

Vision wellness  
is in sight



VISION



Humana®



Hillsborough  
County Florida

Hillsborough County Government

2025 Summary of Benefits - Retiree



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 1-877-829-5037** 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 2024-2025



☐ Enrollment ☐ Change ☐ Termination \* Proposed Effective Date: \_\_\_\_\_

**Select the Department you are retiring from:**

Department:		Department:	
BOCC	<input type="checkbox"/> 790625	Property Appraiser	<input type="checkbox"/> 790668
Clerk Circuit	<input type="checkbox"/> 790635	Children's Board	<input type="checkbox"/> 790665
Tampa Port Auth	<input type="checkbox"/> 790670	Court Admin	<input type="checkbox"/> 790623
Expressway Auth	<input type="checkbox"/> 790636	Tampa Sports Auth	<input type="checkbox"/> 790677

\*Applications received by the 15th will be effective the 1st of the following month.

**GENERAL INFORMATION**

Retiree Name: \_\_\_\_\_ SSN#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email address: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**ENROLLMENT INFORMATION**

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

**Select the Coverage Tier and 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

**RETIREE 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.

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

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

\*Date coverage becomes effective

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

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





# Vision plans are definitely worth a closer look

There's more to vision health than getting an annual eye exam.

It not only makes sure you're seeing clearly, but also supports your eye and overall health. A yearly eye exam monitors your vision and eye health for things like glaucoma and cataracts, and signs of medical conditions, including diabetes and high blood pressure.

## Why sign up for vision benefits?



**Get an annual eye exam for no more than \$10** when you see an in-network doctor. And, they may help detect or prevent other eye or health conditions.



**Easily find an eye doctor** near home, work or away with independent, retail and online options.

INDEPENDENT  
PROVIDER  
NETWORK



LENSCRAFTERS

PEARLE  
VISION

OPTICAL

Walmart

sam's club

OAKLEY

Ray-Ban

GLASSES.COM

contactsdirect



**Save an average of 80% off retail prices** for glasses and contacts with our fixed copays and allowances.



Plus, **caring for you is at the heart of everything we do** so we make it easy for you to get the help you need – when you need it. Our service teams are always ready to help and answer your questions.



Review the benefit information in this guide to help you choose a vision plan that's right for you.



# Humana Custom Vision

## Hillsborough County Government

### Vision care services

	If you use an in-network provider (Member cost)	If you use an out-of-network provider (Reimbursement)
<b>Exam with dilation<sup>1</sup></b> as necessary	\$10	Up to \$35
Retinal imaging	Up to \$39	Not covered
<b>Contact lens exam options<sup>2</sup></b>		
Standard contact lens fit and follow-up	Up to \$55	Not covered
Premium contact lens fit and follow-up	10% off retail	Not covered
<b>Frames<sup>3</sup></b>	\$130 allowance 20% off balance over \$130	\$50 allowance
<b>Standard plastic lenses<sup>4</sup></b>		
Single vision	\$15	Up to \$25
Bifocal	\$15	Up to \$40
Trifocal	\$15	Up to \$60
Lenticular	\$15	Up to \$100
<b>Covered lens options<sup>4</sup></b>		
UV coating	\$15	Not covered
Tint (solid and gradient)	\$15	Not covered
Standard scratch-resistance	\$15	Not covered
Standard polycarbonate - adults	\$40	Not covered
Standard polycarbonate - 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	\$45	Not covered
• Tier 2	\$55	Not covered
• Tier 3	\$70	Not covered
• Tier 4	\$25 copay, 80% of charge less \$120 allowance	Not covered
Photochromatic / plastic transitions	\$75	Not covered
Polarized	20% off retail	Not covered
<b>Contact lenses<sup>5</sup></b> (applies to materials only)		
Conventional	\$150 allowance 15% off balance over \$150	\$150 allowance
Disposable	\$150 allowance	\$150 allowance
Medically necessary	\$0	\$210 allowance

1. Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.

2. 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.

3. Discounts available on all frames except when prohibited by the manufacturer.

4. Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.

