

# c series dental plan

## *What to expect from your dental plan:*

CompBenefits' C Series dental plan offers you the quality dental care you expect as well as benefits for those unexpected procedures for which you could not have planned.

When you are faced with that unexpected dental treatment, you know what to expect with CompBenefits' C Series. Your co-payments are outlined on your exhaustive schedule of benefits, so you will not have to endure any other surprise expenses.

The C Series plans are affordable enough to take make it worth its low rates in case those expensive dental procedures come along. And at the same time giving you the benefits of routine oral health care, including oral examinations, routine cleanings and x-rays, when you visit one of dentists in our network. For procedures not listed on your schedule, you can count on a 25 percent discount off a network dentist's usual fees.

And CompBenefits' C Series dental plan provides you with coverage from the start – rather than having to fulfill waiting periods. Plus, you won't have any deductibles, claim forms or benefit maximums.

*Get more out of your dental plan  
@ [www.mycompbenefits.com](http://www.mycompbenefits.com)*

Need to find a dentist closer to you? You can do all of this and more at [www.mycompbenefits.com](http://www.mycompbenefits.com). Registering for this service is simple and will give you access to your plan benefits, including your benefit information, a list of providers and the option to change your account information. Just a few clicks of the mouse, and you'll be checking out your benefits in no time.



*Comprehensive  
Benefits at a  
Reasonable Price*

## Use your HumanaDental benefits

The HumanaDental C Series dental plan has you covered for any circumstance. Whether you simply need quality routine dental care or unexpected dental treatment, you know what to expect with HumanaDental.

- › No waiting periods
- › No claims to file
- › No annual maximums

### Know what your plan covers

Attached is a summary of HumanaDental C Series plan benefits which are described in detail in your certificate. You can find your certificate at **HumanaDental.com** or call 1-800-979-4760. Here's what you can expect:

- › You have the freedom to select any participating dentist. To select a dental provider from our network, simply visit **HumanaDental.com**. Once there, you can also check your benefits, email us and get a new or temporary ID card. If you prefer, contact us at 1-800-979-4760.
- › Life without claim forms! With HumanaDental DHMO plan you pay your dentist directly, when applicable.
- › Your primary dentist will provide all of your routine dental care and any copayment or discounted charges will be paid at the time of service.
- › If you need a specialty dentist, you'll receive a 25 percent discount by using one of the participating specialty dentists from our network.

## Questions?

Check out [HumanaDental.com](http://HumanaDental.com)

Call 1-800-979-4760 anytime for the automated information line or 8 a.m. to 6 p.m. for a Customer Care specialist.

## Choose HumanaDental benefits

### Be healthy

Good oral health means more than just an attractive smile. Research shows that oral health, preventive care and regular visits to the dentist is integral to overall health. For example, the Academy of General Dentistry says there is a link between gum disease and heart problems, and the American Academy of Periodontology says severe gum disease can increase blood sugar, increasing the risk among diabetics. The HumanaDental DHMO plan enables you to take better care of your teeth, and you'll pay less doing so.

### Check your dental IQ anytime

Log on to **MyDentalIQ.com** and take the dental risk assessment that could help trim your total healthcare costs over time. Find out how you can improve your oral and overall health. The dental health risk assessment at **MyDentalIQ.com** takes minutes to complete, and immediately delivers a scorecard with health tips tailored to you.

# HumanaDental DHMO 150 C Plan

The HumanaDental DHMO plans focus on maintaining oral health, prevention and cost-containment. A member may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods.

C plans copayments for listed procedures are applicable only at a participating general dentist.

Member costs listed here are for services provided by your chosen participating primary care dentist (PCD) only. As your dental professional, your PCD may decide that you need to see an contracted dental specialist. No referral is necessary to see a network specialist.

**Specialists services:** Should you need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), you may be referred by your participating general dentist, or you may refer yourself to any participating specialist. For C plans and benefits for procedures not listed on the schedule, you will receive a 25 percent discount by visiting a participating specialist.

