### Vision care services

<table>
<thead>
<tr>
<th>Service</th>
<th>See a participating provider</th>
<th>See a nonparticipating provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exam with dilation</strong> as necessary</td>
<td>$10 copay</td>
<td>$30 allowance</td>
</tr>
<tr>
<td><strong>Contact lens exam options</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard contact lens fit and follow-up</td>
<td>not available</td>
<td>not available</td>
</tr>
<tr>
<td>Premium contact lens fit and follow-up</td>
<td>not available</td>
<td>not available</td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discounts available on all frames except when prohibited by the manufacturer</td>
<td>40% off retail price</td>
<td>not available</td>
</tr>
<tr>
<td><strong>Standard plastic lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single vision</td>
<td>$50 copay</td>
<td>not available</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$70 copay</td>
<td>not available</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$105 copay</td>
<td>not available</td>
</tr>
<tr>
<td><strong>Lens options</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UV coating</td>
<td>$15 copay</td>
<td>not available</td>
</tr>
<tr>
<td>Tint (solid and gradient)</td>
<td>$15 copay</td>
<td>not available</td>
</tr>
<tr>
<td>Standard scratch-resistance</td>
<td>$15 copay</td>
<td>not available</td>
</tr>
<tr>
<td>Standard polycarbonate**</td>
<td>$40 copay</td>
<td>not available</td>
</tr>
<tr>
<td>Standard anti-reflective coating</td>
<td>$45 copay</td>
<td>not available</td>
</tr>
<tr>
<td>Standard progressive (add-on to bifocal)</td>
<td>$65 copay</td>
<td>not available</td>
</tr>
<tr>
<td>Other add-ons and services</td>
<td>20% off retail price</td>
<td>not available</td>
</tr>
<tr>
<td><strong>Contact lenses</strong> (applies to materials only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conventional</td>
<td>15% off retail price</td>
<td>not available</td>
</tr>
<tr>
<td>Disposable</td>
<td>not available</td>
<td>not available</td>
</tr>
<tr>
<td>Medically necessary</td>
<td>not available</td>
<td>not available</td>
</tr>
<tr>
<td><strong>Frequency‡</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examination</td>
<td>Once every 12 months</td>
<td>Once every 12 months</td>
</tr>
<tr>
<td>Lenses or contact lenses</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Frame</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

*Standard contact lens fitting:* spherical clear contact lenses in conventional wear and planned replacement (examples include by not limited to disposable, frequent replacement, etc.)

*Premium contact lens fitting:* all lens designs, materials and specialty fittings other than standard contact lenses (examples include toric, multifocal, etc.)

**Frame, lenses, and lens option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, member may be eligible to receive up to 20 percent off retail price.

‡ Frequencies are based on date of service.
Additional plan discounts

- Members may be eligible to receive up to 20 percent off retail price on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider’s professional services or contact lenses. Retail prices may vary by location. Always ask your provider about special offers which may provide a lower overall price.

- Members may also be eligible to receive up to a 40 percent discount on complete eyeglass purchases and up to 15 percent discount off conventional contact lenses once the funded benefit has been used.

- Members may also be eligible to receive up to 15 percent off retail or 5 percent 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. For a location near you and the discount authorization, please call 1-877-5LASER6.

- After initial purchase, members may be eligible for potential savings by obtaining replacement contact lenses via the Internet and having them mailed directly to the member.

Plan limitations and exclusions

- Lost or broken materials are not covered.

- Discounts do not apply for benefits provided by other group benefit plans. Allowances are one-time use benefits; no remaining balance.

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing.

- Medical and/or surgical treatment of the eye, eyes, or supporting structures.

- Services provided as a result of any Worker’s Compensation law.

- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan.

- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).

- Services or materials provided by any other group benefit providing for vision care.

- Two pair of glasses in lieu of bifocals.

- Aniseikonic lenses.

Vision products insured by Humana Insurance Company or Humana Insurance Company of Kentucky or Humana Health Benefit Plan of Louisiana, Inc. or Humana Insurance Company of New York

This is not a complete disclosure of plan qualifications and limitations. Check with your local Humana or HumanaDental sales office to verify product availability.

Policy number: GN-70148-01, CA-70148-01, ME-70148-01, MO-70148-01, NV-70148-01, NY-70148-01, OH-70148-01, OK-70148-01, VA-70148-01, VT-70148-01 or WI-70148-01