Go365

Jacqueline's medical plan

POINT OF SERVICE (POS) View coverage & benefit details →

Member ID 00012345-01 Network HUMANA INC.
Group ID 012345 Start date 01/01/2019

View ID card →

Medical Claims

01/15/2019	BROWN, MARY NP	Amount you owe provider	\$0.00	>
01/15/2019	SMITH, JIM MD	Amount you owe provider	\$0.00	>
01/15/2019	JONES, JANE MD	Amount you owe provider	\$0.00	>

See all claims →

Deductibles & maximums

Your medical and pharmacy deductibles are integrated.
You have \$3,306.05 left to meet your \$3,400.00 family in-network deductible.

Family maximum out-of-pocket \$6,306.05 left

See all deductibles and maximums →

Accounts

Visit [HumanaAccess.com](#) to manage your spending accounts or request reimbursement.

Resources

Download your data >

Care plans and assessments >

In your network

Find a doctor >

- Quick access to all your Humana plans
- Chat with a representative with any of your questions about your plan
- Check the status of your claims
- View, print and email ID cards
- Review deductibles, coverage levels and limit
- Find a provider near you
 - Search by name, specialty or condition
 - Compare doctors and get direction
- Connect with health and wellness resources*



Use MyHumana anywhere

Download the MyHumana Mobile app from your app store. You can also sign up for text message alerts** at **Humana.com**.

Register for MyHumana today to stay connected to your health benefits anytime you need them.



*Check with your benefits administrator for program availability.

**Message and data rates may apply.

How to view a copy of your identification (ID) cards

What do I do if I need to visit a provider's office or pick up a prescription but I haven't received my Humana member ID card?

You can view, print or email your Humana member ID card at MyHumana via the website or mobile app. It's available within 10 working days of enrollment. (We also mail your medical and/or dental cards to your home address.)

HERE'S HOW

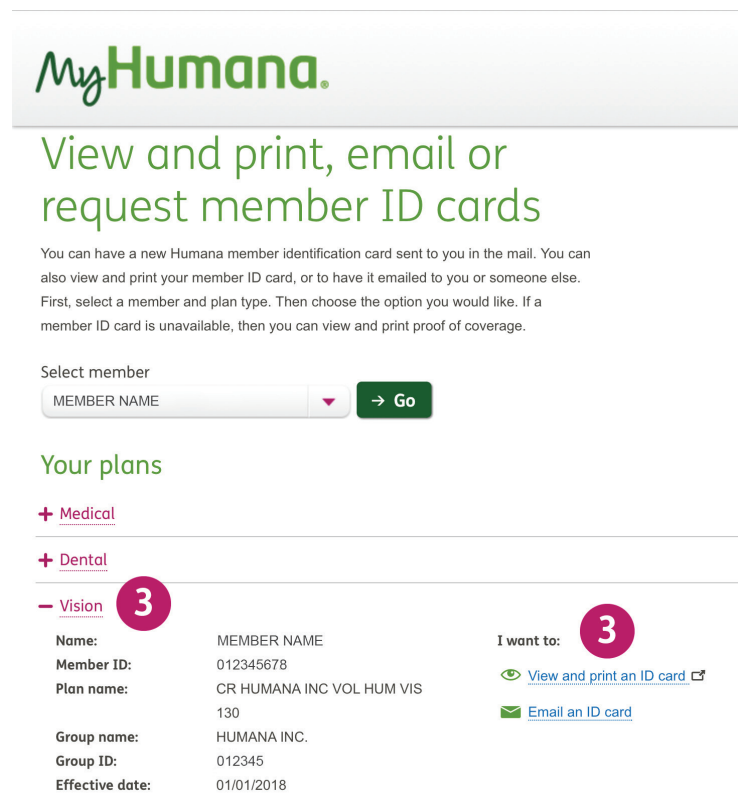
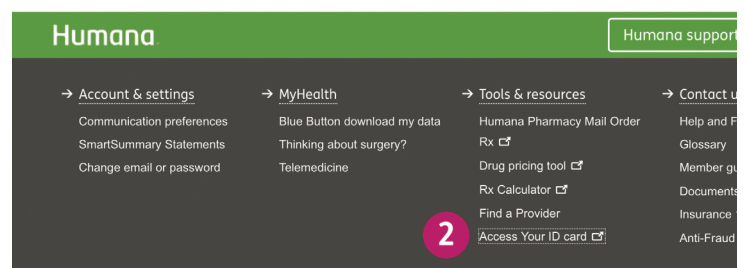
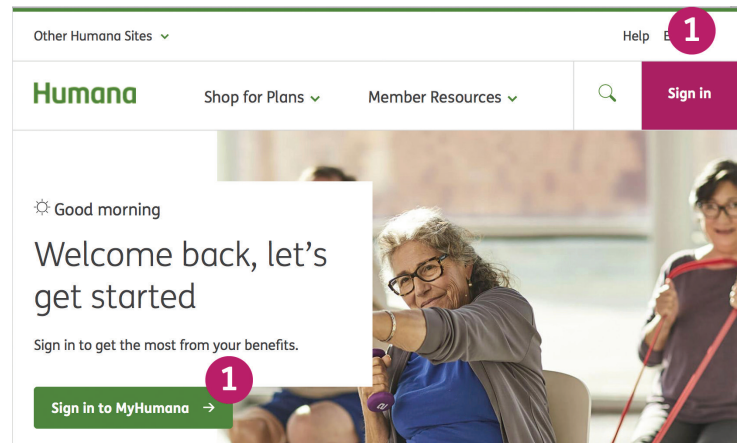
- 1 Sign in or register for MyHumana on Humana.com. For registering, have your Social Security number available.
- 2 Scroll to the bottom on your MyHumana page and select "Access your ID card" under "Tools and resources."
- 3 Click on "Medical", "Dental" or "Vision" and then "View and print an ID card."

You can also view your ID card on your smartphone with the MyHumana mobile app. It's all your plan information in one place.

For assistance or more information, call Customer Care at **1-866-4ASSIST (1-866-427-7478)**.

Humana®

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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 identity, or religion. 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 **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, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**.

Complaint forms are available at **<https://www.hhs.gov/ocr/office/file/index.html>**.

Auxiliary aids and services, free of charge, are available to you.

1-877-320-1235 (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.

1-877-320-1235 (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'í béésh bee hani'í bee wolta'ígíí bich'í' hódílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

