Humana Vision 130

Bi-Weekly Payroll Deduction

Individual	\$15.00		
Individual & 1 Dependent	\$17.00		
Family	\$19.00		
Monthly Bank Draft			
Individual	\$30.50		
Individual & 1 Dependent	\$34.83		

		lf you use an IN-NETWORK provider (Member Cost)	lf you use an OUT-OF-NETWORK provider (Reimbursement)
Routine Eye Exam	Exam with dilation, as necessary Retinal imaging ¹	\$10 Up to \$39	Up to \$30 Not Covered
Contact lens ² exam options	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*		Up to \$130, 20% off balance over \$130	Up to \$65
Standard plastic	Single vision	\$15	Up to \$25
lenses ³	Bifocal	\$15	Up to \$40
	Trifocal	\$15	Up to \$60
	Lenticular	\$15	Up to \$100
Lens options ³	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 Premium anti-reflective coating	\$45	Not Covered
	• Tier 1	\$57	Not Covered
	• Tier 2	\$68	Not Covered
	• Tier 3	80% of charge	Not Covered
	Standard progressive (add-on to bifocal) Premium progressive	\$15	Up to \$40
	• Tier 1	\$110	Not Covered
	• Tier 2	\$120	Not Covered
	• Tier 3	\$135	Not Covered
	• Tier 4	\$90, 80% of charge,	Not Covered
	 TIEL4 	then up to \$120	
	Photochromatic/plastic transitions	\$75	Not Covered
	Polarized	20% off retail	Not Covered