

Proposal prepared for City of Coral Gables

RFP Number: RFP 2019-021

RFP Title: Group Vision Insurance

Name of Firm: Humana

Address: 3401 Southwest 160th Avenue, Suite 300
Miramar, Florida 33027

Telephone Number: 305-626-5241

Contact Person: Connie Oropesa, Senior Account
Management Professional

Email: coropesa3@humana.com

Quote Date: July 22, 2019

Effective Date: October 1, 2019



Humana[®]



HUMANA OFFERING COMPANY STATEMENT

The benefits outlined in this proposal are offered by the following company, hereafter referred to as “Humana:”

- Fully insured Humana Vision plans in Florida are insured by Humana Insurance Company

Humana Inc. is the ultimate parent company and not an offering company. Humana Inc. holds no insurance licenses or health plan licenses.

Humana has provided information and responses that are consistent with current internal policies and procedures; however, clients will receive the newest and most innovative solutions that Humana has to offer at the time of implementation.



3401 Southwest 160th Avenue,
Suite 300
Miramar, Florida 33027

T 305-626-5241
C 305-495-0322
E coropesa3@humana.com

July 17, 2019

Vanessa Flores, CPSM, C.P.M.
Procurement Specialist
City of Coral Gables
Procurement Office
2800 Southwest 72nd Avenue
Miami, Florida 33155

Dear Ms. Flores:

We appreciate the opportunity to respond to the City of Coral Gables' (the City) request for a proposal. **Humana has proudly served the employees and families of the City for over 20 years.** In that time, we have consistently provided a vision benefits program that maximizes access to affordable care and enhances vision health, as well as member well-being. We value our partnership with the City and appreciate the confidence you have placed in our organization to provide quality and affordable vision care.

In this offer, we are proposing Humana Vision, built to be affordable, provide better coverage, improve health, and increase utilization. Our proposal meets the City's objectives by providing a highly competitive offer, along with quality care management, comprehensive and responsive member support services, and strong, dependable account management. In an effort to offer a better member experience, we have looked for ways to update and enhance our vision plan offerings.

Focusing on wellness, we have included the following benefit enhancements:

- **Enhanced vision plan**
 - Enhanced our current benefit copays from \$10/\$25 to **new copays of \$10/\$15**
 - Enhanced In-Network Frame Allowance from \$100 to a **new Frame Allowance of \$130**
 - Enhanced In-Network Contact Lens Allowance from \$100 to a **new Lens Allowance of \$130**
 - Included **Additional Diabetic Eye Care** (care and testing for diabetic members): the benefit will cover Exam, Retinal imaging, Extended ophthalmoscopy, Gonioscopy, Scanning laser (Up to two services per benefit year for each listed service)
 - Rates are reduced –we are pleased to offer a **5.38% decrease** below the current premium
 - Three-year rate guarantees; with fourth-year and fifth-year rate cap guarantees
 - Account Management team support at your employee health fairs and educational events to promote ocular health

Highlights of our proposed vision program include:

- **Extensive Vision Nationwide Network**

Humana Vision offers one of the broadest vision networks available with over 100,000 provider locations nationwide, including major retailers such as LensCrafters, Pearle Vision, Target Optical, Sears Optical, and JCPenney Optical. We focus on prevention, early detection, and education to improve vision

and overall health. We provide the best customer service hours in the industry and a pricing model that strikes a smart balance between out-of-pocket costs and premiums, making sure the City's employees continue to get the best value for their money. Through reliable and value-added benefits, we give your members a simpler path to better vision.

- **Strong Local Presence**

We have a strong local presence in Broward and Miami-Dade with an office just five miles away from the City's headquarters, and a team of account managers/service personnel prepared to continue supporting the City. We have a dedicated local Account Management team with extensive experience in servicing the unique needs of the City. With over 1,700 employees in Broward and Miami-Dade counties, Humana is dedicated to the south Florida community. Through our Bold Goal health initiative, we are a proud supporter of local charitable organizations and have been dedicated to helping make our Broward community 20 percent healthier by 2020.

- **Superior Customer Service**

Humana recognizes that members expect and deserve excellent service, including prompt payment of their claims and guidance through the complex healthcare system. Humana is committed to perfect service and for the past 20 years, this has been our goal. We are always working to exceed the City's expectations in account administration, employer support, and member service.

- **Wellness**

Humana's vision care strategy focuses on prevention, early detection, and education to improve vision and overall health. Our ultimate goal is to provide information to potentially enhance the health of members while providing another tool that may be used by the City to reduce future medical costs.

Modern research clearly demonstrates that the eyes are a gateway to the body and can provide very early indication of numerous systemic disorders, including diabetes, hypertension, high cholesterol, cancer, and multiple sclerosis. Our clinical data capture and reporting techniques—combined with a partnership with your chronic condition management/care coordination partners—help to identify issues early so we can connect members with the health resources they need as soon as possible. This can lead to remarkable health implications for members and positive financial implications for the City.

Thank you for taking the time to review our proposal. Please know that the offered services were structured in accordance with the provisions of the RFP and we are committed to successfully performing this work. Please do not hesitate to call Connie Oropesa at 305-626-5241 if you have any questions or need clarification regarding any aspect of this proposal. We look forward to meeting with City to discuss how we can help you continue achieving your vision benefits goals.

Sincerely,



Richard D. Remmers
Senior Vice President, Employer Group Sales



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 - B. Enrollment Guide
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 - E. Account Management Team Organization Chart and Biographies
 - F. Sample Enrollment and Communication Materials
 - G. Sample Contract
 - H. Florida Certificate of Status
 - I. Florida Certificate of Authority
 - J. FLOIR Proof of License
 - K. A.M. Best Report
 - L. Network Accessibility Report
 - M. Humana’s Bold Goal

CITY OF CORAL GABLES, FL

2800 SW 72nd Avenue, Miami, FL 33155
 Finance Department / Procurement Division
 Tel: 305-460-5102 / Fax: 305-261-1601

PROPOSER'S ACKNOWLEDGEMENT

<p>RFP Title: GROUP VISION INSURANCE</p> <hr/> <p>RFP No. 2019-021</p> <p>A cone of silence is in effect with respect to this RFP. The Cone of Silence prohibits certain communication between potential vendors and the City. For further information, please refer to the City Code Section 2-1027 of the City of Coral Gables Procurement Code.</p>	<p>Sealed response submittals must be received prior to 2:00 p.m., Friday, July 12, 2019, by the Procurement Office, located at 2800 S.W. 72nd Avenue, Miami, FL 33155; and are to remain valid for 120 calendar days. Submittals received after the specified date and time will be returned unopened.</p> <p>Contact: Vanessa Flores, CPSM, C.P.M. Title: Procurement Specialist Telephone: 305-460-5104 Email: vflores@coralgables.com / contracts@coralgables.com</p>
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<p>Proposer Name: Humana Insurance Company</p>	<p>FEIN or SS Number: 39-1263473</p>
<p>Complete Mailing Address: 3401 SW 160th Avenue, Suite 300 Miramar, Florida 33027</p>	<p>Telephone No.: 305-626-5241</p>
<p>Indicate type of organization below: Corporation: <input checked="" type="checkbox"/> Partnership: <input type="checkbox"/> Individual: <input type="checkbox"/> Other: <input type="checkbox"/></p>	<p>Cellular No.: 305-495-0322</p>
	<p>Fax No.: 305-370-6398</p>
	<p>Email: coropesa3@humana.com</p>

ATTENTION: THIS FORM ALONG WITH ALL REQUIRED RFP FORMS MUST BE COMPLETED, SIGNED (PREFERABLY IN BLUE INK), AND SUBMITTED WITH THE RESPONSE PRIOR TO THE SUBMITTAL DEADLINE. FAILURE TO DO SO MAY DEEM PROPOSER NON-RESPONSIVE.

THE PROPOSER CERTIFIES THAT THIS SUBMITTAL IS BASED UPON ALL CONDITIONS AS LISTED IN THE RFP DOCUMENTS AND THAT THE PROPOSER HAS MADE NO CHANGES IN THE RFP DOCUMENT AS RECEIVED. THE PROPOSER FURTHER AGREES IF THE RFP IS ACCEPTED, THE PROPOSER WILL EXECUTE AN APPROPRIATE AGREEMENT FOR THE PURPOSE OF ESTABLISHING A FORMAL CONTRACTUAL RELATIONSHIP BETWEEN THE PROPOSER AND THE CITY OF CORAL GABLES FOR THE PERFORMANCE OF ALL REQUIREMENTS TO WHICH THIS RFP PERTAINS. FURTHER, BY SIGNING BELOW PREFERABLY IN **BLUE INK**, ALL RFP PAGES ARE ACKNOWLEDGED AND ACCEPTED AS WELL AS ANY SPECIAL INSTRUCTION SHEET(S) IF APPLICABLE. THE UNDERSIGNED HEREBY DECLARES (OR CERTIFIES) ACKNOWLEDGEMENT OF THESE REQUIREMENTS AND THAT HE/SHE IS AUTHORIZED TO BIND PERFORMANCE OF THIS RFP FOR THE ABOVE PROPOSER.


 Richard D. Remmers
Authorized Name and Signature

Senior Vice President
 Employer Group Sales
Title

July 17, 2019
Date

SOLICITATION SUBMISSION CHECKLIST

Request for Proposals (RFP) No. 2019-021

COMPANY NAME: (Please Print): Humana

Phone: 305-626-5241

Email: coropesa3@humana.com

A SEPARATE response package numbered by page must be submitted. Please provide the PAGE NUMBER of your separate solicitation response (PLEASE DO NOT SUBMIT A COPY OF THE ORIGINAL SOLICITATION) in the blanks provided as to where compliance information is located in your Submittal for each of the required submittal items listed below:

SUBMITTAL - SECTION I: TITLE PAGE, TABLE OF CONTENTS, REQUIRED FORMS, AND MINIMUM QUALIFICATION REQUIREMENTS.