## Summary of services

<b>Appointments</b>		<b>member pays</b>
D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$ 15.00
D9430	Office visit (normal hours)	\$ 5.00
D9440	Office visit (after regularly scheduled hours)	\$ 35.00
D9999	Emergency visit during regularly scheduled hours, by report	\$ 20.00
D9999	Broken appointments (without 24 hr. notice, per 15 min)—maximum \$40 per broken appointment. No charge will be made due to emergencies.	\$ 10.00

<b>Diagnostic</b>		<b>member pays</b>
D0120	Periodic oral examination	no charge
D0140	Limited/comprehensive/detailed and extensive oral eval	no charge
D0150	Limited/comprehensive/detailed and extensive oral eval	no charge
D0160	Limited/comprehensive/detailed and extensive oral eval	no charge
D0180	Comprehensive periodontal evaluation	\$ 10.00
D0210	X-ray intraoral—complete series including bitewings	no charge
D0220	X-ray intraoral—periapical, first film	no charge
D0230	X-ray intraoral—periapical, each additional film	no charge
D0270	X-ray bitewing—single film	no charge
D0272	X-ray bitewings—two films	no charge
D0274	Bitewings—four films	no charge
D0330	Panoramic film	no charge
D0460	Pulp vitality tests	no charge
D0470	Diagnostic casts	no charge

<b>Preventive</b>		<b>member pays</b>
D1110	Prophylaxis—adult, routine (once every 6 months)	no charge
D1120	Prophylaxis—child, routine (once every 6 months)	no charge
D1110	Prophylaxis—adult/child, (additional)	\$ 20.00
D1120	Prophylaxis—adult/child, (additional)	\$ 20.00
D1203	Topical application of fluoride (not including prophylaxis)—child (up to 16 years of age)	no charge
D1206	Topical fluoride varnish (for child <16)	no charge
D1330	Oral hygiene instruction	no charge
D1351	Sealant-per tooth	\$ 10.00
D1510	Space maintainer—fixed, unilateral	\$ 45.00+lab
D1515	Space maintainer—fixed, bilateral	\$ 45.00+lab
D1520	Space maintainer—removable, unilateral	\$ 85.00+lab
D1525	Space maintainer—removable, bilateral	\$ 85.00+lab
D1550	Recementation of space maintainer	\$ 10.00

<b>Restorative</b>		<b>member pays</b>
D2140	Amalgam—one surface, primary or permanent	no charge
D2150	Amalgam—two surfaces, primary or permanent	no charge
D2160	Amalgam—three surfaces, primary or permanent	no charge
D2161	Amalgam—four or more surfaces, primary or permanent	no charge
D2940	Sedative filling	\$ 15.00
D2999	Sedative base (under fillings), by report	no charge

<b>Resin restorative</b>		<b>member pays</b>
D2330	Resin based composite—one surface, anterior	\$ 35.00
D2331	Resin based composite—two surfaces, anterior	\$ 40.00
D2332	Resin based composite—three surfaces, anterior	\$ 50.00
D2391	Resin based composite—one surface, posterior	\$ 60.00
D2392	Resin based composite—two surfaces, posterior	\$ 80.00
D2393	Resin based composite—three surfaces, posterior	\$ 100.00
D2394	Resin based composite—four or more surfaces, posterior	\$ 120.00
D2510	Inlay—metallic, one surface	\$ 95.00
D2520	Inlay—metallic, two surfaces	\$ 105.00
D2530	Inlay—metallic, three or more surfaces	\$ 130.00

<b>Crown and bridge</b>		<b>member pays</b>
D2740	Crown—porcelain/ceramic substrate	\$ 280.00+lab
D2750*	Crown—porcelain fused to high noble metal	\$ 280.00
D2751	Crown—porcelain fused to predominantly base metal	\$ 280.00
D2752*	Crown—porcelain fused to noble metal	\$ 280.00
D2790*	Crown—full cast high noble metal	\$ 280.00
D2791	Crown—full cast predominantly base metal	\$ 280.00
D2792*	Crown—full cast noble metal	\$ 280.00
D2910	Recement inlay	\$ 15.00
D2920	Recement crown	\$ 15.00
D2930	Prefabricated stainless steel crown—primary tooth	\$ 75.00
D2950	Core buildup, including any pins	\$ 45.00
D2951	Pin retention—per tooth, in addition to restoration	\$ 15.00
D2952	Cast post and core in addition to crown	\$ 90.00+lab
D2953	Each additional cast post—same tooth	\$ 90.00+lab
D2954	Prefabricated post and core in addition to crown	\$ 90.00
D2962	Labial veneer (porcelain laminate)—laboratory	\$ 280.00+lab

