

Provider Locator

Prior to enrolling in or using the Humana vision care program you will need to identify a network provider.

Please visit Humana's Web site- www.compbenefits.com - or call 1-800-578-2082 for further information.

- Go to: "Vision Locator"
- Enter "zip code" for providers in your area

Prior to using your benefits at a network provider, please call the provider and make an appointment. Please inform the provider that you are a Humana participant.

Important to Remember

- Always identify yourself as a Humana participant when making your appointment. This will assist your provider in obtaining a claim authorization number prior to your visit.
- Your \$150 contact lens allowance is applied to the fitting/evaluation fee and the purchase of contact lenses. The allowance may be separated at some retail chain locations between the examining physician and the optical store. Toric, gas permeable, and bifocal contacts are examples of contacts that are outside of our covered-in-full selection.
- Receipts for services and materials purchased on different dates must be submitted at the same time to receive reimbursement.
- Benefits for contact lenses are in lieu of lenses and frames. Your provider will help you determine which contact lenses are covered under your benefit.

Disclaimer: Professional Benefit Administrators has no liability for providing or guaranteeing service and has no liability or responsibility for the quality of service rendered

Lasik & PRK Procedures

Members receive substantial reductions when procedures are done by network providers. Members can expect to pay no more than \$1,800 per eye for conventional Lasik procedures and \$2,300 per eye for custom Lasik, or they can use designated TLC Vision Lasik Advantage Centers that have the following fixed prices:

- Conventional Lasik \$895 per eye
- Custom Lasik \$1,295 per eye
- Custom Lasik with IntraLase \$1,895 per eye

The following Services and Materials are excluded from coverage under the Policy:

- Post cataract lenses
- Non-prescription items
- Medical or surgical treatment for eye disease, that requires the services of a physician.
- Worker's Compensation services or materials.
- Services are materials that are not specifically covered by the Policy.

Humana—Vision

Bi-Weekly Payroll Deduction

Individual.....	\$10.00
Individual & one dependent.....	\$12.00
Family.....	\$14.00

Monthly Bank Draft Rate

Individual.....	\$21.66
Individual & one dependent.....	\$26.00
Family.....	\$30.33



PROFESSIONAL BENEFIT

ADMINISTRATORS

Call - 1-800-578-2082

Visit our website:

www.pbinsurance.net



VISION CARE

Your vision is important to your health. Whether your vision is 20/20 or less than perfect, everyone needs to receive regular vision care. The Vision Care Program is being offered as a part of our commitment to your well being.

Humana's Vision Care Program provides affordable, quality vision care, nationwide. Through Humana's provider network, you will receive a comprehensive vision examination, as well as materials (if needed).

If you have any questions or concerns about your vision options, please contact Professional Benefit Administrators at:

1-800-578-2082

Vision Benefit Reference Card

Humana Vision Program

Group: Professional Benefit Administrator/TAI & Federal Employee Benefits

Exam	once every 12 months
Lenses	once every 12 months
Frames	once every 24 months
Contacts*	once every 12 months

*(in lieu of lenses & frames)

\$10 Exam Co-pay \$ 15 Materials Co-pay

Network Benefits

Examination: After the exam co-pay of \$10.00, a comprehensive vision examination is covered-in-full once every 12 months when provided by a network optometrist or ophthalmologist.

Materials: After the materials co-pay of \$15, standard lenses are covered once every 12 months and frames from Humana's selection are covered once every 24 months, or you may select contact lenses in lieu of lenses and frames once every 12 months.

Pair of Lenses: If prescribed, a pair of standard single vision or standard multi-focal lenses is covered-in-full, after \$15.00 co-pay.

Lens Options: Standard scratch-resistant coating is covered-in-full. Should you choose lens options not covered by the program, such as, but not limited to progressive lenses, polycarbonate lenses, high index, tints, UV, and anti-reflective coating, you may be able to purchase these options at a discount.

Frames: Your choice from a wide selection of fashionable frames will be covered. If you select a frame outside of Humana's covered-in-full selection, you will receive a \$50 wholesale frame allowance at private practice providers, or a minimum \$100 retail frame allowance at our retail chain providers.

Contact Lenses: In lieu of lenses and frames, you may select contact lenses. Humana's covered contact lens benefit includes the fitting/evaluation fees, contact lenses, and up to two follow-up visits. If covered disposable contact lenses are chosen, up to four boxes (depending on prescription) are included when obtained from a network provider. It is important to note that Humana's covered contact lenses may vary by provider. Should you choose contact lenses outside of the covered selection, a \$150 allowance will be applied toward the fitting/evaluation fees and purchase of contact lenses once every 12 months (materials copay does not apply). Toric, gas permeable, and bifocal contact lenses are examples of contact lenses that are outside of our covered contacts. Necessary contacts covered-in-full after applicable co-pay.

Out-of-Network Benefits

If you elect vision coverage and choose to use out-of-network provider you will be reimbursed up to:

Exam:

Optometrist	\$40.00
Ophthalmologist	\$40.00

Lenses:

Single Vision	\$33.00
Bifocal	\$50.00
Trifocal	\$65.00

Frames

\$57.00

Contact Lenses (in lieu of spectacle lenses and frames)

Elective	\$150.00*
Necessary **	\$280.00

*Less any network fitting/evaluation fee.

** Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions:

Following cataract surgery; To correct extreme vision problems that cannot be corrected with spectacle lenses; With certain conditions of anisometropia; with certain conditions of keratoconus. If your provider considers your condition necessary, you should ask your provider to contact Humana concerning the reimbursement that Humana will make before you purchase such contacts.

If you choose an **out-of-network provider**, you will need to send your itemized receipts with the primary-insured's unique identification number and the patient's name and date of birth to:

Compbenefits Claims Department
P. O. Box 8236
Chicago, IL 60680-8236