Your Humana benefits guide:

2027 Vision plans - RETIREE

Hillsborough County Government

Humana®

Hillsborough County Florida

Humana

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

Vision Monthly Rates

Tier	Humana Insight Vision
Retiree Only	$ 4.62
Retiree + 1	$ 13.64
Retiree + Family	$ 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**

We look forward to the opportunity to serve you.

Thank you,

Humana Account Management Team

Welcome to Humana

At Humana, we want to help take care of you — with benefits that make it easy for you to get the care you need, when you need it. With plan options designed to support your overall well-being, your care is always at the core of what we do.

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.

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.

Earn EyeRewards when you get an eye exam

Get a reward voucher to use at Sunglass Hut when you visit an in-network eye care professional for your annual eye exam.

The voucher will be available through your online Humana account at **MyHumana.com**.

* Eye exams not covered on Humana Vision Materials Only plans.

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)
Exam with dilation[1] as necessary	$10	Up to $35
Retinal imaging	Up to $39	Not covered
Contact lens exam options[2]		
Standard contact lens fit and follow-up	Up to $55	Not covered
Premium contact lens fit and follow-up	10% off retail	Not covered
Frames[3]	$130 allowance 20% off balance over $130	$50 allowance
Standard plastic lenses[4]		
Single vision	$15	Up to $25
Bifocal	$15	Up to $40
Trifocal	$15	Up to $60
Lenticular	$15	Up to $100
Covered lens options[4]		
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
Contact lenses[5] (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)
Frequency		
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
Diabetic Eye Care: care and testing for diabetic members		
Examination • Up to (2) services per calendar year	$0	Up to $77
Retinal Imaging • Up to (2) services per calendar year	$0	Up to $50
Extended Ophthalmoscopy • Up to (2) services per calendar year	$0	Up to $15
Gonioscopy • Up to (2) services per calendar year	$0	Up to $15
Scanning Laser • Up to (2) services per calendar year	$0	Up to $33
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.	

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%
YOUR COST:	**$480**	**$87**

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 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.

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 or go to **huma.na/vision** to search for eye doctors in the **Humana Vision** 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

INDEPENDENT PROVIDER NETWORK + LensCrafters PEARLE VISION 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

What else comes with your Humana plan?

As a Humana member, you'll have access to other perks like our exclusive discounts on a variety of services that support your overall health and well-being.

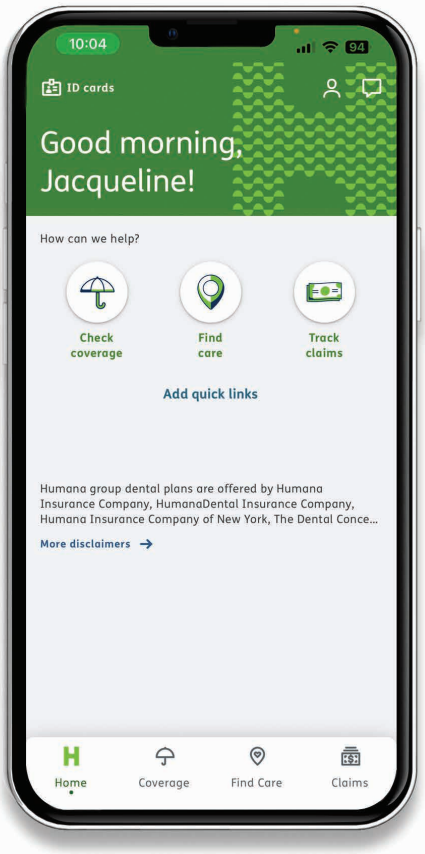
Manage your Humana plan online

MyHumana on the go

Once you become a Humana plan member, you get the most of your plan with a MyHumana account, and take your Humana essentials wherever you go with the MyHumana mobile app.

Depending on your plan, you can use the app to:

- **Explore coverage and benefit details** the moment you need them
- **Get your member ID cards** and add them to your phone's wallet
- **Find care close to you** and get directions on your phone's map app
- **Review claims status**
- **Access your exclusive member discounts**



Once your Humana plan coverage begins, go to **MyHumana.com** to activate your account **or download and register on the MyHumana app** for iOS and Android.

Download on the App Store

GET IT ON Google Play

Learn more at humana.com/member/manage-your-account

Exclusive discounts for Humana members

Access to a variety of discounts that support your overall health and well-being

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:

- **Personalized dental products** for things like teeth whitening and dental devices with tracking and personalized feedback
- **Vision care discounts** on Lasik, exams, glasses and contacts
- **Hearing aid options** in your area and online
- **Additional discounts** for things like weight loss, massage therapy, fitness devices and more

Once your Humana plan coverage begins, **access your exclusive discounts** by signing in to **MyHumana.com**.