5. Plan covers contact lenses or frames/lenses, but not both.

# Humana Custom Vision

## Hillsborough County Government

### Vision care services

	If you use an in-network provider (Member cost)	If you use an out-of-network provider (Reimbursement)
<b>Frequency</b> Examination Lenses or contact lenses Frame	Once every 12 months Once every 12 months Once every 24 months	Once every 12 months Once every 12 months Once every 24 months
<b>Diabetic Eye Care: care and testing for diabetic members</b> Examination • Up to (2) services per calendar year Retinal Imaging • Up to (2) services per calendar year Extended Ophthalmoscopy • Up to (2) services per calendar year Gonioscopy • Up to (2) services per calendar year Scanning Laser • Up to (2) services per calendar year	\$0 \$0 \$0 \$0 \$0	Up to \$77 Up to \$50 Up to \$15 Up to \$15 Up to \$33
<b>Additional plan discounts</b>	<p>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, &amp; Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.</p> <p>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.</p>	

### See the savings with Humana Vision plans:

	Retail	Humana Vision In-network providers
Eye Exam	\$119	\$10
Lenses	\$153	\$15
Average retail frame cost	\$208	\$208
Average frame allowance	none	-\$130
Discount on balance over frame allowance	none	-20%
<b>YOUR COST:</b>	<b>\$480</b>	<b>\$87</b>

**On average, members save 80% when visiting an in-network provider**

*Savings example only for illustrative purposes. Actual savings will depend on benefits and frame selection.  
Retail cost based on industry averages.*

# Humana Custom Vision

## Hillsborough County Government

### 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 anesthesiologist.
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.

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. In Arizona, group vision plans insured by Humana Insurance Company. In New Mexico, group vision plans insured by Humana Insurance Company.

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.





# How to find a vision doctor in the network

Visiting a vision provider in the Humana network ensures you're getting the lowest cost when using your vision benefits. To find an in-network doctor, follow these steps:

## Step 1:

Scan the QR code, click on this [Find an eye doctor](#) link or go to [eyedoclocator.humanavis.com](https://eyedoclocator.humanavis.com) to search for eye doctors in the **Humana Vision Insight** plan network.



## Step 2:

Search for an eye doctor using your location to find a doctor in your area, or search by a doctor's name.

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OPTICAL

Walmart

sam's club



## In-network online providers

You may also consider one of our many in-network online options including [Oakley](#), [Ray-Ban](#), [Glasses.com](#), [ContactsDirect.com](#), [LensCrafters](#) and [Target Optical](#).

OAKLEY

Ray-Ban

GLASSES.COM

contactsdirect

LENSCRAFTERS

OPTICAL



# See the bottom line ahead of time

## Try our **Know Before You Go** out-of-pocket cost estimator

Humana Vision members have access to an out-of-pocket cost estimator tool, which can be accessed from MyHumana online or the MyHumana mobile app.

The **Know Before You Go** cost estimator tool boosts member confidence by explaining the different types of contact and eyeglass lenses, lens materials and frame categories.

Using this tool, you can receive estimated total costs ahead of time, so there are fewer surprises when it's time to pay the provider. That's what we call human care.

## Here's how to view your estimated total cost in three easy steps:

1. Sign in to MyHumana at [Humana.com](https://www.humana.com), select the **"Vision"** tab, then select **"Humana Vision"**.
2. Select the **"Estimate Costs"** tab.
3. Complete the **Know Before You Go** out-of-pocket cost estimator.



Many members often have no out-of-pocket costs beyond their copays, but you can feel better prepared for your visit by estimating costs ahead of time.





# Exclusive discounts for Humana Vision plan members

Good vision health is important to overall health and that's why we're committed to providing access to value-added discounts that make it easier to care for your eyes—and help save you money.

With your Humana Vision plan, you already get 40% off a second pair of frames and lenses and 20% off non-prescription sunglasses when you use an in-network provider.