<b>Prosthodontics (fixed)</b>		<b>member pays</b>
D6210*	Pontic—cast high noble metal	\$ 280.00
D6211	Pontic—cast predominantly base metal	\$ 280.00
D6212*	Pontic—cast noble metal	\$ 280.00
D6240*	Pontic—porcelain fused to high noble metal	\$ 280.00
D6241	Pontic—porcelain fused to predominantly base metal	\$ 280.00
D6242*	Pontic—porcelain fused to noble metal	\$ 280.00

D6750*	Crown—porcelain fused to high noble metal	\$280.00
D6751	Crown—porcelain fused to predominantly base metal	\$280.00
D6752*	Crown—porcelain fused to noble metal	\$280.00
D6790*	Crown—full cast high noble metal	\$280.00
D6791	Crown—full cast predominantly base metal	\$280.00
D6792*	Crown—full cast noble metal	\$280.00
D6930	Recement fixed partial denture (per unit)	\$ 10.00

**Endodontics** **member pays**

D3220	Therapeutic pulpotomy	\$ 35.00
D3221	Pulpal debridement, primary and permanent teeth	\$100.00
D3310	Root canal therapy—anterior (excluding final restoration)	\$100.00
D3320	Root canal therapy—bicuspid (excluding final restoration)	\$200.00
D3330	Root canal therapy—molar (excluding final restoration)	\$250.00
D3410	Apicoectomy/periradicular surgery—anterior	\$125.00

**Periodontics (gum treatment)** **member pays**

D4210	Gingivectomy/gingivoplasty per quadrant	\$125.00
D4211	Gingivectomy/gingivoplasty per tooth	\$ 40.00
D4341	Periodontal scaling and root planing, per quadrant	\$ 50.00
D4342	Periodontal scaling and root planing 1 to 3 teeth per quadrant	\$ 50.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$ 45.00
D4381	Localized delivery of chemotherapeutic agents (per tooth)	\$ 45.00
D4910	Periodontal maintenance	\$ 50.00

**Prosthodontics** **member pays**

D5110	Complete denture—maxillary	\$300.00+lab
D5120	Complete denture—mandibular	\$300.00+lab
D5130	Immediate denture—maxillary	\$300.00+lab
D5140	Immediate denture—mandibular	\$300.00+lab
D5211	Maxillary partial denture—resin base	\$300.00+lab
D5212	Mandibular partial denture—resin base	\$300.00+lab
D5213	Maxillary partial denture—cast metal framework, resin denture bases	\$300.00+lab
D5214	Mandibular partial denture—cast metal framework, resin denture bases	\$300.00+lab
D5410	Adjust complete denture—maxillary	\$ 15.00
D5411	Adjust complete denture—mandibular	\$ 15.00
D5421	Adjust partial denture—maxillary	\$ 15.00
D5422	Adjust partial denture—mandibular	\$ 15.00

**Repairs to prosthetics** **member pays**

D5510	Repair broken complete denture base	\$15.00+lab
D5520	Replace missing or broken teeth—complete denture (each tooth)	\$15.00+lab
D5610	Repair resin denture base	\$15.00+lab
D5630	Repair or replace broken clasp	\$15.00+lab
D5640	Replace broken teeth—per tooth	\$15.00+lab
D5650	Add tooth to existing partial denture	\$30.00+lab
D5730	Reline complete maxillary denture (chairside)	\$ 50.00
D5731	Reline complete mandibular denture (chairside)	\$ 50.00
D5740	Reline maxillary partial denture (chairside)	\$ 50.00
D5741	Reline mandibular partial denture (chairside)	\$ 50.00
D5750	Reline complete maxillary denture (laboratory)	\$35.00+lab
D5751	Reline complete mandibular denture (laboratory)	\$35.00+lab
D5760	Reline maxillary partial denture (laboratory)	\$35.00+lab
D5761	Reline mandibular partial denture (laboratory)	\$35.00+lab
D5850	Tissue conditioning—maxillary	\$ 30.00
D5851	Tissue conditioning—mandibular	\$ 30.00

