Your Vision Benefits Enrollment Guide

Hillsborough County Government Retiree Benefits 2024 Plan Year

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 15th of the month will become effective 1st of the following month.**

Please Fax completed application to 813-313-5842

<table>
<thead>
<tr>
<th>Tier</th>
<th>Humana Insight Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree Only</td>
<td>$4.62</td>
</tr>
<tr>
<td>Retiree + 1</td>
<td>$13.64</td>
</tr>
<tr>
<td>Retiree + Family</td>
<td>$18.25</td>
</tr>
</tbody>
</table>

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

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:__________________________

GENERAL INFORMATION

Employee Name:________________________________________ SSN#:_____________________
Address:________________________________________ City:________________ State:___________ Zip:_________
Phone:________________________ Email address:________________________________ Date of Hire:___________

ENROLLMENT INFORMATION

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Gender (M/F)</th>
<th>Disabled Dependent? (Y/N)</th>
<th>Action (Add/Cancel)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse:</td>
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<td></td>
</tr>
<tr>
<td>Child:</td>
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<tr>
<td>Child:</td>
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<tr>
<td>Child:</td>
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</tr>
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</table>

Vision Monthly Premium

<table>
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<td>☐ $13.64</td>
</tr>
<tr>
<td>Retiree + Family</td>
<td>☐ $18.25</td>
</tr>
</tbody>
</table>

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
<table>
<thead>
<tr>
<th>Vision care services</th>
<th>If you use an IN-NETWORK provider (Member cost)</th>
<th>If you use an OUT-OF-NETWORK provider (Reimbursement)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exam with dilation as necessary</strong></td>
<td>$10</td>
<td>Up to $35</td>
</tr>
<tr>
<td>• Retinal imaging¹</td>
<td>Up to $39</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Contact lens exam options²</strong></td>
<td>Up to $55</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Standard contact lens fit and follow-up</td>
<td>10% off retail</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Premium contact lens fit and follow-up</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Frames³</strong></td>
<td>$130 allowance</td>
<td>$50 allowance</td>
</tr>
<tr>
<td><strong>Standard plastic lenses⁴</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Single vision</td>
<td>$15</td>
<td>Up to $25</td>
</tr>
<tr>
<td>• Bifocal</td>
<td>$15</td>
<td>Up to $40</td>
</tr>
<tr>
<td>• Trifocal</td>
<td>$15</td>
<td>Up to $60</td>
</tr>
<tr>
<td>• Lenticular</td>
<td>$15</td>
<td>Up to $100</td>
</tr>
<tr>
<td><strong>Covered lens options⁵</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• UV coating</td>
<td>$15</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Tint (solid and gradient)</td>
<td>$15</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Standard scratch-resistance</td>
<td>$15</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Standard polycarbonate - adults</td>
<td>$40</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Standard polycarbonate - children &lt;19</td>
<td>$40</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Standard anti-reflective coating</td>
<td>$45</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Premium anti-reflective coating</td>
<td>Premium anti-reflective coatings as follows:</td>
<td>Premium anti-reflective coatings as follows:</td>
</tr>
<tr>
<td>- Tier 1</td>
<td>$57</td>
<td>Not covered</td>
</tr>
<tr>
<td>- Tier 2</td>
<td>$68</td>
<td>Not covered</td>
</tr>
<tr>
<td>- Tier 3</td>
<td>80% of charge</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Standard progressive (add-on to bifocal)</td>
<td>$15</td>
<td>Up to $40</td>
</tr>
<tr>
<td>• Premium progressive</td>
<td>Premium progresses as follows:</td>
<td>Premium progresses as follows:</td>
</tr>
<tr>
<td>- Tier 1</td>
<td>$45</td>
<td>Not covered</td>
</tr>
<tr>
<td>- Tier 2</td>
<td>$55</td>
<td>Not covered</td>
</tr>
<tr>
<td>- Tier 3</td>
<td>$70</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Photochromatic / plastic transitions</td>
<td>$75</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Polarized</td>
<td>20% off retail</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Contact lenses⁶ (applies to materials only)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Conventional</td>
<td>$150 allowance, 15% off balance over $150</td>
<td>$150 allowance</td>
</tr>
<tr>
<td>• Disposable</td>
<td>$150 allowance</td>
<td>$150 allowance</td>
</tr>
<tr>
<td>• Medically necessary</td>
<td>$0</td>
<td>$210 allowance</td>
</tr>
</tbody>
</table>

