



# Your Vision Benefits Enrollment Guide

Hillsborough County Government  
Retiree Benefits  
2024 Plan Year

**Humana**<sup>®</sup>

[Humana.com](https://www.humana.com)





Dear Hillsborough County Government Retiree:

Humana invites you to enroll or continue coverage in the Humana vision plan offered to Hillsborough County Government retirees. This benefit package contains important information regarding the Humana vision benefit available to you. Please review the enclosed information to learn more about your plan and services.

If you wish to continue your vision benefits as a retiree, simply complete the enrollment application included in this booklet and fax to the number listed below. **Note: Applications received by the 15<sup>th</sup> of the month will become effective 1<sup>st</sup> of the following month.**

**Please Fax completed application to 813-313-5842**

**Vision Monthly rates**

| <b>Tier</b>             | <b>Humana Insight Vision</b> |
|-------------------------|------------------------------|
| <i>Retiree Only</i>     | \$ 4.62                      |
| <i>Retiree + 1</i>      | \$ 13.64                     |
| <i>Retiree + Family</i> | \$ 18.25                     |

Once you are enrolled, Humana will send you a monthly invoice with the plan premium you selected along with payment instructions. You will have the opportunity to pay monthly by sending payment directly to Humana or setting up an automatic bill-pay through your personal bank. Should you need additional information or assistance regarding payments, you may contact **Humana Billing at 1-800-232-2006** or call the number on the back of your new ID card(s). If you have questions about the plan or enrollment, please email representative **Jackie Camacho at [jcamacho@humana.com](mailto:jcamacho@humana.com)**

We look forward to the opportunity to serve you.

Thank you,

Humana Account Management Team



**Hillsborough County Government RETIREE  
Vision Enrollment/Change/Termination Form 2023-2024**



Enrollment     Change     Termination

\* Proposed Effective Date: \_\_\_\_\_

**\*\*DEPARTMENT NAME:** \_\_\_\_\_

Applications received by the 15<sup>th</sup> will be effective the 1<sup>st</sup> of the following month.

**GENERAL INFORMATION**

Employee Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**ENROLLMENT INFORMATION**

|           | First Name | Last Name | Social Security | Date of Birth | Gender (M/F) | Disabled Dependent? (Y/N) | Action (Add/Cancel) |  |
|-----------|------------|-----------|-----------------|---------------|--------------|---------------------------|---------------------|--|
|           |            |           | Number          |               |              |                           |                     |  |
| Employee: |            |           |                 |               |              |                           |                     |  |
| Spouse:   |            |           |                 |               |              |                           |                     |  |
| Child:    |            |           |                 |               |              |                           |                     |  |
| Child:    |            |           |                 |               |              |                           |                     |  |
| Child:    |            |           |                 |               |              |                           |                     |  |

**Vision Monthly Premium**

| Tier             | Humana Insight Vision            |
|------------------|----------------------------------|
| Retiree Only     | <input type="checkbox"/> \$4.62  |
| Retiree + 1      | <input type="checkbox"/> \$13.64 |
| Retiree + Family | <input type="checkbox"/> \$18.25 |

**EMPLOYEE SIGNATURE AND DATE**

Please Note:

Any person who, with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. I hereby consent, personally and on behalf of any family members enrolled, to the unrestricted release of my/our dental and vision records maintained by participating physicians to Humana for, but not limited to, claims verification and quality assessment review, and to any other participating physician who may be or become involved in my/our dental and/or vision care.

Employee or legal representative signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and relationship of legal representative: \_\_\_\_\_

