Carrier Name: Humana

Plan Name: Vision 150

In-Network Eye Exam: $10

Out-of-Network Eye Exam: Up to $30

In-Network Single Vision Lens: $25

Out-of-Network Single Vision Lens: Up to $25

In-Network Lined Bi-Focal Lens: $25

Out-of-Network Lined Bi-Focal Lens: Up to $40

In-Network Lined Tri-Focal Lens: $25

Out-of-Network Lined Tri-Focal Lens: Up to $60

In-Network Lenticular Lens: $25

Out-of-Network Lenticular Lens: Up to $100

In-Network Contact Lens Allowance: $150 allowance,15% off balance over $150

Out-of-Network Contact Lens Allowance: $128 allowance

In-Network Frame Allowance: $150 allowance, 20% off balance over $150

Out-of-Network Frame Allowance: $80 allowance

Exam Frequency: Once every 12 months

Lens Frequency: Once every 12 months

Frame Frequency: Once every 12 months

Out of Network Explanation:

Plan Year: 06/24

Network Name:

Member Website: Humana.com

Customer Service Phone Number: 877-398-2980