- 1) Title Page: Show the RFP number and title, the name of your firm, address, telephone number, name of contact person, e-mail address, and date. **PAGE # 1**
- 2) Provide a Table of Contents in accordance with and in the same order as the respective "Sections" listed below. Clearly identify the material by section and page number. **PAGE # 5**
- 3) Fill out, sign, and submit the Proposer's Acknowledgement Form. **PAGE # 6**
- 4) Fill out and submit the Solicitation Submission Check List. **PAGE # 7**
- 5) Fill out, sign, notarize (as applicable), and submit the Proposer's Affidavit and Schedules A through H. **PAGE # 10**
- 6) Minimum Qualification Requirements: submit detailed verifiable information affirmatively documenting compliance with the Minimum Qualifications Requirements shown in Section 3. **PAGE # 36**

SUBMITTAL - SECTION II: EXPERIENCE AND QUALIFICATIONS

(i) FOR PROPOSER:

- 1) Provide a complete history and description of your company, including, but not limited to, the number of years in business, size, number of employees, office location, copy of applicable licenses/certifications, credentials, capabilities and capacity to meet the City's needs. **PAGE # 38**
- 2) Describe the Proposer's relevant knowledge and experience in providing the services described in the "Scope of Services" to public sector agencies similar in size to the City of Coral Gables. **PAGE # 39**
- 3) Provide Secure Financial Strength Rating from AM Best, with a minimum of A-, XIV. **PAGE # 42**

(ii) FOR KEY PERSONNEL:

- 1) Provide a summary of the qualifications, copy of applicable licenses/certifications, and experience of all proposed key personnel. Include resumes (listing experience, education, licenses/certifications) for your proposed key personnel and specify the role and responsibilities of each team member in providing the services outlined in the RFP. Provide an organizational chart of all key personnel that will be used. For each key team member, please describe the experience in providing the services solicited herein. **PAGE # 42**

SUBMITTAL - SECTION III: PROJECT APPROACH AND METHODOLOGY

- 1) Describe in detail, your approach to perform the services solicited herein. Include detailed information, as applicable, which addresses, but need not be limited to: understanding of the RFP scope and requirements, implementation plan and communication with City staff and Consultants. Indicate how the

Proposer intends to positively and innovatively work with the City in providing the services outlined in this RFP. **PAGE # 43**

- 2) Provide a detailed description of the service and network capabilities, including but not limited to:
 - a. Define the Proposer's Provider Network being utilized for the City of Coral Gables. Be sure to complete the Provider Network Section in the Group Questionnaire which identifies the number of Providers by County. **PAGE # 46**
 - b. Provided network access report of members with two vision providers with open panels within a 2-mile range. **PAGE # 47**
 - c. Provide details of the Proposer's lack of restrictions or exclusions imposed. **PAGE # 47**
 - d. Describe Proposer's offering of an Online Benefit Enrollment system for the Open Enrollment process, along with the ability to include additional lines of coverage. **PAGE # 47**
 - e. Explain Proposer's ability to provide covered individuals access to company professionals to discuss benefit coverage issues. **PAGE # 48**
- 3) Provide a comprehensive description of your proposed ability to duplicate existing coverage for employees, retirees and dependents. Additionally, providing alternate benefit options (as identified in the RFP) for future costs controls. Include Appendix A, Benefit Format Worksheet showing how your plan of benefits being proposed compares to the current/requested format. **PAGE # 48**

SUBMITTAL – SECTION IV: PAST PERFORMANCE AND REFERENCES

- 1) Provide a minimum of three (3) references (but no more than five (5) from public sector agencies, particularly municipal/local government, for which Proposer has performed similar scope of services in the past five (5) years. Please include: (1) client name, (2) address, (3) contact name, (4) contact telephone number, (5) contact email address, (6) term of contract (start and end date), (7) contract amount, (8) services provided. **DO NOT include work/services performed for the City of Coral Gables or City employees as reference. PAGE # 55**
- 2) Provide a list with contact information of public sector clients, if any, that have discontinued use of Proposer's services within the past two (2) years and indicate the reasons for the same. The City reserves the right to contact any reference as part of the evaluation process. **PAGE # 55**
- 3) Please identify each incident within the last five (5) years where (a) a civil, criminal, administrative, other similar proceeding was filed or is pending, if such proceeding arises from or is a dispute concerning the Proposer's rights, remedies or duties under a contract for the same or similar type services to be provided under this RFP (See *Affidavit D*). **PAGE # 56**

SUBMITTAL – SECTION V: PRICE PROPOSAL

- 1) Provide pricing on the Premium Response Form (rating sheets) of the premiums being charged for employees, retirees and dependents. **PAGE # 58**
- 2) Provide Proposer's Vision Trend history and the current factors being used by the company. **PAGE # 57**
- 3) Identify additional pricing (if any) for ancillary costs to be added to the program. **PAGE # 57**
- 4) Describe Proposer's Cost Guarantees or rating caps that can be applied for future rating periods. **PAGE # 57**

-- NOTICE --

BEFORE SUBMITTING YOUR RFP RESPONSE MAKE SURE YOU:

- 1. Carefully read and have a clear understanding of the RFP, including the Scope of Services and enclosed Professional Services Agreement (*draft*).
- 2. Carefully follow the Submission Requirements outlined in Section 6 of the RFP and ensure you have submitted a separate response package. **DO NOT INCLUDE A COPY OF THE ORIGINAL SOLICITATION.**
- 3. Prepare and submit ONE (1) ORIGINAL RESPONSE and SEVEN (7) PHOTOCOPIES with TWO (2) separate digital copies on CD or flash drives.
- 4. Clearly mark the following on the outside of your submittal package: RFP Number, RFP Title, Proposer's Name and Return Address, Submittal Deadline.
- 5. Make sure your Response is submitted prior to the submittal deadline. **Late responses will not be accepted.**

FAILURE TO SUBMIT THIS CHECKLIST AND THE REQUESTED DOCUMENTATION MAY RENDER YOUR RESPONSE SUBMITTAL NON-RESPONSIVE AND CONSTITUTE GROUNDS FOR REJECTION. THIS PAGE IS TO BE RETURNED WITH YOUR RESPONSE PACKAGE.

**APPENDIX D – PROPOSER’S AFFIDAVIT
INCLUDING SCHEDULES A THROUGH H**

PROPOSER'S AFFIDAVIT

SOLICITATION: RFP 2019-021 Group Vision Insurance

SUBMITTED TO: City of Coral Gables
Procurement Division
2800 SW 72 Avenue
Miami, Florida 33155

The undersigned acknowledges and understands the information contained in response to this solicitation and the referenced Schedules A through H shall be relied upon by Owner awarding the contract and such information is warranted by the Proposer to be true and correct. The discovery of any omission or misstatements that materially affects the Proposer's ability to perform under the contract shall be cause for the City to reject the solicitation submittal, and if necessary, terminate the award and/or contract. I further certify that the undersigned name(s) and official signatures of those persons are authorized as (*Owner, Partner, Officer, Representative or Agent of the Proposer that has submitted the attached Response*). Schedules A through H are subject to Local, State and Federal laws (as applicable); both criminal and civil.

- SCHEDULE A – STATEMENT OF CERTIFICATION
- SCHEDULE B – NON-COLLUSION AND CONTINGENT FEE AFFIDAVIT
- SCHEDULE C – DRUG-FREE STATEMENT
- SCHEDULE D – PROPOSER'S QUALIFICATION STATEMENT
- SCHEDULE E – CODE OF ETHICS, CONFLICT OF INTEREST, AND CODE OF SILENCE
- SCHEDULE F – AMERICANS WITH DISABILITIES ACT (ADA)
- SCHEDULE G – PUBLIC ENTITY CRIMES
- SCHEDULE H – ACKNOWLEDGEMENT OF ADDENDA

This affidavit is to be furnished to the City of Coral Gables with its RFP response. It is to be filled in, executed by the Proposer and notarized. If the response is made by a Corporation, then it should be executed by its Chief Officer. This document MUST be submitted with the response.

	Richard D. Remmers	Senior Vice President Employer Group Sales	July 17, 2019
<i>Authorized Name and Signature</i>		<i>Title</i>	<i>Date</i>

STATE OF Kentucky

COUNTY OF Jefferson

On this 17th day of July, 2019, before me the undersigned Notary Public of the State of Kentucky, personally appeared Richard D. Remmers
(Name(s) of individual(s) who appeared before Notary

And whose name(s) is/are subscribes to within the instrument(s), and acknowledges it's execution.

Elizabeth Jagger Davis
NOTARY PUBLIC, STATE OF KY

ELIZABETH JAGGER DAVIS
(Name of notary Public; Print, Stamp or Type as Commissioned.) #549596

NOTARY PUBLIC
SEAL OF OFFICE:

Personally know to me, or Produced Identification:

driver's license
(Type of Identification Produced)

SCHEDULE "A" - CITY OF CORAL GABLES – STATEMENT OF CERTIFICATION

Neither I, nor the firm, hereby represented has:

- a. employed or retained for a commission, percentage brokerage, contingent fee, or other consideration, any firm or person (other than a bona fide employee working solely for me or the Proposer) to solicit or secure this contract.
- b. agreed, as an express or implied condition for obtaining this contract, to employ or retain the services of any firm or person in connection with carrying out the contract, or
- c. paid, or agreed to pay, to any firm, organization or person (other than a bona fide employee working solely for me or the Proposer) any fee, contribution, donation or consideration of any kind for, or in connection with, procuring or carrying out the contract except as here expressly stated (if any):

SCHEDULE "B" - CITY OF CORAL GABLES - NON-COLLUSION AND CONTINGENT FEE AFFIDAVIT

1. He/she is the Officer
(Owner, Partner, Officer, Representative or Agent)

of the Proposer that has submitted the attached response.

2. He/she is fully informed with respect to the preparation and contents of the attached response and of all pertinent circumstances respecting such response;
3. Said response is made without any connection or common interest in the profits with any other persons making any response to this solicitation. Said response is on our part in all respects fair and without collusion or fraud. No head of any department, any employee or any officer of the City of Coral Gables is directly or indirectly interested therein. If any relatives of Proposer's officers or employees are employed by the City, indicate name and relationship below.

Name: Not applicable Relationship: _____

Name: _____ Relationship: _____

4. No lobbyist or other Proposer is to be paid on a contingent or percentage fee basis in connection with the award of this Contract.

SCHEDULE "C" CITY OF CORAL GABLES – VENDOR DRUG-FREE STATEMENT

Preference may be given to vendors submitting a certification with their bid/proposal certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under solicitation a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under solicitation, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section. As the person authorized to sign the statement, I certify that this form complies fully with the above requirements.

The company submitting this solicitation has established a Drug Free work place program in accordance with State Statute 287.087

SCHEDULE "E" CITY OF CORAL GABLES – CODE OF ETHICS, CONFLICT OF INTEREST, AND CONE OF SILENCE

THESE SECTIONS OF THE CITY CODE CAN BE FOUND ON THE CITY'S WEBSITE, UNDER GOVERNMENT, CITY DEPARTMENT, PROCUREMENT, PROCUREMENT CODE (CITY CODE CHAPTER 2 ARTICLE VIII); SEC 2-1023; SEC 2-606; AND SEC 2-1027, RESPECTIVELY.

IT IS HEREBY ACKNOWLEDGED THAT THE ABOVE NOTED SECTIONS OF THE CITY OF CORAL GABLES CITY CODE ARE TO BE ADHERED TO PURSUANT TO THIS SOLICITATION.

SCHEDULE "F" CITY OF CORAL GABLES - AMERICANS WITH DISABILITIES ACT (ADA) DISABILITY NONDISCRIMINATION STATEMENT

I understand that the above named firm, corporation or organization is in compliance with and agreed to continue to comply with, and assure that any sub-contractor, or third party contractor under this project complies with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and service, transportation, communications, access to facilities, renovations, and new construction.