**Extractions/oral and maxillofacial surgery** **member pays**

D7111	Coronal remnants, deciduous tooth	no charge
D7140	Extraction, erupted tooth or exposed tooth	no charge
D7210	Surgical removal of erupted tooth	\$ 40.00
D7220	Removal of impacted tooth—soft tissue	\$ 50.00
D7230	Removal of impacted tooth—partially bony	\$ 70.00
D7240	Removal of impacted tooth—completely bony	\$ 85.00
D7250	Surgical removal of residual tooth roots	\$ 35.00

D7310	Alveoloplasty in conjunction with extractions—per quadrant	\$ 35.00
D7311	Alveoloplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	\$ 35.00
D7320	Alveoloplasty not in conjunction with extractions—per quadrant	\$ 70.00
D7321	Alveoloplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	\$ 70.00
D7510	Incision and drainage of abscess—intraoral	\$ 25.00

**Anesthesia** **member pays**

D9215	Local anesthesia	no charge
D9230	Analgesia (nitrous oxide), per 15 minutes	\$ 15.00

**Adjunctive general services** **member pays**

D9450	Case presentation, detailed and extensive treatment planning	no charge
D9951	Occlusal adjustment—limited	\$ 25.00
D9952	Occlusal adjustment—complete	\$150.00

**Orthodontics** **member pays**

NOTE: Employees can receive a 25 percent savings by visiting an in-network orthodontists.

\* The above copayments do not include the additional cost of precious (high noble) and semi-precious (noble) metal. The additional cost of precious metal shall not exceed \$125 per unit and \$75 per unit for semi-precious metal.

Note:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures are at the dentists usual fee less 25%.
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$50 per unit.

# HUMANA®

Insured or administered by CompBenefits Dental, Inc., CompBenefits of Alabama, Inc.,  
CompBenefits of Georgia, Inc., CompBenefits Insurance Company,  
or American Dental Plan of North Carolina, Inc.

GN-51490-HD 9/10

# frequently asked questions

## **Q.** *What are C Series DHMO plans?*

**A.** CompBenefits' C Series DHMO plans are network-based products that emphasize prevention and cost containment. These plans provide savings up to 75 percent off regular dental procedures. The plans do not cover services (except emergency care) received from out-of-network dentists.

## **Q.** *How does the plan work?*

**A.** Your primary dentist will provide all of your routine dental care. You may be required to pay a co-payment for some services provided by your primary care dentist. The co-payments or discounted charges are billed at the time of service, so there are no claim forms to file. You pay your dentist directly, if applicable.

## **Q.** *How many times a year can I visit my dentist?*

**A.** You are encouraged to visit your dentist regularly. With your CompBenefits' C Series Plan, you are not limited to a specific number of visits per year.

## **Q.** *How do I make appointments?*

**A.** Making an appointment is easy. Once you have selected your participating dentist, simply call the dental office on or after the date you receive your certificate of coverage and make your appointment. Your enrollment information will already be at the participating dentist's office or on its way to confirm that you are eligible for treatment.

## **Q.** *What if I need a specialty dentist?*

**A.** When you need treatment from a specialty dentist, you can visit one of the participating specialty dentists from our network, and he or she will reduce normal charges by 25 percent.

## **Q.** *Is there any maximum coverage limitation?*

**A.** No, there are no maximum coverage limitations.

## **Q.** *How do I pay for services?*

**A.** You make your co-payments to the dentist at time of service.

## **Q.** *What if I go to a non-participating dentist?*

**A.** You will not be eligible for benefits from a non-participating dentist. You must seek treatment from the participating dentist you selected.

## **Q.** *Can I change participating dentists?*

**A.** Yes. You can easily change dentists by logging onto [www.mycompbenefits.com](http://www.mycompbenefits.com).

## **Q.** *Can I go online to find out more about my plan or get assistance?*

**A.** Yes. After you enroll, you can visit [www.mycompbenefits.com](http://www.mycompbenefits.com) to register and learn about your plan, to check your benefits, to use our Provider Locator, to change your dentist selection, to send us an e-mail and more.

## **Q.** *How do I order an ID card?*

**A.** You can download and print a temporary ID card or order a new ID card at [www.mycompbenefits.com](http://www.mycompbenefits.com), or you can call our Customer Care department at 800-342-5209.