Look for "Special Discounts" in the "Coverage" section of MyHumana.

VISION

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 prescription glasses and **20% off non-prescription sunglasses** when you use an in-network provider.

To access your discounts, go to Humana.com and sign in. Select Vision, then select Humana Vision, then select Special Offers.

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

- **LensCrafters:** Get a $50 bonus on the purchase of a pair of glasses (frame & lenses)
- **Target:** Get up to $150 instant savings on an annual supply of contact lenses. You can also get $50 off multi-focal glasses lenses or $25 off single-vision glasses lenses with a complete pair purchase.
- **Pearle Vision:** Get $50 off a complete pair of glasses purchase (frames and lenses)
- **LasikPlus:** Save $1,000 on LASIK with the Wavelight Laser at LasikPlus®, TLC Laser Eye Center and the LASIK Vision Institute
- **Glasses.com:** Get $40 off Transitions or Polarized lenses
- **FramesDirect:** Save$55 on Progressive, Transitions, or Blue Light lenses
- **ContactsDirect:** Save 15% on contact lenses
- **Cooper Vision | MiSight®:** Save $200 on 1-day soft contact lenses designed for kids with nearsightedness. The discount is for MiSight brand only.
- **For Eyes®:** Get up to $50 off a pair of glasses (frames & lenses)
- **Amplifon:** Up to 66% off hearing aids at thousands of locations nationwide

* Discounts and offers are not valid for policies issued in the State of Texas.

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**, 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.

Vision coverage when you travel out of the country

Get emergency eyewear and eye care when traveling abroad

If you lose or break your glasses while traveling or need eye care, Humana vision members can get emergency services with trusted providers in 20 countries and territories:

- **Emergency glasses delivered within 24 hours*** – get adjustable, temporary eyewear for $0
- **24/7 call support** and free translation help in 160 languages
- **Online directory of international providers** in 20 countries
- **International eye care guide** with Q&As to help you find vision care in 20 countries and territories around the world, with advice and guidelines tailored to each country
- **All part of your vision benefits** – only pay for the eye exam or eyewear materials you purchase
- **Easy online claims submission** – simply upload receipts and get reimbursed 100% of remaining eligible out-of-network benefits

When traveling, keep this number handy:

+1.513.765.2870

to order emergency glasses, find a provider, or request translation.

Tip for calling the US from another country: Dial the plus sign +, then 1, then area code, and the number.

Access international support through MyHumana

Once your vision plan coverage begins, you can access your international vision benefits after you activate your **MyHumana.com** account.

Simply sign in to MyHumana and look for the "International" tab on your vision benefits home page.

* Glasses are delivered to most locations within 24 hours, however, some areas of the world may take longer.

Notice of Non-Discrimination. Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc. provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us as well as provides free language assistance services to people whose primary language is not English, including qualified sign language interpreters and written information in other formats.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services, contact Humana Inc. and its subsidiaries at **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a 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, S.W., Room 509F, HHH Building, Washington, D.C. 20201. **800-368-1019**, **800-537-7697 (TDD)**.

California members or 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). Hours of operation: 8 a.m. – 8 p.m., Eastern time. Humana Inc. and its subsidiaries provide free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

English: Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

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

Tagalog (Tagalog – Filipino) Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

French Creole (Haitian Creole): Kreyòl Ayisyen (French Creole) Rele nimewo ki e dike anwo a pou resevwa sèvis éd gratis nan lang.

Français (French): Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

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

Português (Portuguese): Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

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

日本語 (Japanese): 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

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

فارسی (Farsi): برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

हिंदी (Hindi): भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

հայերեն (Armenian): Զանգահարեք վերը նշված հեռախոսահամարով՝ անվճար լեզվական օգնության ծառայություններ ստանալու համար:

ગુજરાતી (Gujarati): મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કૉલ કરો.

Hmoob (Hmong) Hu rau tus xov tooj saum toj sauv kom tau txais kev pab txhais lus dawb.

These notices are available at **www.humana.com/legal/non-discrimination-disclosure** and **www.humana.com/legal/multi-language-support**.

Humana®

Vision member services

877-398-2980

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.

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082025

Hillsborough County Government RETIREE
Vision Enrollment/Change/Termination Form 2026-2029

Humana

☐ **Enrollment** ☐ **Change** ☐ **Termination** *** Proposed Effective Date:_____**

Select the Department you are retiring from:

Department:		Department:	
BOCC	☐ 790625	*Property Appraiser*	☐ 790668
Clerk Circuit	☐ 790635	*Children's Board*	☐ 790665
Tampa Port Auth	☐ 790670	*Court Admin*	☐ 790623
Expressway Auth	☐ 790636	*Tampa Sports Auth*	☐ 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	☐ $4.62
Retiree + 1	☐ $13.64
Retiree + Family	☐ $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