The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 U.S.C. 12101,12213 and 47 U.S.C. Sections 225 and 661 including Title I, Employment; Title 11, Public Services; Title III, Public Accommodations and Services Operated by Private Entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions.

The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Sections 5553.501-553.513, Florida Statutes

The Rehabilitation Act of 1973, 229 U.S.C. Section 794

The Federal Transit Act, as amended, 49 U.S.C. Section 1612

The Fair Housing Act as amended, 42 U.S.C. Section 3601-3631

SCHEDULE "G" CITY OF CORAL GABLES - STATEMENT PURSUANT TO SECTION 287.133 (3) (a), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

1. I understand that a "public entity crime" as define in Paragraph 287.133(1)(g), **Florida Statutes**, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any Proposal or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
2. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), **Florida Statutes**, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

3. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
1. A predecessor or successor of a person convicted of a public entity crime; or 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
4. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which Proposals or applies to Proposal on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
5. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **[Must indicate which statement below applies.]**

Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list.

[Attach a copy of the final order]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

SCHEDULE "H" CITY OF CORAL GABLES - ACKNOWLEDGEMENT OF ADDENDA

1. The undersigned agrees, if this RFQ is accepted, to enter in a Contract with the CITY to perform and furnish all work as specified or indicated in the RFQ, any associated addendum and Contract Documents within the contract time indicated in the RFQ and in accordance with the other terms and conditions of the solicitation and contract documents.
2. Acknowledgement is hereby made of the following Addenda, if any (identified by number) received since issuance of the Request for Proposal.

Addendum No. 1 Date July 1, 2019

Addendum No. _____ Date _____

Failure to adhere to changes communicated via any addendum may render your response non-responsive.



Proposal for:

City of Coral Gables

APPENDIX B – GROUP BENEFITS QUESTIONNAIRE

Vision Coverage

Administration

1. **Please confirm that all employees and dependents that are currently covered will enter the plan without having to satisfy pre-existing conditions limitations or extended waiting periods.**

Confirmed.

2. **Please confirm that your proposal will remain valid until October 1, 2022 and that your proposed rates are guaranteed for a minimum of 12 months.**

Confirmed.

3. **The City is looking for a multi-year rate guarantee for their Vision program. How many years in the future are these rates guaranteed for?**

The proposed vision rates are guaranteed for three years, from October 1, 2019 to September 30, 2022. For the October 1, 2022 renewal, the rates will not increase more than 3 percent guaranteed for 12 months (October 1, 2022 through September 30, 2023). For the October 1, 2023 renewal, the rates will not increase more than 3 percent guaranteed for 12 months (October 1, 2023 through September 30, 2024).

4. **How often do you negotiate provider contracts for your networks?**

Humana's provider contracts are evergreen, meaning there is no termination date or renegotiation defined by the agreement, so there are no formal projects to systematically renegotiate provider contracts. We continually review and negotiate with providers individually as necessary in order to maintain a high-value network.

5. **Confirm that your company will not be paying commissions/service fees in association with this submission.**

Confirmed.

6. **Please identify the requirements placed on the City to terminate a contract with your organization.**

Humana's plan agreement includes a cancellation clause, which is based on a 90-day notification before the end of any contract period or at the end of any contract period. Immediate termination upon written notice occurs based on specified events. Flexibility of this clause is available upon mutual agreement.



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7. Please provide a timeline that will outline the necessary requirements to implement your program for an October 1, 2019 effective date.

As Humana is the current carrier for the City, a full implementation is not necessary. Please refer to Attachment A for a sample implementation timeline which includes detailed responsibilities and timeframes to ensure a smooth implementation if also adding our dental plans.

8. How does your company handle employee enrollment? Do you have an electronic enrollment system? If so, does your enrollment system integrate with other systems?

Representatives from Humana's local market office assist in the enrollment process and employee meetings. To accommodate the needs of the City, enrollment is accepted daily, weekly, biweekly, and monthly. We accept electronic transmissions via the internet, Electronic Data Interchange (EDI), list enrollment spreadsheet, or via a hard copy enrollment form that can be scanned and loaded into our system. The internet, hard copy enrollment form, EDI, and the list enrollment spreadsheet are the most common vehicles for receiving eligibility information.

The City can use Humana's website for changes, additions, and deletions, however, if the City chooses EDI enrollment, all eligibility changes must be made through ongoing EDI files.

For self-enrollment, Humana will partner with HRTech Solutions, LLC. to provide Employee Navigator as the online benefit enrollment platform and will cover the implementation set-up cost for our products. For any additional carriers there is a \$650 implementation cost. The cost for ongoing eligibility maintenance and customized reporting is \$1.80 per employee per month.

Employee Navigator works with the nation's leading insurance carriers to provide companies of all sizes with modern benefits and HR software. Employee Navigator's benefits administration software makes it easier to attract and retain great talent by offering an extensive benefits package with less benefits administration work. Our enrollment partnership offers an all-in-one benefits solution. This includes enrollment ease for new hires, comparing and selecting different benefit plans, reviewing coverage status for all employees, monitoring enrollment status and deadlines, managing contribution levels, and plan document delivery and storage. Also included, is a mobile app, which makes it even easier for employees to enroll in their benefits, view their benefit details and access important compliance documents right from their phone.

Employee Navigator allows for all types of employee benefit plans and there is no limit to the number of Humana lines of coverage built on the system. Upon Implementation we upload a complete employee census to include full name, SSN, date of birth, date of hire, class, salary, address, and email. Employees can either use a URL link to login using the City's specific credentials or we send a bulk email with a link provided. They will register for their own unique user name and password and enter the enrollment system. The system will use a step-by-step guide to help employees through the enrollment process so they do not miss a step or an important notice or benefit. Upon completion of the open enrollment, the data is sent by electronic secure transfer to Humana. For future new hires and eligibility changes, the enrollment data is submitted to Humana on a predetermined day and time of the week. In order for the electronic data submission to be successful, a member of the City should have access for entering new hires and terminations. New hires should have an email address entered so they receive the email link



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and a timeline of how long they have to enroll. The system can also send reminders if the employee is approaching their enrollment deadline.

Please refer to Attachment B for the enrollment guide.

9. Since this is a voluntary benefit, is there a minimum number of participants required for any of your vision plan?

There are no participation requirements on the proposed vision plan.

Billing

1. Can the City of Coral Gables perform additions and terminations online in real time? How long does it take for these changes to appear on your system?

Yes, the City can use Humana's website for changes, additions, and deletions, however, if the City chooses EDI enrollment, all eligibility changes must be made through ongoing EDI files.

When a member or group enrolls for the first time online, eligibility is updated at real-time speed and our system clears all point-of-entry enrollment errors. However, if an enrollment pends in the system, it may take up to five business days to clear.

2. Does the City of Coral Gables take credit immediately for any differences in the billing, or do they need to pay as billed and receive credit in the future?

The City will pay as billed and credit will be issued on the next invoice. There is also an option to use a list bill.

3. Can the City be administered on a self-billing basis?

Yes, in order for Humana to set up the City for self-billing, we require the following:

- An account established on our automated account reconciliation system (AARS)
- Premium rosters sent to Humana monthly once payment is made (criteria requirements provided by the AARS team and the roster total must match the check, otherwise we cannot reconcile the account efficiently)
- A monthly response to discrepancy listing provided by the billing specialist

The City is required to send a premium roster every month once the payment is made. This premium roster must equal the check amount or we are unable to reconcile the account efficiently.

4. Can monthly invoices be sent electronically?

Yes, our clients can receive monthly electronic invoices. We accept ACH payments via the online billing tool through **Humana.com** known as eBilling. eBilling is offered to groups invoiced through our billing system to enhance the administration of our clients' accounts. After we provide the City with a secured



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logon to our website, **Humana.com**, you are able to view the eBilling option in the billing panel of the employer self-service page, which offers the following features and conveniences:

- Receive email notification when the City's billing is available
- Access the last 18 months of the City's invoices (available the day after the City is billed)
- View summary and detail of an invoice (preferences are shared with the assigned billing representative)
- View detailed rosters of employees by type of coverage via PDF or Excel
- Download invoices into the City's benefits systems to simplify reconciliation
- Terminate members online and see the adjusted premium instantly
- Make payments via electronic funds transfer, through either one-time or recurring payments

If electronic bill payment is the City's preference, you may register to pay invoices electronically at **Humana.com** through eBilling, which offers the ability to sign up for email notifications, download invoices, review past invoices, view detailed employee listings, process terminations, and instantly receive credit. Wire transfers are also available.

5. Can employees be retroactively cancelled? If so, how far back?

To be considered timely, an addition or change request must be signed within 31 days of eligibility and received by Humana within 60 days. Terminations must be received within 60 days of the requested termination date. Humana prorates member additions, changes, and terminations to the date of the transaction and/or according to the City's effective and termination provisions.

6. Does your company handle COBRA administration in-house or do you use an outside company? If outside, please identify which company?

Humana can support the City's COBRA administration by accepting member eligibility, administering claims and performing customer service support for the proposed plan benefits outlined in this proposal.

We move all COBRA membership to a separate subdivision number to support segmented reporting and interfaces with the City's COBRA administrator to accept eligibility file feeds and premium payments for COBRA members.

Although we do not provide COBRA administration or notification for our vision plans, we have a partnership with a third-party vendor, WageWorks, if the City has not already identified a vendor to manage its COBRA population.

7. Are COBRA participants included on the billing? If not, how is this billed?

Humana has the ability to direct-bill COBRA members. Members may pay by check, wire transfer, credit card or EFT.



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8. Can your bill break out employees by department? Location? Retirees?

Yes, when clients have multiple group entities (divisions), we can produce separate statements for each entity or one comprehensive statement. The comprehensive statement can include subtotals by entity. When we produce separate statements for each entity, we provide a summary page on each statement that indicates counts billed by coverage type.

Claims Administration

1. Would a Customer Service staff member be dedicated to the City?

Yes, Humana has a designated Account Management staff assigned to the City. Our account management and implementation process is structured to ensure we deliver the City's employees a seamless, uninterrupted transition to their vision plan. This process is led by these key contacts:

1. Your **account management professional**, Connie Oropesa, whose main objective is to ensure your satisfaction with the proposed vision plan. She works with your benefits administrators to create well-being and engagement strategies to help you realize the full value of Humana's offering.
2. Your **specialty support professional**, Gina Kloehn, serves as your single point of contact during implementation and enrollment.
3. Your **service client advisor**, Elaine Cuevas-Moretti, provides local service support and directly manages business relationships with her clients. She develops relationships with employers and brokers and serves as a liaison to support senior account managers with general service and escalated issues. In addition, Elaine conducts human resource benefits administration training to her assigned benefit administrators, as well as educating members on their dental and vision benefits.

2. Are Customer Service representative's multi-lingual? If so, provide languages spoken and what percentage of representatives speak these languages.