# visioncare plan

## *What to expect from your vision plan:*

Your eyesight is nothing to take for granted. It's how we see a loved one's face clearly or a beautiful sunset.

But your sight can begin to deteriorate over a long period of time without your knowing there is a problem.

As with any other important asset – like your home or car – wouldn't you feel more at ease if you knew your routine eye care was covered by a company with decades experience helping people like you? With CompBenefits' VisionCare Plan, you can take advantage of coverage you need for eye examinations and eyeglasses or contacts.

You can also choose to take advantage of VisionCare Plan's deep discount for LASIK surgery.

And you won't have to hunt hard to find a doctor close to your home or work. The VisionCare Plan network includes some 14,000 ophthalmologist and optometrist locations – one third of all private practitioners in the country. Yet, it doesn't mean you can't see an out-of-network doctor because VisionCare Plan offers benefits in-network or out-of-network. It's your choice.

*You'll find what you need  
@ [www.mycompbenefits.com](http://www.mycompbenefits.com)*

CompBenefits has made understanding and accessing your VisionCare Plan benefits simple. Just take a few moments to register at [www.mycompbenefits.com](http://www.mycompbenefits.com).



*No claims to file!  
Just show your  
VisionCare Plan  
ID card*

## Vision Care Plan

Associated Credit Union

	See a participating provider	See a nonparticipating provider
<b>Exam with dilation</b> as necessary	100% after \$10 copay	\$40 allowance
<b>Lenses</b>		
• Single	100% after \$15 copay	\$33 allowance
• Bifocal	100% after \$15 copay	\$50 allowance
• Trifocal	100% after \$15 copay	\$65 allowance
<b>Frames</b>	\$45 wholesale allowance	\$57 retail allowance
<b>Contact lenses</b> <sup>1</sup>		
• Elective (conventional and disposable) <sup>2,3</sup>	\$150 allowance	\$150 allowance
• Medically necessary	100%	\$280 allowance
<b>Frequency</b> (based on date of service)		
• 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>Additional plan discounts</b>		
<ul style="list-style-type: none"> <li>Members receive additional fixed copayments on lens options including: anti-reflective and scratch-resistant coatings.</li> <li>Members also receive a 20% retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam and available through the VCP network provider who sold the initial pair of eyeglasses.</li> <li>After copay, standard polycarbonate available at no charge for dependents less than 19 years old.</li> </ul>		

<sup>1</sup> If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames) (Vision Care Plan only).

<sup>2</sup> The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members receive a 15 percent discount on in-network professional services. The discount for professional services is available for 12 months after the covered eye exam.

<sup>3</sup> Contact lens allowance must be used at one time; no amount will be carried forward.

### HumanaVision Lasik discount

We have contracted with many well-known facilities and eye doctors to offer Lasik procedures at substantially reduced fees. You can take advantage of these low fees when procedures are done by network providers. The network locations listed below offer the following prices (per eye):

	Conventional / Traditional		Custom	
<b>TLC</b> 888-358-3937 (designated locations only)	<b>\$895</b>		<b>\$1,295</b>	<b>\$1,895*</b>
<b>LasikPlus</b> 866-757-8082	<b>\$695<sup>3*</sup></b> LasikPlus free enhancements for 1 year	<b>\$1,395*</b> LasikPlus free enhancements for life	<b>\$1,895*</b> LasikPlus free enhancements for life	
<b>QualSight LASIK</b> 855-456-2020	<b>\$895</b> QualSight free enhancements for 1 year	<b>\$1,295</b> with QualSight Lifetime Assurance Plan	<b>\$1,320</b>	<b>\$1,995*</b> with QualSight Lifetime Assurance Plan

You can also use independent Lasik provider network doctors to receive a 10% discount from usual and customary prices and pay no more than \$1,800 per eye for Conventional Lasik and \$2,300 per eye for Custom Lasik.

\*with IntraLase™



## How does the wholesale frame allowance work?

Benefits include a wholesale frame allowance. If the wholesale cost exceeds the frame allowance, members pay twice the wholesale difference. They never pay full retail.

Retail price*	Wholesale price	Wholesale allowance	Member pays	Savings
\$125	\$50	\$50	\$0	\$125
\$187.50	\$75	\$50	\$50 (\$75-\$50=\$25x2=\$50)	\$137.50

\* Retail costs may differ and are based on 2½ times the wholesale cost. Actual savings may vary.

