

Humana Vision 130

Bi-Weekly Payroll Deduction

Individual.....	\$15.00
Individual & one dependent...	\$17.00
Family.....	\$19.00

Monthly Bank Draft Rate

Individual.....	\$29.00
Individual & one dependent...	\$33.33
Family.....	\$37.67

		If you use an IN-NETWORK provider (Member Cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Routine eye exam	Exam with dilation, as necessary	\$10	Up to \$30
	Retinal imaging ¹	Up to \$39	Not covered
Contact lens² exam options	Standard contact lens fit and follow-up	Up to \$55	Not covered
	Premium contact lens fit and follow-up	10% off retail	Not covered
Frames*		Up to \$130, 20% off balance over \$130	Up to \$65
Standard plastic lenses³	Single vision	\$15	Up to \$25
	Bifocal	\$15	Up to \$40
	Trifocal	\$15	Up to \$60
	Lenticular	\$15	Up to \$100
Lens options³	UV coating	\$15	Not covered
	Tint (solid and gradient)	\$15	Not covered
	Standard scratch-resistance	\$15	Not covered
	Standard polycarbonate		
	• Adults	\$40	Not covered
	• Children <19	\$40	Not covered
	Standard anti-reflective coating	\$45	Not covered
	Premium anti-reflective coating		
	• Tier 1	\$57	Not covered
	• Tier 2	\$68	Not covered
	• Tier 3	80% of charge	Not covered
	Standard progressive (add-on to bifocal)	\$15	Up to \$40
	Premium progressive		
	• Tier 1	\$110	Not covered
• Tier 2	\$120	Not covered	
• Tier 3	\$135	Not covered	
• Tier 4	\$90, 80% of charge, then up to \$120	Not covered	
Photochromatic / plastic transitions	\$75	Not covered	
Polarized	20% off retail	Not covered	

* Discounts available on all frames except when prohibited by the manufacturer

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