Yes, we employ Spanish-speaking representatives on our Customer Care team, which represent approximately 10 percent of that team's population. In addition, we use the Voiance foreign language line service, which provides 24-hour direct access to translation services for more than 200 languages.

3. What are the days and hours of operation? What happens if a member calls outside of the normal hours of operation?

Humana understands the importance of effective communication, especially as it relates to educating members and answering questions about benefits. We are fully committed to providing superior service to members for an overall experience that exceeds expectations.

The Customer Care team and the website, **Humana.com**, provide exceptional service to members and providers. The combination of most extensive call center hours in the industry, automated features of the interactive voice response (IVR) system, and state-of-the-art website allows us to provide convenient options that address questions at almost any time of the day or night.

Members have access to 275 specialists who are 100 percent dedicated to answering vision care questions. Customer Care specialists are available from 7:30 a.m. to 11 p.m., Eastern time, Monday through Saturday and 11 a.m. to 8 p.m., Eastern time, on Sunday. Extensive hours of live operation



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differentiate us from our competitors by providing members with more convenient access to specialists. We also use the Voiance foreign language line service, which provides 24-hour direct access to translation services for more than 200 languages.

4. Will your claims processors undergo a major change in office location or claim payment system in the next 18 months?

Humana does not anticipate any major changes to the claims office location or claims system in the next 18 months. However, we are continually enhancing the system to enrich member, provider, and client services.

5. Can employees sign up for their own portal on your website to track the claims process for themselves and their dependents?

Yes, as the City's current vision provider, your members have access to Humana's easy-to-use website, **Humana.com**, which provides efficient, integrated services that allows vision members to:

- Locate eye doctors with the Provider Locator
- View general company and benefits plan information
- Register for an account
- Sign on to a secured portal for account information
- View policy information

In addition, our secure website, MyHumana on **Humana.com** or the mobile app, allows members to:

- View the status of claims
- Send Humana an email with comments or questions
- Find detailed information about their plans, as well as dependent status
- Make updates to their profile
- Request or print an ID card
- View their ID card

6. Does your program include Retina Scanning? If not, what is the additional cost to include?

Yes, Humana offers the following vision plan rider:

- Retinal imaging: \$0 in-network and up to \$20 for out-of-network benefits. Does not cross apply.

The additional cost for this rider is:

- Employee Only: \$0.60
- Employee + Spouse: \$1.20
- Employee + Child(ren): \$1.10
- Family: \$1.75



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Management Reporting

- 1. Please attach samples of all standard management reports. (A standard report is one provided at no charge to the City.) Please indicate on each report any options available (i.e., sorted by branch, age, etc.) and how often they are available.**

Humana's vision PlanCompass reporting package goes beyond standard reporting functions by including clear insights and recommendations to give employers confidence to make the best-informed decisions about their members' vision health and well-being.

This reporting package is prepared annually and is available to download at your convenience, meaning your benefit administrators can easily run the report and receive it within hours.

We use claims data to report on the important facets of the City's vision plan experience. To make the data more meaningful, our vision PlanCompass reports data for the current year alongside the prior period to gauge performance changes from year-to-year and track the following:

- Claims and premium breakout
- Cost drivers, categorized by:
 - Lens types
 - Lens options
 - Contact lens fit and follow-up
- Utilization summary by category
- Member cost share
- Key indicators (tracking changes in core member demographics)
- Membership and spend distribution by age group
- Key indicators for year-over-year benefit utilization

Using this data, we also provide key insights and recommendations to specifically help the City better manage benefit utilization and healthcare dollars. Additionally, we can work with the City to customize reports specific to your needs.

For even greater control in evaluating your vision plan, we offer more than 15 standard reports. As part of the renewal process, the required reports, timing, and method of delivery are mutually agreed upon. Our standard reports include:

- **Summary Experience by Month**
 - Vision Claims and Membership: Shows previous 24 months of premiums and paid/incurred claims per month
 - Membership and Loss Ratio: Shows previous 24 months of total membership against the loss ratio, calculated by the claims paid vs. the premiums earned
- **Vision Claim Experience by Provider:** Shows claims counts per provider for the previous 24 months, including provider location, and a summary of non-network provider utilization
- **Vision Claim Experience by Service Category**
 - Vision Services / Services Paid: Compares services paid between contacts, lenses, frames, and eye exams over the past 12 months
 - Vision Lens Types: Shows a breakout of the types of lens (single lens, bifocal, and tri-focal/progressive) by count and percentage paid over the past 12 months



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- **Lens Options Utilization:** Shows the utilization of lens options for the previous 24 months, summarized into seven categories

Where applicable, reports may also include comparisons to normative data for our entire vision block of business. Please refer to Attachment C for a sample of Humana's vision reporting.

2. Are management/claim reports available on your website?

Yes, Humana currently offers several systems that can provide group-level reporting functionality; however, to get specific details around the relative system, we require additional information around the City's specific reporting needs.

Our online reporting includes the following readily accessible information in order for the City to manage the administrative aspects of your vision plans:

- Full-time student verification status report
- Beneficiary changes report
- Demographic changes report
- Employee and member benefits report
- Employee and member status/changes report
- Extended family registration report
- Login report
- Enrollment report
- Waive reason report
- Web changes report

Provider Network

1. How is your provider reimbursement schedule determined? Identify both in and out of network.

Humana uses a fee-for-service schedule to reimburse providers participating in the vision network. While the reimbursements are considered competitive to ensure continued provider accessibility for members, negotiated pricing in no way compromises the quality of our providers on the panel. All providers, regardless of contracted reimbursements, deliver the same quality service of a comprehensive eye examination, including dilation. Providers must meet both state requirements, as well as our own stringent credentialing standards before serving our members.

Out-of-network payments are based on a member allowance amount, which can vary by state and plan.

2. Please identify the provider network for your program. Is it made up of individual professionals, national chains or both? Provide a list of all providers.

Humana's network is our Insight Network, one of the largest nationwide networks. Our network currently offers 6,876 provider locations throughout the state of Florida. Nationally, our network includes more than 100,000 vision provider locations (access points), comprised of over 57,000 independent and 45,000 retail locations. We contract with locally owned private optometrist and ophthalmologist practices, as well as nationally known retail chains, such as LensCrafters, Target Optical, JCPenney Optical, Sears Optical, and Pearle Vision.



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All of our providers are licensed and private practice independent optometrists or ophthalmologists, as well as designated retail operations, with the majority being contractually required to offer complete exam and eyewear services and materials.

Please refer to Attachment D for Humana's Florida vision provider list.

3. How often do you negotiate provider contracts?

Humana's provider contracts are evergreen, meaning there is no termination date or renegotiation defined by the agreement, so there are no formal projects to systematically renegotiate provider contracts. We continually review and negotiate with providers individually as necessary in order to maintain a high-value network.

4. What amount of provider turnover does your network experience on an annual basis?

Over the years, we have maintained a low provider turnover rate, which is very competitive with the industry standard. In 2018, our provider turnover rate was 0.17 percent.

General

1. Assuming an October 1 effective date, when can the City of Coral Gables expect to receive I.D. cards, booklets, plan documents, etc.?

ID cards are mailed to the employees' home addresses within seven to 10 business days of completed enrollment in the processing system and are issued for each eligible employee and retiree (two cards within each envelope). For efficiency, we do not issue cards upon renewal or for demographic changes.

If additional cards are necessary at any time, members may print copies of ID cards via MyHumana on **Humana.com** or the mobile app. The member may also simply inform the in-network provider that they have a Humana vision plan and the provider confirms eligibility with the member's name and date of birth.

To keep Humana members apprised of all aspects of their vision coverage, we produce Certificates of Coverage and enrollment booklets. We guarantee delivery of the Certificate of Coverage 15 days prior to the City's effective date. Materials are available electronically and hard copies are available upon member request.

Booklets and plan documents are available to the City once the contract has been awarded. Booklets will be printed and available for the open enrollment period, scheduled meetings, and as requested by the City.

2. Please confirm that your organization has sufficient enrollment staff to assist in enrolling City employees promptly.

Confirmed. Humana provides benefits administration for more than 1,100 vision public sector groups, including city governments, county governments, state governments, public school systems, universities, and other municipal groups. With our large public sector client base, we have the



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experience required to implement and administer plans for any size public sector account. We do not foresee any difficulties in continuing to provide vision services to the City.

3. Please identify the account representative that will be assigned to the City of Coral Gables. Attach a brief resume for this individual.

Humana's account representative assigned to the City is as follows:

Name: Connie Oropesa, Senior Account Management Professional

Address: 3401 Southwest 160th Avenue, Suite 300, Miramar, Florida 33027

Phone: 305-626-5241

Email: coropesa3@humana.com

Biography/Resume: Connie Oropesa is responsible for major account services as well as providing support to the broker and consultant community, with an emphasis on public sector accounts. Connie joined Humana in 1997 as an account executive and is responsible for servicing public sector accounts. She has over 22 years of experience in the insurance field and has been in the employee benefits field since 1995. Prior to joining Humana, Connie served as the client relations coordinator for a brokerage firm. Connie is a state licensed health and life insurance agent.

Please refer to Attachment E for Connie's biography/resume.

4. Please identify all other key personnel that will be assigned to the City of Coral Gables.

In addition to Connie, the following Humana associates will be assigned to service the City's account:

Name: Gina Kloehn, Service Support Professional

Address: 1100 Employers Boulevard, De Pere, Wisconsin 54115

Phone: 502-710-7660

Email: gkloehn@humana.com

Biography/Resume: Gina joined Humana in November 2007. She has spent 12 years in Humana's business-to-business segment assisting agents and sales with their medical and specialty service needs. She was most recently a single point of contact for our Small Business agents (2-99). She is skilled in medical, dental and vision claims and benefits as well as billing and enrollment. She builds strong relationships with both internal and external partners along the way.

Name: Elaine Cuevas-Moretti, Account Management Professional – Service Client Advisor

Address: 3401 Southwest 160th Avenue, Suite 300, Miramar, Florida 33027

Phone: 305-626-5382

Email: Ecuevasmoretti@humana.com

Biography/Resume: Elaine Cuevas-Moretti provides local service support to our jumbo specialty clients representing approximately 18,000 dental and vision members. Elaine has been employed with Humana for over 14 years in the commercial market segment of South Florida. She has a diverse background in the areas of medical, dental, vision, wellness benefits, and Medicare.

In her current role, her responsibilities are to grow membership within existing accounts and to directly manage business relationships with key clients. She develops relationships with employers and brokers and serves as a liaison to support senior account managers with general service and escalated issues. In



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In addition, Elaine conducts human resource benefits administration training to her assigned benefit administrators, as well as educating members on their dental and vision benefits.

She also offers support to Humana's clients for their health and wellness employee benefit meetings held throughout the year. Prior to her present role, Elaine was a consumer wellness consultant. In this capacity, she provided support, guidance, member education and engagement in the Go365 wellness program.