## 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>

## Use your HumanaVision benefits

HumanaVision options have you covered and make eye care affordable. You have access to one of the largest vision networks in the United States, with more than 35,000 participating optometrist, ophthalmologists, and national retail locations, including LensCrafters®, Pearle Vision®, Sears® Optical, Target® Optical, and JCPenney® Optical. In addition you'll enjoy:

- The same benefits at all participating providers, no matter where they're located
- Wholesale pricing on frames, avoiding high retail markups
- Simple access to plan information, provider search, Customer Care and other automated services at **HumanaVisionCare.com**

## How it Works

1. After signing up for your vision plan, you will receive an ID card in the mail
2. Prior to scheduling your appointment, select a network provider through the Customer Care Center, automated information line, or **HumanaVisionCare.com**
3. Schedule an appointment, providing your name, the patient's name and employer
4. Sign your provider's form after your exam, you'll pay any copayments and/or costs of any upgrades at this time

## Know what your plan covers

Attached is a summary of HumanaVision benefits that are described in detail in your certificate. You can find your certificate on **HumanaVisionCare.com** or call 1-866-537-0229. Here's what you can expect:

- Quality routine eye health care from independent eye care professionals and national retail locations.
- Services and materials provided on a prepaid basis, and the plan pays in-network providers directly, you also have the freedom to use out-of-network providers if you prefer
- Life without claim forms! With HumanaVision, you pay your eye care professional directly for copayments and any extra cosmetic options selected at the time of service
- Select a vision provider from our network simply by visiting **HumanaVisionCare.com**, if you prefer, call us at 1-866-537-0229

## Know what your plan doesn't cover

Some items and services not included in HumanaVision are:

- Orthoptics or vision training, subnormal vision aids or Plano (non-prescription) lenses
- Replacement of lost or broken lenses, except at the regularly-scheduled plan intervals
- Medical or surgical treatment of eyes
- Care provided through or required by any government agency or program, including Workers' Compensation or a similar law



LENSCRAFTERS®

PEARLE VISION®

JCPenney Optical

Sears  
Optical

OPTICAL

# HUMANA®

Vision products insured by Humana Insurance Company, HumanaDental Insurance Company, or CompBenefits Insurance Company

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

# frequently asked questions

## **Q.** *What are CompBenefits' VisionCare Plans?*

**A.** CompBenefits' VisionCare Plans are network-based vision plans that emphasize high quality routine eye health care from independent eye care professionals. Services and materials are provided on a pre-paid basis, and the plans pay network doctors directly. VisionCare Plan members can also use non-network doctors if they wish.

## **Q.** *How does VisionCare Plan work?*

**A.** Members simply select any in-network optometrist or ophthalmologist and make their appointments. At the time of the appointment, members pay only their co-payments and for any extra cosmetic options selected. There are no forms to complete or claims to file.

Members can also choose an out-of-network provider. In this case, they pay their doctor at the time of the visit and submit receipts to CompBenefits for reimbursement. Benefits are paid according to a reimbursement schedule.

## **Q.** *Are there any limitations to my vision benefit?*

**A.** Yes, there are a few. Oversized lenses, when prescribed, may be covered only when patient's face size indicates they are necessary. Blended and progressive lenses are not normally required for visual welfare and are generally excluded. Elective or cosmetic items such as photochromic lenses, fashion color-coated lenses and sun lenses are not normally covered.

## **Q.** *Does VisionCare Plan exclude anything?*

**A.** Yes, some items and services are excluded.

- Orthoptics or vision training, subnormal vision aids or plano (non-prescription) lenses
- Replacement of lost or broken lenses, except at the regularly-scheduled plan intervals
- Medical or surgical treatment of the eyes
- Care provided through or required by any government agency or program, including Workers' Compensation or similar law

## **Q.** *What do I need to access my benefits?*

**A.** It's simple. Just take your VisionCare Plan ID card to your eye doctor, and he or she will file your claim for you.

## **Q.** *Can I go online to find out more about my plan or get assistance?*

**A.** Yes. You can visit [www.mycompbenefits.com](http://www.mycompbenefits.com) to learn about your plan, to check your benefits, to use our Provider Locator, to send us an e-mail and more.



