

## University of Mount Union

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 <sup>1</sup>	\$10 Up to \$39	Up to \$30 Not covered
Contact lens exam options <sup>2</sup> • Standard contact lens fit and follow-up • Premium contact lens fit and follow-up	Up to \$55 10% off retail	Not covered Not covered
Frames <sup>3</sup>	35% off retail	Not covered
Standard plastic lenses <sup>4</sup> • Single vision • Bifocal • Trifocal • Lenticular	\$50 \$70 \$105 20% off retail	Not covered Not covered Not covered Not covered
Covered lens options <sup>4</sup> • UV Coating • Tint (solid and gradient) • Standard scratch-resistance • Standard polycarbonate - adults • Standard polycarbonate - children <19 • Standard anti-reflective coating • Standard progressive (add-on to bifocal) • Polarized • Add-on services	\$15 \$15 \$15 \$40 \$40 \$45 \$65 20% off retail 20% off retail	Not covered Not covered Not covered Not covered Not covered Not covered Not covered Not covered Not covered
Contact lenses <sup>5</sup> (applies to materials only) • Conventional • Disposable • Medically necessary	15% off retail Not covered Not covered	Not covered Not covered Not covered
Frequency • Examination • Lenses or contact lenses • Frame	Once every 12 months Not covered Not covered	Once every 12 months Not covered Not covered

## Humana Vision Exam Plus

---

- <sup>1</sup> Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.
  - <sup>2</sup> 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.
  - <sup>3</sup> Discounts may be available on all frames except when prohibited by the manufacturer.
  - <sup>4</sup> Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.
  - <sup>5</sup> 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 anesthetist.
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. Any vision materials.
21. Any examination or material required by an Employer as a condition of employment.

## 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 <sup>1</sup>.



<sup>1</sup> 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.

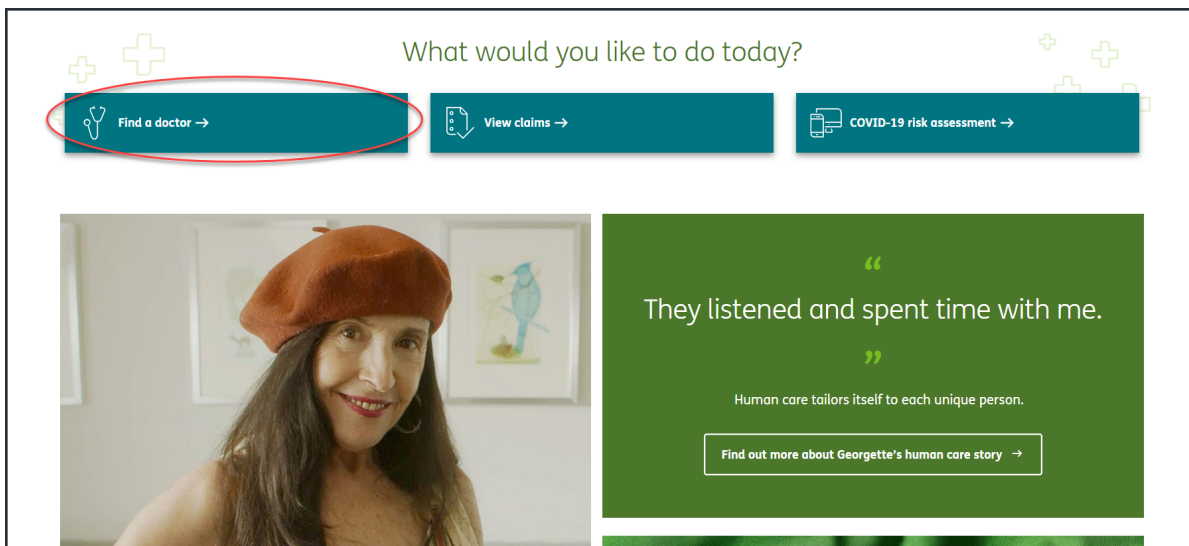
NOTICE: Your actual expenses for covered services may exceed the stated cost or reimbursement amount because actual provider charges may not be used to determine insurer and member payment obligations.



