

# Vision Insurance: VisionCare Plan At-A-Glance

Services	In-Network	Out-of-Network
Eye Exam and/or Materials	\$10 copay	Plan Reimburses Member Based on the Type of Service
Frequency of Services	In-Network	Out-of-Network
Examination	12 Months	12 Months
Lenses	12 Months	12 Months
Frames	24 Months	24 Months
Contact Lenses	12 Months	12 Months
Exams	In-Network (After Copay)	Out-of-Network
Optometrist	Paid in Full	Up to \$35 Reimbursement
Lenses	In-Network (After Copay)	Out-of-Network
Single	Paid in Full	Up to \$25 Reimbursement
Bifocal	Paid in Full	Up to \$40 Reimbursement
Trifocal	Paid in Full	Up to \$60 Reimbursement
Lenticular	Paid in Full	Up to \$100 Reimbursement
Contact Lenses	In-Network (After Copay)	Out-of-Network
Non-Elective (Medically Necessary)	Paid in Full <sup>1</sup>	Up to \$210 reimbursement
Elective (Fitting, Follow-up & Lenses)	\$105 <sup>2</sup>	Up to \$105 Reimbursement
Frames	In-Network (After Copay)	Out-of-Network
Maximum Allowance	\$40 wholesale	\$40 Retail Price
Lasik	In-Network	Out-of-Network
Discount Programs <sup>3</sup>	Silver Package: \$895/eye for Conventional Lasik	Discount Programs Not Available Out-of-Network
	Gold Package: \$1,295/eye for Custom Lasik	
	Platinum Package: \$1,895/eye for Custom Lasik plus Bladeless Lasik	

**Notes:**

1. Medically necessary (prior authorization required) is defined as 1) following cataract surgery w/o intraocular lens 2) correction of extreme visual acuity problems not correctable with glasses 3) anisometropia greater than 5.00 diopters and asthenopia or diplopia, with spectacles; Keratoconus; or 5) monocular aphakia and/or binocular aphakia where the doctor certifies contact lenses are medically necessary for safety and rehabilitation to a productive life.
2. This allowance is paid with the same frequency as lenses, in place of all other benefits.
3. Plan members must first contact Humana / CompBenefits for a list of providers that participate in the Vision Care Plan network and to receive a Refractive Care ID card.

**This benefit summary has been provided as a convenient reference.  
For details regarding all the plan's coverages, exclusions, and stipulations, contact  
Customer Service or visit Humana / CompBenefits online at [www.mycompbenefits.com](http://www.mycompbenefits.com).**