\*Retiring department name

\*Date coverage becomes effective

**Please Fax this completed Enrollment/Change/Termination form to:**

**Humana Attn: HCG Retiree 813-313-5842**

## Hillsborough County Government

| Vision care services   | If you use an<br>IN-NETWORK provider<br>(Member cost)   | If you use an<br>OUT-OF-NETWORK provider<br>(Reimbursement)   |
|--|---|---|
| Exam with dilation as necessary<br>• Retinal imaging <sup>1</sup>  | \$10<br>Up to \$39  | Up to \$35<br>Not covered   |
| Contact lens exam options <sup>2</sup><br>• Standard contact lens fit and follow-up<br>• Premium contact lens fit and follow-up  | Up to \$55<br>10% off retail  | Not covered<br>Not covered  |
| Frames <sup>3</sup>  | \$130 allowance<br>20% off balance over \$130   | \$50 allowance  |
| Standard plastic lenses <sup>4</sup><br>• Single vision<br>• Bifocal<br>• Trifocal<br>• Lenticular   | \$15<br>\$15<br>\$15<br>\$15  | Up to \$25<br>Up to \$40<br>Up to \$60<br>Up to \$100   |
| Covered lens options <sup>4</sup><br>• UV coating<br>• Tint (solid and gradient)<br>• Standard scratch-resistance<br>• Standard polycarbonate - adults<br>• Standard polycarbonate - children <19<br>• Standard anti-reflective coating<br>• Premium anti-reflective coating<br><br>- Tier 1<br>- Tier 2<br>- Tier 3<br>• Standard progressive (add-on to bifocal)<br>• Premium progressive<br>- Tier 1<br>- Tier 2<br>- Tier 3<br>- Tier 4<br>• Photochromatic / plastic transitions<br>• Polarized | \$15<br>\$15<br>\$15<br>\$40<br>\$40<br>\$45<br>Premium anti-reflective coatings as follows:<br><br>\$57<br>\$68<br>80% of charge<br>\$15<br>Premium progressives as follows:<br>\$45<br>\$55<br>\$70<br>\$25 copay, 80% of charges above \$120<br>\$75<br>20% off retail | Not covered<br>Not covered<br>Not covered<br>Not covered<br>Not covered<br>Not covered<br>Premium anti-reflective coatings as follows:<br>Not covered<br>Not covered<br>Not covered<br>Up to \$40<br>Premium progressives as follows:<br>Not covered<br>Not covered<br>Not covered<br>Not covered<br>Not covered<br>Not covered |
| Contact lenses <sup>5</sup> (applies to materials only)<br>• Conventional<br><br>• Disposable<br>• Medically necessary   | \$150 allowance,<br>15% off balance over \$150<br>\$150 allowance<br>\$0  | \$150 allowance<br>\$150 allowance<br>\$210 allowance   |

# Humana Vision 130

## Vision care services

|   | <b>If you use an<br/>IN-NETWORK provider<br/>(Member cost)</b> | <b>If you use an<br/>OUT-OF-NETWORK provider<br/>(Reimbursement)</b> |
|---|--|--|
| <b>Frequency</b>  |  |  |
| • Examination   | Once every 12 months   | Once every 12 months   |
| • Lenses or contact lenses                                      | Once every 12 months   | Once every 12 months   |
| • Frame   | Once every 24 months   | Once every 24 months   |
| <b>Diabetic Eye Care: care and testing for diabetic members</b> |  |  |
| • Examination<br>- Up to (2) services per year                  | \$0  | Up to \$77   |
| • Retinal Imaging<br>- Up to (2) services per year              | \$0  | Up to \$50   |
| • Extended Ophthalmoscopy<br>- Up to (2) services per year      | \$0  | Up to \$15   |
| • Gonioscopy<br>- Up to (2) services per year                   | \$0  | Up to \$15   |
| • Scanning Laser<br>- Up to (2) services per year               | \$0  | Up to \$33   |

## Optional benefits

- <sup>1</sup> Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.
- <sup>2</sup> Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.
- <sup>3</sup> Discounts may be available on all frames except when prohibited by the manufacturer.
- <sup>4</sup> Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.
- <sup>5</sup> Plan covers contact lenses or frames, but not both.

## Additional plan discounts

- Member may receive a 20% discount on items not covered by the plan at network Providers. Members may contact their participating provider to determine what costs or discounts are available. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name Vision Materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.
- Members may also receive 15% off retail price or 5% 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.

