



Humana Vision 130 Plan At-A-Glance

Network	Vision Care	
Services	In-Network	Out-of-Network
Eye Exam	\$10 Copay	Up to \$30 Allowance
Frequency of Services		
Examination		12 Months
Lenses		12 Months
Frames		24 Months
Contact Lenses		12 Months
Lenses		
Single	\$15 Copay	Up to \$25 Reimbursement
Bifocal	\$15 Copay	Up to \$40 Reimbursement
Trifocal	\$15 Copay	Up to \$60 Reimbursement
Frames		
Allowance	\$130 Allowance 20% Off Over \$130 Allowance	\$65 Retail Allowance
Contact Lenses*		
Non-Elective (<i>Medically Necessary</i>)	Covered at 100%	\$200 Allowance
Elective (<i>Fitting, Follow-up & Lenses</i>)	\$130 Allowance 15% Off Over \$130 Allowance	\$104 Allowance
LASIK		
Discount Programs	15% Off Retail Price	Discount Programs Not Available Out-of-Network



Locate a Provider

To search for a participating provider, contact Humana's customer service or visit www.humanavisioncare.com.



Plan References

* Contact lenses are in lieu of spectacle lenses.



Important Notes

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