¹ Tier 1 = 80% of charge, Tier 2 = 50% of charge, Tier 3 = 20% of charge

² Tier 1 = 80% of charge, Tier 2 = 50% of charge, Tier 3 = 20% of charge, Tier 4 = 10% of charge

³ Tier 1 = 80% of charge, Tier 2 = 50% of charge, Tier 3 = 20% of charge

⁴ Tier 1 = Standard anti-reflective coating, Tier 2 = Premium anti-reflective coating

⁵ Tier 1 = UV coating, Tier 2 = Tint, Tier 3 = Standard scratch-resistance

⁶ Tier 1 = Standard plastic lenses, Tier 2 = Standard plastic lenses - children <19, Tier 3 = Standard plastic lenses - adults
<table>
<thead>
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<th>If you use an IN-NETWORK provider (Member cost)</th>
<th>If you use an OUT-OF-NETWORK provider (Reimbursement)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequency</strong></td>
<td>• Examination: Once every 12 months</td>
<td>• Examination: Once every 12 months</td>
</tr>
<tr>
<td></td>
<td>• Lenses or contact lenses: Once every 12 months</td>
<td>• Lenses or contact lenses: Once every 12 months</td>
</tr>
<tr>
<td></td>
<td>• Frame: Once every 24 months</td>
<td>• Frame: Once every 24 months</td>
</tr>
<tr>
<td><strong>Diabetic Eye Care: care and testing for diabetic members</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Examination: Up to (2) services per year</td>
<td>• Examination: Up to $77</td>
</tr>
<tr>
<td></td>
<td>- Retinal Imaging: $0</td>
<td>- Retinal Imaging: Up to $50</td>
</tr>
<tr>
<td></td>
<td>- Extended Ophthalmoscopy: $0</td>
<td>- Extended Ophthalmoscopy: Up to $15</td>
</tr>
<tr>
<td></td>
<td>• Gonioscopy: $0</td>
<td>• Gonioscopy: Up to $15</td>
</tr>
<tr>
<td></td>
<td>- Up to (2) services per year</td>
<td>- Up to (2) services per year</td>
</tr>
<tr>
<td></td>
<td>• Scanning Laser: $0</td>
<td>• Scanning Laser: Up to $33</td>
</tr>
<tr>
<td></td>
<td>- Up to (2) services per year</td>
<td>- Up to (2) services per year</td>
</tr>
</tbody>
</table>

**Optional benefits**

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

2. 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.

3. Discounts may be 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, 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.
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.

1 Thompson Media Inc.
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 today

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:

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
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

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

SELECT SEARCH CRITERIA
• Enter desired zip code
• Click “Get Results”

Find a network provider near you by searching below. To find a participating provider, complete either the full street address or the zip code, then click Search. Always call ahead to confirm a provider’s participation in your plan. Make sure to say you’re a Humana Vision member to ensure you receive your maximum benefits. Not all providers participate in every plan. If you aren’t yet enrolled in a Humana Vision plan, please keep in mind your actual network may vary from what appears on our locator.
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**
- **Chat with a representative about any of your vision plan questions**

**Registering is easy**

1. Go to [Humana.com/register](https://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://Humana.com).

* Message and data rates may apply
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).


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):** Wódahí béésh bee haniʼíí bee woltaʼígíí bichʼį́ hódiílnih éí bee t’áá jiik’eh saad bee ákáʼánídaʼáwo’déé nikáʼadoowólí.
- **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.

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**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)**
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
- Sending a written request to:
  Humana Privacy Office
  P.O. Box 1438
  Louisville, KY 40202