## Limitations and Exclusions:

In addition to the limitations and exclusions listed in your "Vision Benefits" section, this policy does not provide benefits for the following:

1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
2. Services:
  - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
  - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
  - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
  - War or any act of war, whether declared or not;
  - Any act of international armed conflict; or
  - Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment.
6. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
7. Prescription drugs or pre-medications, whether dispensed or prescribed.
8. Any service not specifically listed in the Schedule of Benefits.
9. Any service that we determine:
  - Is not a visual necessity;
  - Does not offer a favorable prognosis;
  - Does not have uniform professional endorsement; or
  - Is deemed to be experimental or investigational in nature.
10. Orthoptic or vision training.
11. Subnormal vision aids and associated testing.
12. Aniseikonic lenses.
13. Any service we consider cosmetic.
14. Any expense incurred before your effective date or after the date your coverage under this policy terminates.
15. Services provided by someone who ordinarily lives in your home or who is a family member.
16. Charges exceeding the reimbursement limit for the service.
17. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
18. Plano lenses.
19. Medical or surgical treatment of eye, eyes, or supporting structures.
20. Replacement of lenses or frames furnished under this plan which are lost or broken, unless otherwise available under the plan.
21. Any examination or material required by an Employer as a condition of employment.
22. Non-prescription sunglasses.
23. Two pair of glasses in lieu of bifocals.
24. Services or materials provided by any other group benefit plans providing vision care.
25. Certain name brands when manufacturer imposes no discount.
26. Corrective vision treatment of an experimental nature.
27. Solutions and/or cleaning products for glasses or contact lenses.
28. Pathological treatment.
29. Non-prescription items.
30. Costs associated with securing materials.
31. Pre- and Post-operative services.
32. Orthokeratology.
33. Routine maintenance of materials.
34. Refitting or change in lens design after initial fitting, unless specifically allowed elsewhere in the certificate.
35. Artistically painted lenses.

## Vision health impacts overall health

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis <sup>1</sup>.



<sup>1</sup> Thompson Media Inc.

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

This is not a complete disclosure of the plan qualifications and limitations. Specific limitations and exclusions as contained in the Regulatory and Technical Information Guide will be provided by the agent. Please review this information before applying for coverage.

NOTICE: Your actual expenses for covered services may exceed the stated cost or reimbursement amount because actual provider charges may not be used to determine insurer and member payment obligations.



# A fresh look at glasses



## Humana members, meet Glasses.com

Get new glasses from the comfort of your own home. With your Humana Vision plan, you can search thousands of options on Glasses.com and have them shipped right to you. That's human care.

### Here's how it works:

- Search for a pair you love from thousands of name-brand frames
- Experience the photorealistic and geometrically accurate 3D virtual “try-on” app for iPad and iPhone
- Snap and send a picture of your prescription—or have Glasses.com call the provider for it
- Select lenses suited for many types of prescriptions (including progressives and multifocals)
- Get your glasses shipped the following day—with free shipping.



We'll send you frames you like with lenses in your prescription



Test your frames up to 15 days



Keep them or send them back — all with free shipping



Buy new glasses from the comfort of home  
Download the app or visit [Glasses.com](https://www.glasses.com) today

# Humana®

GCHKUUVEN 0921

## A realistic way to try on glasses digitally



**Find frames**  
Thousands of styles rendered instantly in 3D



**See from any angle**  
See how frames look from side to side



**Share on social media**  
Get the opinions of family and friends

# See a brighter future with contacts delivered straight to your door



## Humana members, meet ContactsDirect

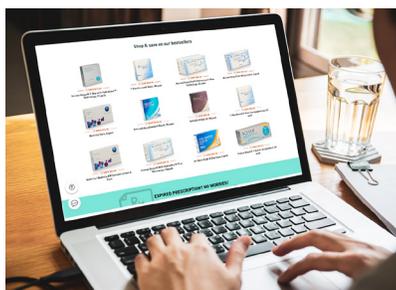
We know life gets busy. You don't always have time to visit your eye doctor to pick up new contact lenses. With ContactsDirect, you don't have to. ContactsDirect is an in-network service that delivers contact lenses straight to your door. That's human care.

As a Humana member, you can apply your vision benefits directly to the contacts you buy through ContactsDirect. Choose from dozens of the name brands you know and love and have them shipped to you for free.

ContactsDirect.com is just another way Humana is helping you see a brighter future.

## How to order your new contacts:

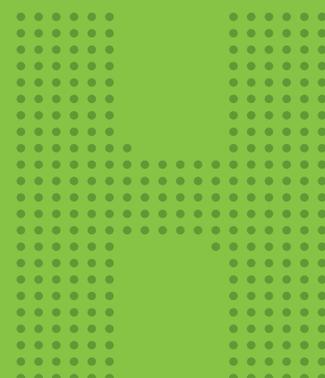
- 1 Visit [contactsdirect.com](https://www.contactsdirect.com).
- 2 Choose from a wide selection of top selling brands.
- 3 In-network vision benefits instantly apply to your purchase price.
- 4 Contact lenses will ship as soon as the prescription is verified. Most even ship that same day.