Elaine enjoys volunteering as a partner with the South Florida Hispanic Chamber of Commerce for the non-profit organization Centro Mater in Miami-Dade. She also supports the Broward County community in volunteering at numerous events, such as: Women in Distress, and The Susan G. Komen for the Cure organization.

Name: Laura Nolan, Sales Executive

Address: 3401 Southwest 160th Avenue, Suite 300, Miramar, Florida 33027

Phone: 502-476-7176

Email: lnolan@humana.com

Biography/Resume: Laura Nolan is a health and benefit expert who has proudly worked at Humana for over 17 years. Laura is responsible for introducing bold and innovative health and well-being solutions in the workforce. She has been recognized as a market leader who gained success by using innovative techniques to combine sales, marketing and business development expertise.

Laura's unique knowledge and skill set have contributed to her proven track record of success. She has led Humana's nationwide growth as a top producer with the highest membership sales. She brings a thoughtful approach to each opportunity by building strategies specific to the needs and culture of the prospect, and by leveraging her understanding of Humana's infrastructure, solutions and business model to provide integrated value-add solutions.

Laura is known for her knowledge in the industry and her creative solutions that showcase her passion for health solutions. She has unique expertise for developing cost control measures and integrating wellness initiatives in the Public Sector and National Account markets. Laura has been a key-note speaker at many events sharing her insight and experience in the industry.

Laura's tenure at Humana has been one of leadership and focus. She provides leadership through a combination of a broad vision and a critical eye for internal operations, which has given her the opportunity to create unique solutions for high-performing organizations. In addition to her current position, Laura has succeeded in her previous roles as director of sales, market leader for Central and North Florida and public sector business development executive.

Laura is passionate about the health and well-being of Florida and co-chairs the North Florida Bold Goal Initiative. The Bold Goal is to help make the communities we serve 20 percent healthier by 2020 by making it easy for people to achieve their best health.

Laura graduated from Florida State University with a bachelor's degree in business communication. She then went on to graduate from University of Phoenix with a Master's in Business, focusing on Healthcare Administration.



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Name: Jackie Martinez Sancho, Director of Client Management

Address: 3401 Southwest 160th Avenue, Suite 300, Miramar, Florida 33027

Phone: 305-626-5606

Email: jmartinez15@humana.com

Biography/Resume: As the director of Client Management for Humana's South Florida Employer Group Segment, Jackie has over 20 years of experience in the benefits and marketing fields for both public and private sector. She joined Humana/CompBenefits in 1996 and was responsible for the retention and growth of the company's largest dental and vision accounts and for key client implementations. In 2002, Jackie was promoted by Humana Specialty Benefits to director of Account Management for the Southeast Region and managed a team servicing over 2 million members.

Today, Jackie's scope of responsibility includes leading Humana's South Florida Client Management team to collaborate strategically with our clients and internal partners to develop and execute health solutions for the well-being of our members. She also serves on the Board of Directors for The Education Fund, helping to promote innovative initiatives for our communities. She is a state licensed health insurance agent and an active member of the National Association of Health Underwriters. Jackie attained a Bachelor of Business Administration in Marketing and another in International Business from Florida International University and earned her MBA with honors in 2001 from Nova Southeastern University.

Name: Giselle Cushing, Market Vice President

Address: 3401 Southwest 160th Avenue, Suite 300, Miramar, Florida 33027

Phone: 305-370-6108

Email: gcushing@humana.com

Biography/Resume: Giselle brings 26 years of experience in group insurance sales, account management, and operations in the healthcare industry. Giselle is recognized as a thought leader who has proudly worked at Humana for over 10 years. Her strategic focus and drive have contributed to her proven track record with strong market membership growth and financial performance.

Giselle's tenure at Humana has been one of leadership and focus. In addition to her current position, Giselle has succeeded in her previous roles as small business practice leader for the south Florida market with statewide responsibilities. She led Humana's south Florida Small Group Business segment to new heights in 2013 with the highest membership sales and led her sales team to qualify for the President's Council four years in a row.

Today, Giselle brings a strategic focus around championing a culture of well-being and aligning Humana's Bold Goal by creating partnerships within the community that help drive change and test solutions that make health easier. Following are some of Giselle's accolades:

- 2018 Hispanic Leadership Award in the Healthcare Category
- Nominee for the Women in Leadership Program/WIL in 2012
- Active Member of the WNRG and HNRG/UNIDOS
- President's Council qualifier in 2013-2016
- #2 Process Improvement Plan Team Winner in 2014
- Vice Chairman on the Board for Broward Bold Moves



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5. Are there any services unique to your company that you feel should be highlighted to the City of Coral Gables?

Yes, Humana has proudly served the employees and families of the City for over 20 years. In that time, we have consistently provided a vision benefits program that maximizes access to affordable care and enhances vision health, as well as member well-being.

Humana offers generous discounts for the City's members to help limit their out-of-pocket costs, including:

- Approximately 55 percent off eye exams
- 20 percent off any remaining cost for frames once the frame allowance has been applied
- 40 percent off unlimited complete pairs of prescription eye wear purchased throughout the year (largest additional pairs discount in the industry)
- Fixed premium options – 30 percent off premium progressive and 30 to 34 percent off premium anti-reflective lenses
- 20 percent off any item not covered by the plan
- 34 percent average discounts for lens add-ons
- Up to 30 percent savings on a standard fit and follow-up on qualifying networks

The City's members also enjoy the following additional discounts above their standard benefits:

- **Discount on Additional Eyewear Purchases**
With a growing interest in owning multiple pairs of eyeglasses, plans include 20 percent off a second pair of glasses. The discount does not apply to certain luxury brands that, per the manufacturer, cannot be discounted by any managed care plan, such as Bulgari, Chanel, or Cartier.
- **Discounts on Lens Options**
The City's members also realize significant savings through the schedule of fixed lens option pricing. This includes the most requested options and contributes to participants' overall out-of-pocket savings on eyewear selections.
- **Discounts on Contact Lens Services and Materials**
Participants receive 15 percent off professional service fees for elective contact lenses. Participants can continue to save even if a higher-end or premium-priced lenses are chosen. Humana's contact lens allowance may be used to cover the costs of the materials, and members are responsible for the fee for standard contact fit and follow-up or receive a 10 percent discount off retail cost for premium contact lens fit and follow-up.
- **IndustrialEyes Prescription Safety Eyewear Referral Program**
We've negotiated preferred pricing and can offer employers the IndustrialEyes Prescription Safety Eyewear program upon request, providing safety eyewear to help protect your employees' visual health with a full line of safety frames and lenses made to order with a prescription. Employees can have their safety glasses made at LensCrafters®, Sears Optical® and participating Pearle Vision® locations. IndustrialEyes Prescription Safety Eyewear program allows for selections that are compliant with Occupational Health & Safety Administration (OSHA) regulations and meets or exceeds the ANSI Z87.1-2003 standards. IndustrialEyes also makes it easy and convenient to order.
- **Glasses.com Partnership**
Through our partnership with online eyewear retailer Glasses.com, members can select a pair of glasses they love from thousands of name-brand options, submit their prescription information, and get their order fulfilled and shipped within 48 hours, all at in-network rates with free shipping.



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Glasses.com accommodates most prescriptions, including progressives and multifocal lenses, and offers their accurate 3D virtual “try-on” app so members can see what the glasses would look like on them before they place their order.

- **ContactsDirect Partnership**

Members can order contact lenses online through ContactsDirect at in-network benefit levels without leaving home. ContactsDirect stocks the best-selling brands and offers a best-in-class user experience, and all orders include free shipping.

- **Lasik and PRK Discount**

The City’s members may also receive 15 percent off retail price—or 5 percent off promotional price—for Lasik or PRK surgeries performed through the US Laser Network, which includes 600 nationwide locations owned and operated by LCA Vision. Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location.

Other Savings

- **Savings Center**

When a member signs into MyHumana (their secure member portal), they can access several discounts, including:

- Chiropractic, massage therapy, and acupuncture discounts of up to 30 percent
- And many others, including the Nutrisystem® weight loss program

- **The Lifestyle Discount Program**

Our Lifestyle Discount Program aims to strengthen a member’s personal well-being and enrich their life by offering the following discounts:

- Up to 70 percent off the retail price for teeth whitening through ProSmileUSA™, a division of United Networks of America, which is a national dental lab that specializes in Hi-Intensity™, competitive strength, professional teeth bleaching
- Average savings of 37 percent on prescription drugs not covered by employee’s plan
- Up to 30 percent off provider rates for acupuncture, chiropractic care, and massage therapy
- 20 percent off provider rates for hair restoration
- 15 percent off standard prices or 5 percent off promotional prices on Lasik services
- Additional 12 percent discount off promotional pricing for the 28-day weight loss and maintenance program from Nutrisystem
- At least 10 percent off identity theft services through Identity Theft 911, which includes:
 - Medical identity theft monitoring
 - Internet monitoring
 - Single or triple credit bureau monitoring, including credit scores
 - Unlimited access to expert fraud specialists for proactive and identity resolution assistance

6. Are there promotional materials available prior to enrollment to inform employees regarding the plan benefits and carrier changes? Are there materials or web-based initiatives available throughout the year to encourage better use of the program? Are there additional costs associated with these materials?

As the incumbent vision carrier for the City, Humana takes full responsibility for educating your employees about the vision program. With the City’s guidance, we will continue to build on our comprehensive communication strategy to inform and facilitate the enrollment of your employees.



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Ongoing, the City's members can access the online Humana Support Community to learn more about how to use their insurance, manage their healthcare costs, or how they can improve their health and wellness. They can post specific questions, which will be answered by Humana's experts, or browse previously posts for answers to common questions.

We design and print all necessary education and enrollment materials, which are included in our enrollment and marketing packets at no additional cost. The kits contain an enrollment card, employee brochure describing the value of the benefits, a plan summary, and information on how to use the program.

Additionally, to ensure your members understand their full vision benefits, our staff will continue to be available at no additional cost for benefit fairs and other opportunities to interact with the City's employees to discuss vision plan benefits, premium costs, and plan procedures. The assigned Account Management team works with you to schedule initial enrollment meetings as needed. The cost of materials necessary to both educate and enroll members is included in our proposed rates.

Humana uses local vendors to complete screenings on-site at health fairs.

7. Would your company have account representatives that employees may call for benefit related questions?

Yes, Humana understands the importance of effective communication, especially as it relates to educating members and answering questions about benefits. We are fully committed to providing superior service to the City's members for an overall experience that exceeds expectations.

The Customer Care team and the website, **Humana.com**, provide exceptional service to members and providers. The combination of most extensive call center hours in the industry, automated features of the interactive voice response (IVR) system, and state-of-the-art website allows us to provide convenient options that address questions at almost any time of the day or night.