# HumanaVision Lasik

## Reduced fees

Lasik procedures are available if you are nearsighted or have astigmatism and wear glasses or contacts.<sup>2</sup> We have contracted with many well-known facilities and eye doctors to offer these procedures at substantially reduced fees.

You can take advantage of these low fees when procedures are done by network providers. The network locations listed below offer the following prices (per eye):

### Opening doors to better vision for thousands of people – with affordable Lasik procedures<sup>1</sup>

Network doctors can help you understand these new procedures and provide access to our network of Lasik providers.

	Conventional / Traditional		Custom	
<b>TLC</b> 888-358-3937 (designated locations only)	<b>\$895</b>		<b>\$1,295</b>	<b>\$1,895*</b>
<b>LasikPlus</b> 866-757-8082	<b>\$695<sup>3*</sup></b> LasikPlus free enhancements for 1 year	<b>\$1,395*</b> LasikPlus free enhancements for life	<b>\$1,895*</b> LasikPlus free enhancements for life	
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\*with IntraLase™

You can also use independent Lasik provider network doctors to receive a 10% discount from usual and customary prices and pay no more than \$1,800 per eye for Conventional Lasik and \$2,300 per eye for Custom Lasik.

## Easy access to service

During your comprehensive eye health examination, your doctor can determine if you are a candidate for Lasik. If you qualify, the doctor can also make arrangements for the procedure with one of the centers that participates in this program.

Your HumanaVision ID card verifies your eligibility for Lasik discounts. You can obtain a list of providers from our website, [HumanaVisionCare.com](http://HumanaVisionCare.com) or by calling a Customer Care Specialist at 866-537-0229.

This discount cannot be combined with any other discount or promotional offer. The HumanaVision Lasik program is not affiliated with any medical or health plan.

<sup>1</sup> Laser-assisted in-situ keratomileusis

<sup>2</sup> If qualified as a Lasik candidate by the network doctor

<sup>3</sup> Nearsighted better than -2 with astigmatism better than -1 and other restrictions apply

The Lasik program is a discount only for HumanaVision members and is not a covered benefit.

Insured by Humana Insurance Company or CompBenefits Insurance Company, or The Dental Concern, Inc.

## See the difference a bigger, better HumanaVision network can make for you.

**HumanaVision VCP** has a newly expanded network. Choose from more than 35,000 participating optometrist, ophthalmologist, and national retail locations, including LensCrafters, Pearle Vision, Sears Optical, Target Optical, and JCPenney.



### HumanaVision offers:

- **Cost-Savings** — Your benefits for eyewear apply at even more HumanaVision provider locations. And you'll pay the same cost for frames no matter where you go.
- **Choice** — You now have access to exclusive lines of designer frames, such as Dolce & Gabbana®, Oakley®, Prada®, Ralph Lauren®, and Ray-Ban®.
- **Convenience** — Take care of eye exams and frames all in one visit. Many locations offer night and weekend appointments to fit your schedule.

Start enjoying these benefits today. Be on the lookout for enrollment session information or visit:

[HumanaVisionCare.com](http://HumanaVisionCare.com)

**Humana**®



LENSCRAFTERS®

PEARLE VISION®

Sears  
Optical

OPTICAL



Finding a provider is easy.

Call Customer Care at **1-866-537-0229**  
or go to **HumanaVisionCare.com**.



To offer the widest choice, HumanaVision also includes independent optometrists and ophthalmologists located throughout the country. For a complete listing of providers near you, visit **humanavisioncare.com**.



Looking for a great pair of glasses to fit your unique personality and lifestyle? LensCrafters is the right place for you. You can choose from a wide selection of fashion frames including the latest designers like Prada®, Versace®, Burberry®, and Dolce & Gabbana®. Add the latest lens technology for that great pair of glasses. More than 850 locations nationwide. Visit **lenscrafters.com** for the latest styles and trends and your nearest location.



Pearle Vision continues the legacy of personalized eye care that Dr. Stanley Pearle started over 45 years ago. Combine that with a great selection of frames and lens options and over 750 convenient locations to make Pearle Vision a great place for your family's eye care. Go to **pearlevision.com** to learn more.