## Additionally, you can enjoy even more discounts from these retailers, including\*:

- **LensCrafters:** Get \$50 off and 50% off additional pairs of glasses at LensCrafters® in addition to your vision insurance
- **Target:** Get up to \$150 instant savings on an annual supply of contact lenses and an additional \$25 off when using your vision insurance at Target Optical®
- **Pearle Vision:** Get \$100 off a complete pair of progressive lenses or \$50 off a complete pair of single vision glasses
- **LasikPlus:** Save \$1,000 on LASIK with the Wavelight Laser at LasikPlus®, TLC Laser Eye Center and the LASIK Vision Institute
- **Glasses.com:** Get up to \$30 off premium anti-reflective lenses with anti-smudge treatment
- **ContactsDirect:** Save 10% on contact lenses
- **Cooper Vision | MiSight®:** Save \$300 on 1-day soft contact lenses designed for kids with nearsightedness
- **HumanWare™:** \$100 discount on explore 5 & 8 magnifiers for low vision
- **Hilco Vision:** Save on lens cleaners, Croakies retainers and glasses cases
- **Amplifon:** Up to 64% off hearing aids at thousands of locations nationwide

\* Discounts and offers are not valid in the State of Texas.



To access your discounts, go to [Humana.com](https://www.humana.com) and sign in. Select Vision, then select Humana Vision, then select Special Offers.







# Exclusive discounts for Humana members

We understand the importance of your overall health and that’s why we’ve carefully selected companies to team up with to offer special discounts Humana members can enjoy.



To access your exclusive discounts, sign in to [MyHumana.com](https://www.MyHumana.com), go to the “Menu” tab at the top and scroll down to “Coverage” and then scroll down to “Special Discounts”.

You have access to a variety of discounts that support your overall health and well-being

<h3>Dental health</h3> <p>Discounts on personalized dental products for things like:</p> <ul style="list-style-type: none"><li>• Invisible teeth straightening aligners—from your home.</li><li>• Innovative dental devices with tracking &amp; personalized feedback</li><li>• Teeth whitening</li></ul>	<h3>Eye health</h3> <p>Vision care discounts that help you see better:</p> <ul style="list-style-type: none"><li>• Bladeless and traditional LASIK vision correction</li><li>• Exams, glasses and contacts</li></ul>	<h3>Hearing</h3> <p>Improve your hearing experience with discount options that fit you:</p> <ul style="list-style-type: none"><li>• Unique online solution for hearing aids and support</li><li>• Professional care in your area with savings up to 60% on hearing aids</li></ul>

Plus, additional discounts for things like weight loss, acupuncture & chiropractic services, massage therapy, fitness devices, identity theft protection and more!

[Sign in to MyHumana](#) to see all your discounts!





# 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.

In MyHumana click on Vision to get to your dashboard.

**Review limits, copays, allowances and discounts**

**Find an in-network eye doctor near you**

**Check your claim status**

**View and print ID cards**

ID cards are mailed within 10 days of enrollment. If you need to see a provider before you receive your ID card in the mail, you can view and print your ID card here.

Humana

English | Support | Sign Out

Benefits | Find an eye doctor | Special offers | Estimate costs | Claims | Account | Home

Viewing as: Jacqueline | In group: 00000000

With your vision benefits and discounts – the savings add up

Here's your one-stop-spot to see claims and how much you've saved with your vision plan this year.

Take the guesswork out of finding an eye doctor

When you stay in-network, you keep more money in your pocket. Our Provider Locator helps you find the best fit.

SEARCH NOW

You may also consider one of our many in-network online options including Oakley, Ray-Ban, Glasses.com, ContactsDirect.com, LensCrafters and Target Optical.

### Registering is easy

1. Go to [Humana.com/Register](https://Humana.com/Register) and Select "I'm a Member" and click the "Start activation now" button
2. Select "Something else" as your plan type.
3. Enter your member ID from your ID card (or Social Security number), date of birth and ZIP code.
4. Create a username, password and security prompt and choose "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://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, gender identity, ancestry, ethnicity, marital status, religion or language. 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 **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 their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call the California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

## Auxiliary aids and services, free of charge, are available to you. 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. 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'í béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánida'áwo'déé níká'adoowol.

**العربية (Arabic)**

اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.





Vision member services  
**877-398-2980**

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Insured by Humana Insurance Company.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our insurance benefit plans. Our insurance benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

Members may receive discounts on items not covered by the plan from network providers. Members should contact their network provider to determine what discounts are available.

Links to various other websites from this site are provided for your convenience only and do not constitute or imply endorsement by Humana, Inc. or its subsidiaries of these sites, any products, views, or services described on these sites, or of any other material contained therein. Humana disclaims responsibility for their content and accuracy.