Members have access to 275 specialists who are 100 percent dedicated to answering vision care questions. Customer Care specialists are available from 7:30 a.m. to 11 p.m., Eastern time, Monday through Saturday and 11 a.m. to 8 p.m., Eastern time, on Sunday. Extensive hours of live operation differentiate us from our competitors by providing members with more convenient access to specialists. We also use the Voiance foreign language line service, which provides 24-hour direct access to translation services for more than 200 languages.

8. Please provide your latest A.M. Best Rating.

Humana Insurance Company's current A.M. Best rating is A-.

9. Please provide three (3) municipal references that you are currently providing coverage for. Name of contact, phone number, email address and how long you have been on the account.

The following clients have agreed to serve as references for Humana:



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	Reference 1	Reference 2	Reference 3
Client Name	City of Doral	City of Sweetwater	City of Lauderhill
Address	8300 Northwest 53 rd Street, Suite 100 Doral, Florida 33166	500 Southwest 109 Avenue Sweetwater, FL 33174	5581 West Oakland Park Boulevard Lauderhill, Florida 33313
Contact Name	Jorleen Aguiles, Human Resources Director	Lourdes Mantecon, Human Resources Manager	Revlon Fennell, Human Resources Director/Risk Manager
Telephone Number	305-593-6725 x 1500	305-221-0411 x 1221	954-730-3093
Email Address	aguilesj@cityofdoral.com	lmantecon@cityofsweetwater.fl.gov	Rfennell@lauderhill-fl.gov
Term of Contract	October 1, 2007 to present	October 1, 2016 to present	October 1, 1994 to present
Contract Amount	\$17,357	\$12,842	\$29,196
Service Provided	Vision	Vision and dental and	Vision and dental and

10. Please provide sample benefit booklets, communication materials, and specimen contracts.

As the incumbent vision carrier for the City, Humana takes full responsibility for continuing to educate your employees about the vision program. With the City’s guidance, we will continue to build on our comprehensive communication strategy to inform and facilitate the enrollment of your employees.

Ongoing, Humana members can access the online Humana Support Community to learn more about how to use their insurance, manage their healthcare costs, or how they can improve their health and wellness. They can post specific questions, which will be answered by Humana’s experts, or browse previously posts for answers to common questions.

We design and print all necessary education and enrollment materials, which are included in our enrollment and marketing packets. The kits contain an enrollment card, employee brochure describing the value of the benefits, a plan summary, and information on how to use the program.

Additionally, to ensure your members understand their full vision benefits, our staff will continue to be available at no additional cost for benefit fairs and other opportunities to interact with the City’s employees to discuss vision plan benefits, premium costs, and plan procedures. The assigned Account Management team works with you to schedule initial enrollment meetings as needed. The cost of materials necessary to both educate and enroll members is included in our proposed rates.

Humana uses local vendors to complete screenings on-site at health fairs.

Please refer to Attachment F for a sample of our standard enrollment and communication materials and to Attachment G for a sample contract.

11. Provide a complete listing of all limitations and exclusions to the proposed vision plan.

All limitations and exclusions are provided on the benefit summary included in Section III of our proposal response.



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12. Do you conduct member satisfaction survey's? If so, please provide survey results for calendar year 2018.

Yes, Humana administers a customer satisfaction survey by email to members with our vision insurance. Those surveyed include all group members, excluding those with contract-mandated "do not contact" blocks or those who have not provided email addresses. Each member is invited once annually to participate.

The survey addresses member satisfaction and overall Humana performance on a five-point scale. The results of our most recent survey include the following:

- Nearly two out of every three vision subscribers are likely to recommend Humana to others
- A majority of vision subscribers feel Humana is easy to do business with
- A majority of vision subscribers agree the coverage and benefits meet their needs
- A majority of subscribers believe the premium they pay for vision benefits is a good value

We utilize a third party vendor to conduct the survey, collect the data, and run the analysis. Our research consultant monitors and guides the process along. As a standard practice, Humana does not release our survey results to the public; however, the data is available to employer groups upon request.



MINIMUM QUALIFICATION REQUIREMENTS

3.0: MINIMUM QUALIFICATION REQUIREMENTS

The following represents the minimum qualification requirements for a Proposer to be deemed responsive by the City, and Proposer shall satisfy each of the following minimum requirements cited below. Each of these minimum qualifications must be addressed in detail in its submittal to determine Proposer's responsiveness. Failure to meet each of the following qualification requirements, and/or failure to provide sufficient detail and/or documentation in its submittal to determine responsiveness by the City, will result in the submittal being deemed non-responsive.

Understood.

(A) PROPOSER SHALL:

- (1) **Be regularly engaged in the business of providing the services described in this RFP for a minimum of five (5) years. Required Submittals: Three (3) client references including name, contact information including address/telephone/email, length of services provided, and the actual services provided to the client.**

Humana has proudly served the employees and families of the City for over 20 years. In fact, we have more than 50 years of experience in delivering high-quality, affordable vision benefit programs. Our acquisition of CompBenefits Insurance Company in 2007, a leading vision provider since 1959, significantly increased the size of our vision business. Humana's Vision Insight network was established in 2015. Today, Humana covers more than 1.9 million commercial vision members, with groups as small as two members and as large as more than 147,000.

We have successfully administered vision programs in the public sector for the employees of numerous state governments, including Arkansas, Florida, Oklahoma, and Kentucky; for four of the 15 largest schools districts in the U.S.; for hundreds of cities, counties, and municipalities; and for dozens of public and private universities.

The following clients have agreed to serve as references for Humana:

	Reference 1	Reference 2	Reference 3
Client Name	City of Doral	City of Sweetwater	City of Lauderhill
Address	8300 Northwest 53 rd Street, Suite 100 Doral, Florida 33166	500 SW 109 Avenue Sweetwater, Florida 33174	5581 West Oakland Park Boulevard Lauderhill, Florida 33313
Contact Name	Jorleen Aguiles, Human Resources Director	Lourdes Mantecon, Human Resources Manager	Revlon Fennell, Human Resources Director/Risk Manager
Telephone Number	305-593-6725 x 1500	305-221-0411 x 1221	954-730-3093
Email Address	aguilesj@cityofdoral.com	lmantecon@cityofsweetwater.fl.gov	Rfennell@lauderhill-fl.gov
Term of Contract	October 1, 2007 to present	October 1, 2016 to present	October 1, 1994 to present
Contract Amount	\$17,357	\$12,842	\$29,196
Service Provided	Vision	Dental and Vision	Dental and Vision



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- (2) Provide proof of active status or documentation evidencing Proposer is currently seeking active status with the Florida Department of State, Division of Corporation. Required Submittals: Current Florida Department of State, Division of Corporation certificate or equivalent document.**

Please refer to Attachment H for our current Certificate of Status from the Florida Department of State.

- (3) If doing business as an insurance company in the State of Florida and you are responding to any aspect of this RFP that requires an insurance company service, please provide proof that your application to do business as an insurance company was submitted to the Florida Office of Insurance Regulation and approval was granted. Please include the types of insurance you have the authority to underwrite and that your authority is current (has not expired). Required Submittals: Current insurance business license, proof of approval and that underwriting authority is current from the FLOIR**

Humana Inc. is a leading healthcare company that offers a wide range of health and wellness products and services including medical, EAP, wellness, pharmacy, dental, vision, and life insurance plans that incorporate an integrated, holistic approach to lifelong well-being for employer groups, government programs, and individuals.

Please refer to Attachment I for our current Certificate of Authority from the Florida Department of Insurance, Office of Insurance Commissioner and Treasurer.

In addition, please refer to Attachment J for proof from the Florida Office of Insurance Regulation that our license is current and active.

- (4) Bidder or any Principal of the Bidder shall not have been party to any bankruptcy proceeding within the last five (5) years. Required Submittals: Current D&B Report or alternate method of proving solvency within the last five (5) years.**

Humana Insurance Company has never filed for bankruptcy. We are a financially sound organization, backed by the financing of our parent company, Humana Inc. (NYSE: HUM), a Fortune 100 company with revenues of \$56.9 billion.

Please note that the D&B website is queried by entity and street address, and only “rates” companies based on how quickly they pay their vendors. D&B gives ambiguous ratings to health insurance companies, like Humana Insurance Company, which have no relevance to the financial strength and solvency of the companies. For a more accurate measurement of our financial stability, please refer to Attachment K for Humana Insurance Company’s current A.M. Best rating report of A-. Humana Insurance Company is also rated A3 by Moody’s, A by S&P, and A by Fitch.

- (5) Provide proof of a minimum financial strength rating of “A-” or equivalent from AM Best. Required Submittals: Current certificate proving rating.**

Please refer to Attachment K for Humana Insurance Company’s A.M. Best rating of A- rating report.



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EXPERIENCE AND QUALIFICATIONS

(i) FOR PROPOSER:

- 1) **Provide a complete history and description of your company, including, but not limited to, the number of years in business, size, number of employees, office location, copy of applicable licenses/certifications, credentials, capabilities and capacity to meet the City's needs.**

Humana Inc. is a Fortune 100 company and one of the nation's largest publicly traded employee benefits companies, a recognized leader in providing health, wellness, and productivity solutions to employer groups, government programs, and individuals across the United States. We are a recognized leader, providing health, wellness, and productivity solutions to employers across the United States, covering approximately 16.6 million medical members and 6 million specialty members in dental, vision, and life plans. As of December 31, 2018, Humana reported total assets of \$25.4 billion and total revenues of \$56.9 billion.

Throughout our history, we have consistently seized opportunities to meet changing client needs. Today, we are a leader in member engagement, providing guidance that leads to lower costs and a better health plan experience throughout our diversified client portfolio.

David Jones and Wendell Cherry began operations in 1961 that evolved into the company known today as Humana Inc. By 1980, Humana had grown into the world's largest investor-owned hospital company. In 1983, we entered the medical insurance business and launched a health maintenance organization (HMO) designed to help employers control premium costs while at the same time providing better patient care coordination. We became one of the nation's largest hospital companies and one of the first healthcare companies to operate both hospitals and health benefits plans effectively. Since our spin-off of the hospitals in March 1993, we have focused exclusively on health benefits plans and have pioneered solutions for employers, which have proven to have meaningful impact in lowering medical cost trend.

Humana has more than 50 years of experience in delivering high-quality, affordable vision benefit programs. Our acquisition of CompBenefits Insurance Company in 2007, a leading vision provider since 1959, significantly increased the size of our vision business. Humana's Vision Insight network was established in 2015. Today, Humana covers more than 1.9 million commercial vision members, with groups as small as two members and as large as more than 147,000.

Our vision plans are uniquely positioned to excel in all phases of care and service delivery through a philosophy based on:

1. Reducing the total cost of care
2. Offering a consumer experience that emphasizes freedom of choice
3. Giving benefits administrators the tools to administer the plan they want and need to keep their employees and their families healthy

We offer a broad range of vision benefits with "no hidden charges" pricing, giving members access to a nationwide network of more than 100,000 vision provider locations (access points), comprised of over 57,000 independent and 45,000 retail locations. This vast network includes some of the most



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recognized retail optical outlets, including LensCrafters, Pearle Vision, Sears Optical, Target Optical, and JCPenney Optical.

