

**HUMANA VISION PLAN
EFFECTIVE 07/01/2023**

COMPARISON OF CURRENT UHC VISION PLAN AND NEW HUMANA VISION PLAN

Bi-Weekly Rates

Tier	Current UHC Biweekly Rates Terminates 06/30/2023	Humana Biweekly Rates Effective 07/01/2023
Employee Only	\$3.59	\$4.11
Employee + Spouse/DP	\$7.20	\$8.24
Employee + Child(ren)	\$6.82	\$7.81
Employee + Family	\$10.72	\$12.28

Plan Design

Key: Enhanced Coverage

	Current Plan UHC Terminates 06/30/2023 IN-NETWORK COVERAGE	New Plan Humana Effective 07/01/2023 IN-NETWORK COVERAGE
Benefit Frequency	Frequency of Services	Frequency of Services
Comprehensive Eye Exam	Once every calendar year	Once every calendar year
Retinal Imaging	Not covered	Once every calendar year
Frames	Once every Calendar year	Once every Calendar year
Spectacle Lenses	Once every Calendar year	Once every Calendar year
Diabetic Eye Care:		
Comprehensive Eye Exam for diabetics only	Twice every calendar year	Up to (2) services per calendar year
Retinal Imaging for Diabetics	Twice every calendar year	Up to (2) services per calendar year
Scanning Laser		Up to (2) services per calendar year
In-Network Services	Copay Per Service	Copay Per Service
Comprehensive Eye Exam with dilation as necessary	\$10	\$10
Retinal Imaging (non-diabetic)	Not Covered	Up to \$39
Diabetic Eye Care:		
Comprehensive Eye Exam for diabetics only	\$10	\$0
Retinal Imaging for Diabetics	\$0	\$0
Scanning Laser		\$0
Materials (Frames, Eyeglass lenses or Contact lenses in Lieu of Eyeglasses)	\$15	\$15
Pediatric/Child Benefit	Copay Per Service	Copay Per Service
Pediatric/Child benefit coverage	Up to age 13	Up to Age 19
Comprehensive Eye Exam for children	\$10	\$10
Materials (frames and eyeglass lenses)	\$15	\$15

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If prescription changes by .5 diopter, second pair or eyeglasses (frames and lenses)	\$10	\$10
Polycarbonate lenses	\$0	\$0
Frame Benefit Covered Under Materials	Copay/Cost	Copay/Cost
Private Practice Provider	\$75.00 wholesale allowance (approximate retail value of \$187.50) Frame Benefit (for frames that exceed the allowance, an additional 30% discount may be applied to the coverage)	\$230 retail allowance. 20% off balance over \$230
Retail Chain Provider	\$225.00 retail frame allowance Frame Benefit (for frames that exceed the allowance, an additional 30% discount may be applied to the coverage)	\$230 retail allowance. 20% off balance over \$230
Standard Plastic Lenses (Per Pair)	Copay/Cost	Copay/Cost
Single	\$15	\$15
Bifocal	\$15	\$15
Trifocal	\$15	\$15
Lenticular	\$15	\$15
Lens Options Covered Under Materials Copay	Copay/Cost	Copay/Cost
Transition/Photochromic	Glass Photochromic (Single Vision) \$20 Glass Photochromic (Multi-Focal) \$30 Plastic Photochromic (Single Vision) \$50 Plastic Photochromic (Multi-Focal) \$65	\$50
Standard Progressive Lenses	No charge	\$0
Ultraviolet Coating	UV Coating (Plastic) \$16 UV Coating (Glass) \$23	\$15
Standard Scratch Resistant Coating	No charge	\$0
Polycarbonate for Adults	No charge (Single Vision) (Multi-Focal) \$30	\$0
Contact Lens Benefit Covered In Full Under Materials	Copay/Cost	Copay/Cost
Selection Contact Lenses (Formulary Contact List)		
Standard contact lens fit and follow-up	\$0	\$0 for standard fit and follow-up
Conventional lenses	\$0	\$130 contact lens allowance. 15% off balance over \$130
Disposable lenses	Up to 4 boxes	\$130 contact lens allowance

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Non-Formulary Contacts		
An allowance is applied toward the purchase of contact lenses outside the covered selection. Materials copay (if applicable) is waived.	up to \$105	\$130 contact lens allowance.
Medically Necessary contact lenses²:		
Covered in full after Materials copay (if applicable).	100% after copay	\$0

OUT-OF-NETWORK COVERAGE

OUT-OF-NETWORK COVERAGE (Copays Do Not Apply)	Current Plan UHC Terminates 06/30/2023 OUT-OF-NETWORK COVERAGE Reimbursement	New Plan Humana Effective 07/01/2023 OUT-OF-NETWORK COVERAGE Reimbursement
Exam	Up to \$40	Up to \$50
Frames	Up to \$65	\$80 allowance
Single Vision Lenses	Up to \$40	Up to \$50
Lined Bifocal Lenses	Up to \$60	Up to \$75
Lined Trifocal Lenses	Up to \$80	Up to \$100
Lenticular Lenses	Up to \$100	Up to \$125
Elective Contacts in Lieu of Eyeglasses	Up to \$105	\$115 allowance
Necessary Contacts in Lieu of Eyeglasses ¹	Up to \$210	\$210 allowance

LENS/MATERIALS OPTIONS

LENS/MATERIALS OPTIONS	Current Plan UHC Terminates 06/30/2023 IN-NETWORK	New Plan Humana Effective 07/01/2023 IN-NETWORK
Coatings	Copay/Cost	Copay/Cost
Standard Scratch Coating	No charge	\$0
Scratch Warranty	\$10	20% discount
Solid Tint	\$13	\$13
Gradient Tint	\$15	\$13
Glass Coating (Solid)	\$14	20% discount
Glass Coating (Gradient)	\$15	20% discount
UV Coating (Plastic)	\$16	\$15

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UV Coating (Glass)	\$23	\$15
Edge Coating	\$16	20% discount
Glass Photochromic (Single Vision)	\$20	\$75
Glass Photochromic (Multi-Focal)	\$30	\$75
Non-Glass Photochromic (Single Vision)	\$50	\$50
Non-Glass Photochromic (Multi-Focal)	\$65	\$50
Standard Anti-Reflective Coating	\$40	\$40
Premium Anti-Reflective Coating	\$80	Tier 1 \$57; Tier 2 \$68; Tier 3 80% of charge
Platinum Anti-Reflective Coating	\$90	Tier 1 \$57; Tier 2 \$68; Tier 3 80% of charge
Lenses		
Blended Bifocals	\$40	\$15 material copay, classified as a standard lens
Standard Progressive	\$0	\$0
Deluxe Progressive	\$0	\$0
Premium Progressive	\$150	Tier 2 \$120; Tier 3 \$135; Tier 4 \$90 copay, 80% of charge less \$120 allowance
Platinum Progressive	\$250	Tier 2 \$120; Tier 3 \$135; Tier 4 \$90 copay, 80% of charge less \$120 allowance
Materials		
High Index (Single Vision)	\$30	\$40
High Index (Single Vision Spectralite or 1.60)	\$40	\$40
High Index (Single Vision 1.66)	\$54	\$40
High Index (Multi-Focal)	\$50	\$40
High Index (Multi-Focal Spectralite or 1.60)	\$60	\$40
High Index (Multi-Focal 1.66)	\$69	\$40
Polycarbonate (Single Vision)	No charge	\$0
Polycarbonate (Multi-Focal)	\$30	\$0
Other lens options discount off of retail	20% discount	20% discount