Sears Optical has been helping families see better and look great at the right price for over 45 years. Everything you love and trust about Sears is what you'll find at Sears Optical — professional service, stylish selection of frames and the latest contact lens advancements, quality, and great value for the entire family. Satisfaction guaranteed or your money back. More than 850 Sears Optical locations are conveniently located nationwide. Visit **searsoptical.com** for one near you.



Your eyes. Your style. Target Optical provides fashion for less than you've come to expect from Target, with the care of a professional independent doctor of optometry. You can choose from a huge selection of frames and sunglasses, including brands like Mossimo®, Vogue®, and Versus®. The latest contact lens technology is also available at affordable prices. Visit **target.com** for more information.



JCPenney Optical is a full-service optical center conveniently located in more than 350 JCPenney department stores. Choose from hundreds of frames that will inspire and reflect your lifestyle, including exclusive designer brands such as Bisou Bisou®, a.n.a.®, Liz & Co.®, and Arizona®. JCPenney Optical also offers eye exams, contact lenses, and non-prescription sunwear to meet all of your eyewear needs.



## Enrollment Instructions

- Complete the application. (Be sure to list all Family Members to be included).
- Return the completed application by the 15<sup>th</sup> of the month to become effective by the 1<sup>st</sup> of the following month. Deductions from you account will be made in accordance with the procedures established and communicated by CompBenefits.
- **Mail Applications to: A A LaRocco & Associates 5880 Live Oak Pkwy, Ste 230, Norcross, GA 30093 or send via secure fax to 877-243-5699.**

Please complete the following information:				
Social Security #	Last Name	First	Birth Date	
Home Phone	Home Address	City, State, Zip		Sex <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
List All of your eligible dependents that are to be covered:				
First	Last	Sex	Birth Date	
Member:		<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	/ /	
Spouse:		<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	/ /	
Child:		<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	/ /	
Child:		<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	/ /	
Child:		<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	/ /	
Child:		<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	/ /	
Effective Date:	Group Number	Premium Amount	Amount Paid	Agent Code <b>0204222GA</b>

PLEASE CHECK YOUR CHOICE	<input type="checkbox"/> Dental Plan C150 TN / TX Group# 15338	<input type="checkbox"/> Dental Plan C150 GA Group# 15338	<input type="checkbox"/> Vision Plan Group# VS8093
<b>Monthly Rates</b>			
Member Only	<input type="checkbox"/> <b>\$17.02</b>	<input type="checkbox"/> <b>\$17.88</b>	<input type="checkbox"/> <b>\$8.64</b>
Member + One	<input type="checkbox"/> <b>\$31.10</b>	<input type="checkbox"/> <b>\$32.66</b>	<b>N/A</b>
Member + Spouse	<b>N/A</b>	<b>N/A</b>	<input type="checkbox"/> <b>\$17.26</b>
Member + Child(ren)	<b>N/A</b>	<b>N/A</b>	<input type="checkbox"/> <b>\$16.38</b>
Member + Family	<input type="checkbox"/> <b>\$44.72</b>	<input type="checkbox"/> <b>\$46.96</b>	<input type="checkbox"/> <b>\$26.94</b>

**Authorization for Deduction — Signature required — Automatic deduction is the only option for payment**

Name \_\_\_\_\_  
(Last) (First) (MI)

Social Security No. \_\_\_\_\_

I authorize **ASSOCIATED CREDIT UNION** \_\_\_\_\_  
(Employer, Financial, or other organization)

To make a monthly deduction of \$ \_\_\_\_\_ from: My Checking, Savings Account No. \_\_\_\_\_  
check one: ( ) checking ( ) savings

I hereby authorize CompBenefits to deduct monthly and future renewal period(s) my portion of such subscription fee from any funds due me. I understand that enrollments are by group contract and/or my subscription fee is subject to change on the anniversary/renewal date of the Group. I hereby represent to the carrier that all information furnished by me hereon is true and complete to the best of my knowledge. I hereby consent, personally and on behalf of any family member enrolled, to the unrestricted release of my/our vision records maintained by participating vision providers to CompBenefits for, but no limited to, verification and quality assessment review, and to any other participating vision provider who may be or become involved in my/our vision care.

Date \_\_\_\_\_ 20 \_\_\_\_\_ Signature X \_\_\_\_\_