Humana's corporate headquarters is located in Louisville, Kentucky with service centers and local market offices strategically located throughout the United States. Humana currently employs 42,643 associates. With our years of experience and breadth of knowledge in the vision field, we believe we have capabilities and capacity to continue to provide the City's vision needs.

Please refer to Attachment I for our current Certificate of Authority from the Florida Department of Insurance, Office of Insurance Commissioner and Treasurer.

2) Describe the Proposer's relevant knowledge and experience in providing the services described in the "Scope of Services" to public sector agencies similar in size to the City of Coral Gables.

Humana has successfully administered vision programs in the public sector for the employees of numerous state governments, including Arkansas, Florida, Oklahoma, and Kentucky; for four of the 15 largest schools districts in the U.S.; for hundreds of cities, counties, and municipalities; and for dozens of public and private universities.

Please see our responses below to the City's Scope of Services section of the RFP:

2.0 SCOPE OF SERVICES

2.1 Introduction

The City of Coral Gables, Florida is seeking proposals from qualified and experienced firms for Group Vision Insurance. The intent of this RFP is to solicit fully insured quotations for the City's group vision insurance program.

The City is interested in a vision benefit plan that matches to the utmost extent possible, the City of Coral Gables' plan benefit levels. Alternative benefit plans for vision are also being requested for consideration.

As Humana is the current vision carrier for the City, we are able to provide the fully insured benefit plans that match the current plans in force today. Our proposal has enhanced the current benefits by moving the City from the HV100 plan to the HV130 plan.

The following are some of the plan enhancements:

- Materials copay has been lowered to \$15 (from \$25)
- Frame and Contact Lens Allowances have increased to \$130 (from \$100)
- Other services have a lower member copay

Please refer to the detailed plan summary for the HV130 plan included in Section III for more information.

2.2 Background and Current Program

The voluntary vision coverage is currently available to full-time City Management, Elected and Appointed employees, retirees and their dependents. The City's Teamster's Union (General



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Employees) is also included in this program. The City's Police and Fire Unions have their own programs outside the City's vision plan. The approximate number of eligible employees to be covered is 484 including retirees.

The Vision plan has been provided through Humana since July 1, 2012. This benefit also is voluntary with the employee contributing 100% of the vision premiums. Coverage for full-time employees becomes effective on the first of the month, following 30 days from hire date, with coverage ending at the end of the month that they separate from employment.

Understood.

2.3 Provider Responsibilities

The responsibilities of the Service Provider shall include, but are not limited to the following:

1. Providing coverage effective October 1, 2019.

Understood and agreed.

2. Providing data reporting, not limited to; monthly and annual utilization/claims reports via electronic means.

Understood and agreed. Humana prefers to release reporting on a quarterly basis.

3. Providing plans that are compliant with current legislation. The Successful Proposer must assist the City in remaining compliant, as future regulations become known.

Understood and agreed.

4. Providing quotations that are net of commissions. (The City has retained a consultant who will not receive remuneration from your company.)

Understood and agreed.

5. Providing a network that is national in scope and where covered insureds will be able to access this national network without penalty.

Understood and agreed. Humana offers a broad range of vision benefits with "no hidden charges" pricing, giving members access to a nationwide network of more than 100,000 vision provider locations (access points), comprised of over 57,000 independent and 45,000 retail locations. This vast network includes some of the most recognized retail optical outlets, including LensCrafters, Pearle Vision, Sears Optical, Target Optical, and JCPenney Optical.

6. Providing a network listing available through the carrier's website.

Understood and agreed. Humana's website, Humana.com, contains a provider locator, which provides real-time status of network providers. Members may also find in-network providers by calling our Customer Care team.



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- 7. Providing all Consolidated Omnibus Budget Reconciliation Act (COBRA) administration, including mailing of initial COBRA notification after receiving notification of employee separation. The services required also include, billing of beneficiaries and collection of appropriate premiums.**

Understood and agreed. Humana can support the City's COBRA administration by accepting member eligibility, administering claims and performing customer service support for the proposed plan benefits outlined in this proposal.

We move all COBRA membership to a separate subdivision number to support segmented reporting and interfaces with the City's COBRA administrator to accept eligibility file feeds and premium payments for COBRA members.

Although we do not provide COBRA administration or notification for our vision plans, we have a partnership with a third-party vendor, WageWorks, if the City has not already identified a vendor to manage its COBRA population.

- 8. Providing sufficient personnel, minimum of one (1) personnel to attend annual open enrollment meetings on a schedule set by the City.**

Understood and agreed. Connie Oropesa and Elaine Cuevas-Moretti are available to attend open enrollment meetings and periodic meetings throughout the plan year.

- 9. Providing a designated local representative available to assist the Human Resources Benefits staff when needed in person or by phone. The local representative shall be available to meet periodically with the City and/or Consultants.**

Understood and agreed. Connie Oropesa and Elaine Cuevas-Moretti are available to the City's Human Resources Benefits staff as needed.

- 10. Providing a designated representative be available on a quarterly basis to meet with employees for benefit and claim related issues.**

Understood and agreed. Connie Oropesa and Elaine Cuevas-Moretti are available on a quarterly basis to meet with the City's employees for benefits and claims related issues.

- 11. Providing a customer call center staffed with multi-lingual staff, which can assist members with benefit and claim related issues.**

Understood and agreed. Humana uses the Voiance foreign language line service, which provides 24-hour direct access to translation services for more than 200 languages. We also employ Spanish-speaking representatives on our Customer Care team.

- 12. Providing an online enrollment option for their coverage.**

Understood and agreed.



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3) Provide Secure Financial Strength Rating from AM Best, with a minimum of A-, XIV.

Humana Insurance Company's current A.M. Best rating is A-, with a financial size of XV. Please refer to Attachment K for our rating report.

(ii) FOR KEY PERSONNEL:

- 1) Provide a summary of the qualifications, copy of applicable licenses/certifications, and experience of all proposed key personnel. Include resumes (listing experience, education, licenses/certifications) for your proposed key personnel and specify the role and responsibilities of each team member in providing the services outlined in the RFP. Provide an organizational chart of all key personnel that will be used. For each key team member, please describe the experience in providing the services solicited herein.**

Please refer to Attachment E for the Account Management team's organization chart and biographies/resumes. All of the Account Management team associates have WELCOA certification and our Sales team associates are licensed insurance representatives in the State of Florida 2-15: Life, Health and Variable Annuities.



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PROJECT APPROACH AND METHODOLOGY

- 1) **Describe in detail, your approach to perform the services solicited herein. Include detailed information, as applicable, which addresses, but need not be limited to: understanding of the RFP scope and requirements, implementation plan and communication with City staff and Consultants. Indicate how the Proposer intends to positively and innovatively work with the City in providing the services outlined in this RFP.**

The City requires a vision partner who is qualified and experienced. A partner who has the flexibility to provide a full-service vision offering to a variety of members – including city management, elected/appointed employees, retirees, their dependents as well as union members. Humana has proudly served the employees and families of the City for over 20 years. In fact, we have more than 50 years of experience in delivering high-quality, affordable vision benefit programs. Today, Humana covers more than 1.9 million commercial vision members, with groups as small as two members and as large as more than 147,000. By continuing to partner with Humana we offer the City's members a vision plan that meets the unique needs of each and every member.

Humana's products, services, and partnerships are focused on consumers. We offer the choices the City's members need to help them continue to achieve lifelong well-being. Lifelong well-being is about living happily with a balanced sense of purpose, belonging, security, and health.

Humana Vision provides a broad range of value-added benefits for vision care services from Humana's network of more than 100,000 vision provider locations (access points), comprised of over 57,000 independent and 45,000 retail locations. The Humana Insight Network has some of the most recognized retail optical outlets, including LensCrafters®, Pearle Vision®, Sears® Optical, Target Optical®, and JCPenney Optical. Most optical retailers in our network provide many member-valued services, including:

- On-site laboratories at some locations, which produce most glasses the same day
- Evening and weekend hours for exams and materials, and walk-in appointment availability
- Convenient locations at or near shopping malls
- Product guarantees within a specified amount of time (generally 30 to 90 days depending on the retail chain)
- Extended warranties against all damage for periods of one to two years for members who wish to purchase this additional coverage

The City's members receive benefits for either glasses or contact lenses and can also receive discounts on Lasik and PRK procedures from participating independent laser centers.

Humana's approach assures the City's members not only receive comprehensive eye health examinations and eyewear at affordable prices, but that they also have multiple ways to access care and use the value-added benefits available to them. Humana Vision features the following:

- **Choice and Flexibility:** We offer competitive rates along with multiple plan options with attractive discounts on materials and services as well as a materials-only benefit design.
- **Added Value:** Embedded diabetic eye care, when available and fixed contact lens fitting fees or 'not to exceed' amounts for standard and premium.



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- **Fixed Cost Lens Upgrades:** Lens options and upgrades are often the most expensive components of eyeglasses. In order to minimize member out-of-pocket expense, our vision members enjoy substantially reduced, fixed pricing for virtually all lens options and upgrades including premium progressive lenses and premium anti-reflective coatings. Our approach ensures that members pay the same low price at every one of our provider locations.
- **Contacts:** We believe that eye doctors should be free to prescribe the clinically correct contact lenses to members. Our vision plan doesn't utilize a formulary; our contact lens allowance accommodates the doctors' prescription for any type contact lens they believe is appropriate for that specific patient.

Humana continues to partner with the City to positively and innovatively provide a vision program that guides members in taking control of their health. The result is a better experience and lower healthcare costs for both members and the City. Humana's plans encourage overall health with product capabilities that are more affordable, provide broader coverage, improve well-being, and increase utilization. We've outlined below some of the various positive and innovative features of Humana's vision program:

Ocular Wellness

The City's members using Humana's vision plans can rest assured they receive thorough eye examinations and have access to an extensive selection of eyewear materials of the highest quality. Humana's eye examinations must include appropriate evaluation and recording of data in each of the following areas:

- Patient history – analyzing medical history about the patient
- Visual acuity – checking patient's vision with and without glasses
- External examination – examining the outside of the eye
- Pupillary examination – checking the pupils
- Visual field testing – checking different fields of vision
- Internal examination – examining the inside of the eye
- Biomicroscopy – examining the cornea
- Tonometry – checking eye pressure
- Refraction – checking need for eyeglasses
- Extra ocular muscle balance assessment – checking for eye movements
- Other tests and procedures – for example, testing vision for color accuracy
- Diagnosis and treatment plan – prescribing eyeglasses, etc.