Check out this new,  
online in-network benefit

Visit us at  
[www.contactsdirect.com](https://www.contactsdirect.com)

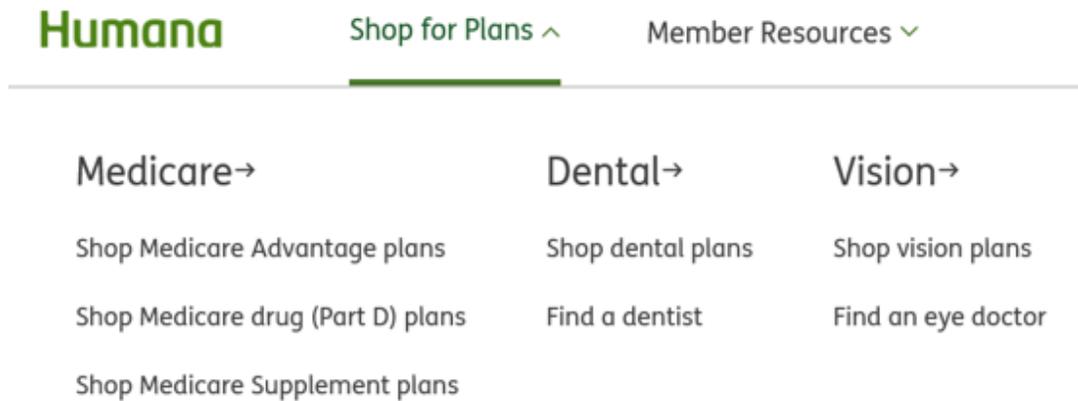
**Humana**<sup>®</sup>



## How to find a network vision provider

1

- Choose “Find an eye doctor” under “Shop for Plans”
- Click on the “Find an eye doctor” button



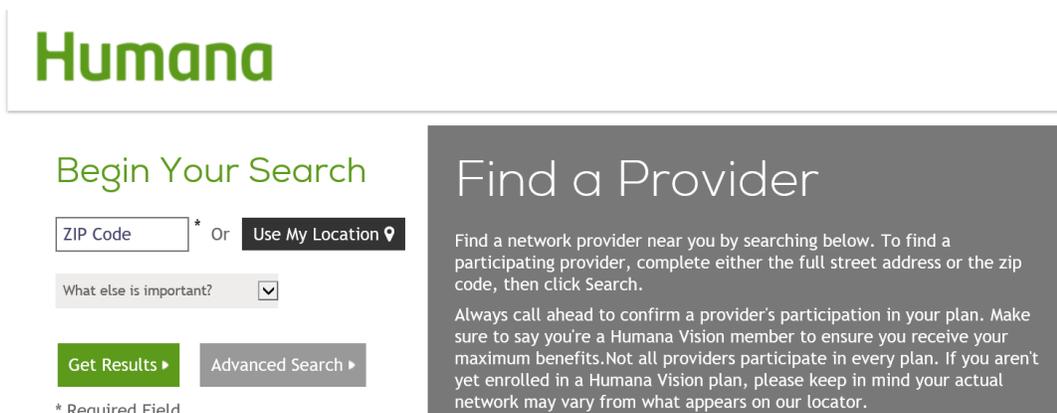
2

### SELECT “Humana Vision/Humana Extend (Humana Insight Network)”

3

### SELECT SEARCH CRITERIA

- Enter desired zip code
- Click “Get Results”