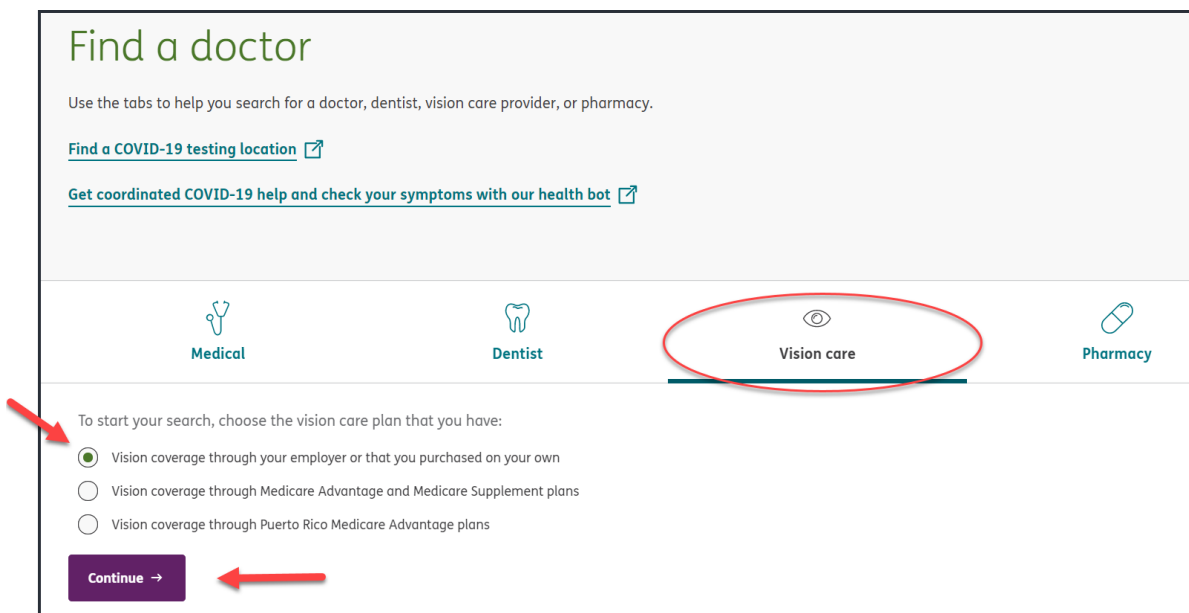
# How To Find Your Vision Provider

## Humana Insight Network

1. Go to [www.humana.com](http://www.humana.com)
2. Scroll down the page and click on “Find a doctor”




3. Click on the “Vision care” tab
4. Select “Vision coverage through your employer or that you purchased on your own”
5. Click “Continue”



## 6. Select "Humana Vision (Humana Insight Network)" from the list of options




### Just looking?


Click on the plan you are considering. A new window will open, allowing you to search for eye doctors within that network.

- [Medicare Advantage and Medicare Supplement plans \(non-Puerto Rico plans\)](#)
- [Puerto Rico Medicare Advantage and non-Medicare plans](#)
- [Humana Vision \(Humana Insight Network\)](#) 
- [Vision Care Plan - VCP \(Coverage through an employer\)](#)
- [Vision Care plan - VCP \(Coverage on your own\)](#)
- [EyeMed plan \(Optimum, Focus, Advantage, Exam Plus\)](#)

## 7. To search by location enter you 5-digit zip code or select "Use My Location"; follow the prompts on the next page to bring up providers in your area

## Find an eye doctor

 [Search by location](#)  [Search by doctor](#)  [Online & Lasik](#)

 [USE MY LOCATION](#) OR  [SEARCH BY ZIP](#)

### Search for an eye doctor

Here are a few tips to get you started:

- Enter either your 5-digit zip code or select "Use my location." We'll take it from there.
- Use filters to narrow your results. Once you see your search results you can filter by brands you love, hours, specific technology and more.
- Looking for a specific eye doctor or retailer? Click the "Search by doctor" tab to zero in.

### For best results, log-in

Already logged in? Great! Otherwise, log into [Humana.com](#) You can see your full plan details before heading to the eye doctor.

### Find Safety Ready providers

Finding the right eye doctor is more important than ever. That's why we're offering an easy way for you to locate providers who confirmed they follow safety and cleanliness guidelines. Just look for the Safety Ready badge in your search results, or filter by Safety Ready providers. See [safety ready provider confirmation criteria](#) for additional details.



# Humana Vision plans help you get and stay well

Our plans include an annual eye exam and additional services for diabetes eye care to help keep you healthy.

*Did you know* an eye-care professional can provide early detection of diseases and conditions including:

- Tumor
- Aneurysm

Brain

Eyes

- High blood pressure
- High cholesterol

Heart

- Glaucoma
- Cataracts
- Macular degeneration
- Diabetic and hypertensive retinopathy

Kidneys

- Diabetes

**Humana**

[Humana.com](https://www.humana.com)



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.

GCHJL5DEN 0716