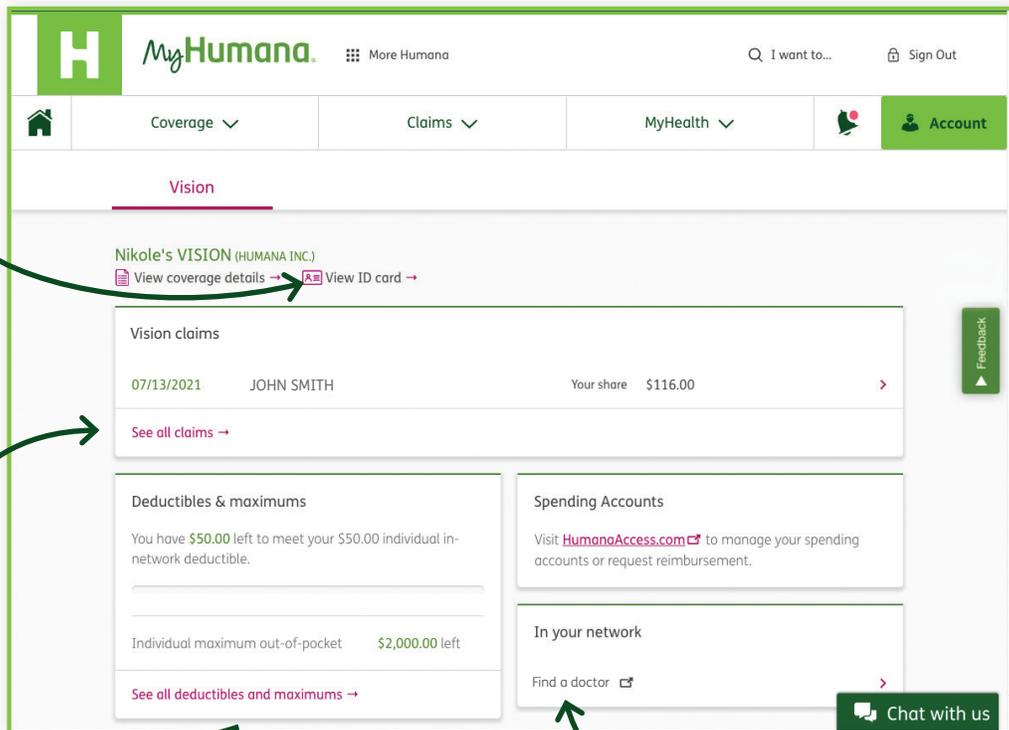
# MyHumana

Your vision plan at your fingertips

Your personal MyHumana account gives you quick, convenient and secure access to your Humana vision plan information. It's available anytime, anywhere.



## Get quick access to your vision plan



View, print and email ID cards

Check your claim status

Review deductibles, coverage levels and limits

Find an eye doctor near you

A dashboard that puts all your information in one spot

Chat with a representative about any of your vision plan questions

### Registering is easy

1. Go to [Humana.com/register](https://www.humana.com/register) and "Start activation now".
2. Confirm member information. Enter your member ID number (or Social Security number), date of birth and ZIP code.
3. Create a username, password and security prompt and click "Next" to finish.



### Use MyHumana anywhere

Download the MyHumana Mobile app from your app store. You can also sign up for text message alerts\* at [Humana.com](https://www.humana.com).



\* Message and data rates may apply

# IMPORTANT!

## At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:

Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618

If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.

- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**.

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

## Auxiliary aids and services, free of charge, are available to you.

**1-877-320-1235 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

## Language assistance services, free of charge, are available to you.

**1-877-320-1235 (TTY: 711)**

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wóda'hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

## **Discrimination is Against the Law**

**Humana Inc. and its subsidiaries** comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Humana Inc. and its subsidiaries** provide:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-877-320-1235 or if you use a TTY, call 711.

If you believe that **Humana Inc. and its subsidiaries** have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances  
P.O. Box 14618  
Lexington, KY 40512 - 4618

If you need help filing a grievance, call 1-877-320-1235 or if you use a TTY, call 711.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

### **U.S. Department of Health and Human Services**

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

**1-800-368-1019, 800-537-7697 (TDD)**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>



Relationships are built on trust. Respect for an individual's privacy goes a long way toward building trust. Humana values our relationship with you, and we take your personal privacy seriously. Humana's Notice of Privacy Practices outlines how Humana may use or disclose your personal and health information. It also tells how we protect this information. The notice provides an explanation of your rights concerning your information, including how you can access this information and how to limit access to your information. In addition, it provides instructions on how to file a privacy complaint with Humana or to exercise any of your rights regarding your information.

If you'd like a copy of Humana's Notice of Privacy Practices, you can request a copy by:

- Visiting **Humana.com** and clicking the Privacy Practices link at the bottom of the home page
- E-mailing us at [privacyoffice@humana.com](mailto:privacyoffice@humana.com)
- Sending a written request to:  
Humana Privacy Office  
P.O. Box 1438  
Louisville, KY 40202