Modern research clearly demonstrates that the eyes are a gateway to the body and can provide early indication of numerous systemic disorders. Studies have shown that eye exams are often the first to detect chronic diseases. Humana's data capture and reporting techniques, combined with a clinical partnership with the City's disease management/care coordination partners can have remarkable results. A comprehensive eye health exam allows a basic diagnostic examination, which can determine if further medical examinations are necessary. Some of the most common conditions identified by eye care providers include:

- Diabetes
- High blood pressure
- High cholesterol
- Hypertension



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Providers who find conditions requiring medical care beyond their scope may refer the City's members to the appropriate medical specialist (typically covered under medical insurance). These results have beneficial health implications for members, as well as positive financial implications for the City. Humana's ultimate goal is to provide information to potentially enhance the health of members while providing another tool that may be used to reduce future medical costs.

As an example, Humana believes it is critical to identify and educate participants who have diabetes about the importance of good ocular health. Humana has the capabilities to provide the City's medical carrier with file feeds which help identify at-risk participants with known health conditions. Medical condition reporting ensures Humana can share vision data with medical carriers, helping to fill gaps in care.

MyHumana

Members can turn to MyHumana, their personalized home page on **Humana.com**. This website has assessments, tracking tools, recipes, drug information, discounts, and practical health information organized into "centers" that meet members on their own terms. MyHumana is segmented into health centers to address specific concerns for men, women, children, or seniors. Condition centers focus on a variety of issues, from headaches to diabetes to substance abuse. The site presents information to address the needs of newly diagnosed members, those actively managing a condition, and those successfully living with ongoing issues.

Mobile Options

Through text, a phone's mobile browser, or Humana's mobile app, members have the ability to manage their healthcare needs virtually anywhere, anytime. The MyHumana mobile app provides personalized resources such as determining the balance of a spending account, verifying member information, finding urgent care facilities nearby, and more. The app leverages features of the phone to deliver on-the-go resources. MyHumana mobile extends the member experience for "just-in-time" information and the ability to access ID card information, review benefit information, and access wellness education and support tools.

Humana will continue to partner with the City to creatively promote healthy, happy living for the City's members and their families. If desired, Humana can create a green strategy by providing much of our messaging electronically.

Customer Service

Customer service is an integral part of Humana's consumer engagement efforts. Humana recognizes that the City's members expect and deserve excellent service when it comes to their health benefits, including the prompt payment of their claims and guidance through the complex healthcare system. From Humana's operational procedures to the recruitment and training of our Customer Care specialists, Humana is organized around a client-focused approach.

Key aspects of Humana's comprehensive approach to quality for member services include:

- A focus on human capital that begins with selecting talented associates and preparing them through extensive service orientation and practice
 - The training includes not only technical knowledge of systems and policies, but also soft skill training and the ability to provide a concierge level of service



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- An outbound survey is conducted to receive direct feedback on member experiences via an automated system
- A call quality program to include the voice of the client
- A commitment to developing a strong “outside in” perspective of every client interaction and the processes underlying those interactions

Account Management

Upon renewal, the assigned account management professional will continue to serve as your primary contact, providing support and guidance. Your assigned Account Management team will also continue to collaborate with the City’s benefit administrators to promote and evolve your communication strategy, as necessary, to make sure it resonates with your employees.

The assigned sales executive will continue to serve as your primary contact, providing support and guidance, as well as to continue developing engagement strategies with the City.

Vision Reporting

With a wide variety of standard reports available, Humana is confident in our ability to meet the City’s vision reporting expectations. As part of the renewal process, the required reports, timing, and method of delivery are mutually agreed upon.

Humana Awards

At Humana, we have the strength and experience to deliver a simple and seamless healthcare experience. The successes we’ve achieved in terms of quality plan performance and improved health and wellness outcomes have been widely recognized. Some of our accolades include:

- **Dow Jones Sustainability:** For the past nine consecutive years, Humana has been recognized on the Dow Jones Sustainability World Index and the Dow Jones Sustainability North America Index for surpassing the industry average in terms of economic, environmental, and social dimensions.
- **Humana Named to CR Magazine’s 100 Best Corporate Citizens:** In terms of environmental impact, employee relations, human rights, philanthropy, governance performance, and other factors, Humana was named to the list of the 100 top best corporations to help advance corporate accountability and responsibility in both 2014 and 2015.

- 2) **Provide a detailed description of the service and network capabilities, including but not limited to:**
- a. **Define the Proposer’s Provider Network being utilized for the City of Coral Gables. Be sure to complete the Provider Network Section in the Group Questionnaire which identifies the number of Providers by County.**

Humana utilizes the Insight Network one of the largest nationwide networks. Our network currently offers 6,876 provider locations throughout the state of Florida. Nationally, our network includes more than 100,000 vision provider locations (access points), comprised of over 57,000 independent and 45,000 retail locations. We contract with locally owned private optometrist and ophthalmologist practices, as well as nationally known retail chains, such as LensCrafters, Target Optical, JCPenney Optical, Sears Optical, and Pearle Vision.



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All of our providers are licensed and private practice independent optometrists or ophthalmologists, as well as designated retail operations, with the majority being contractually required to offer complete exam and eyewear services and materials.

b. Provided network access report of members with two vision providers with open panels within a 2-mile range.

Please refer to Attachment L for Humana's network accessibility report.

c. Provide details of the Proposer's lack of restrictions or exclusions imposed.

Due to Humana's extensive network, including the nation's leading retailers, employees rarely find themselves outside of our network. Retail providers, including LensCrafters, Target Optical, JCPenney Optical, Sears Optical, and Pearle Vision locations, offer extended evening and weekend hours to cater to members' busy lifestyles. Out-of-network benefits are available to any member living or traveling inside or outside the United States and/or its territories. Members utilizing a provider outside of the network, whether in or outside of the United States, can submit an out-of-network claim form for eligible benefits.

Please refer to the proposed benefits included in Section III of our proposal response.

d. Describe Proposer's offering of an Online Benefit Enrollment system for the Open Enrollment process, along with the ability to include additional lines of coverage.

For self-enrollment, Humana will partner with HRTech Solutions, LLC. to provide Employee Navigator as the online benefit enrollment platform. Employee Navigator works with the nation's leading insurance carriers to provide companies of all sizes with modern benefits and HR software. Employee Navigator's benefits administration software makes it easier to attract and retain great talent by offering an extensive benefits package with less benefits administration work. Our enrollment partnership offers an all-in-one benefits solution. This includes enrollment ease for new hires, comparing and selecting different benefit plans, reviewing coverage status for all employees, monitoring enrollment status and deadlines, managing contribution levels, and plan document delivery and storage. Also included, is a mobile app, which makes it even easier for employees to enroll in their benefits, view their benefit details and access important compliance documents right from their phone.

Employee Navigator allows for all types of employee benefit plans and there is no limit to the number of Humana lines of coverage built on the system. Upon Implementation we upload a complete employee census to include full name, SSN, date of birth, date of hire, class, salary, address, and email. Employees can either use a URL link to login using the City's specific credentials or we send a bulk email with a link provided. They will register for their own unique user name and password and enter the enrollment system. The system will use a step-by-step guide to help employees through the enrollment process so they do not miss a step or an important notice or benefit. Upon completion of the open enrollment, the data is sent by electronic secure transfer to Humana. For future new hires and eligibility changes, the enrollment data is submitted to Humana on a predetermined day and time of the week. In order for the electronic data submission to be



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successful, a member of the City should have access for entering new hires and terminations. New hires should have an email address entered so they receive the email link and a timeline of how long they have to enroll. The system can also send reminders if the employee is approaching their enrollment deadline.

e. Explain Proposer's ability to provide covered individuals access to company professionals to discuss benefit coverage issues.

Humana understands the importance of effective communication, especially as it relates to educating members and answering questions about benefits. We are fully committed to providing superior service to members for an overall experience that exceeds expectations.

The Customer Care team and the website, **Humana.com**, provide exceptional service to members and providers. The combination of most extensive call center hours in the industry, automated features of the interactive voice response (IVR) system, and state-of-the-art website allows us to provide convenient options that address questions at almost any time of the day or night.

Members have access to 275 specialists who are 100 percent dedicated to answering vision care questions. Customer Care specialists are available from 7:30 a.m. to 11 p.m., Eastern time, Monday through Saturday and 11 a.m. to 8 p.m., Eastern time, on Sunday. Extensive hours of live operation differentiate us from our competitors by providing members with more convenient access to specialists. We also use the Voiance foreign language line service, which provides 24-hour direct access to translation services for more than 200 languages.

3) Provide a comprehensive description of your proposed ability to duplicate existing coverage for employees, retirees and dependents. Additionally, providing alternate benefit options (as identified in the RFP) for future costs controls. Include Appendix A, Benefit Format Worksheet showing how your plan of benefits being proposed compares to the current/requested format.

As Humana is the current vision carrier for the City, we are able to provide the fully insured benefit plans that match the current plans in force today. Our proposal has enhanced the current benefits by moving the City from the HV100 plan to the HV130 plan.

The following are some of the plan enhancements:

- Materials copay has been lowered to \$15 (from \$25)
- Frame and Contact Lens Allowances have increased to \$130 (from \$100)
- Other services have a lower member copay

Please refer to Section III of our proposal for the completed Appendix A, Benefit Format Worksheet, as well as the detailed plan summary for the HV130 plan.

Benefit Format Worksheet - Vision

Please illustrate how your company's proposed benefits would compare to the requested benefits.

	Current Benefits		Your Company's Proposed Benefits	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Name/Number			Humana Vision 130	Humana Vision 130
Eye Exam				
Routine	100% after \$10 Copay	\$30 Allowance	\$10	Up to \$30
Retinal Imaging	\$39 Allowance	Not Covered	Up to \$39	Not Covered
Lenses				
Single	\$25 Copay	\$25 Allowance	\$15	Up to \$25
Bifocal	\$25 Copay	\$40 Allowance	\$15	Up to \$40
Trifocal	\$25 Copay	\$60 Allowance	\$15	Up to \$60
Lenticular	\$25 Copay	\$100 Allowance	\$15	Up to \$100
Frames	\$100 Allowance and 20% off balance	\$50 Retail Allowance	\$130 Allowance and 20% off balance	\$65 Allowance
Contact Lenses				
Conventional	\$100 Allowance and 15% off balance	\$80 Allowance	\$130 allowance and 15% off balance	\$104 Allowance
Medically Necessary	100%	\$200 Allowance	\$0	\$200 Allowance
Diabetic Eye Care				
Exam, Retinal imaging, Extended ophthalmoscopy, Gonioscopy, Scanning laser	Up to 2 additional services per benefit year for each service	Allowances by procedure	Up to 2 additional services per benefit year for each service	Allowances by procedure
Frequency				
Exam	Once every 12 months	Once every 12 months	Once every 12 months	Once every 12 months
Lenses or Contacts	Once every 12 months	Once every 12 months	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 24 months	Once every 24 months	Once every 24 months

City of Coral Gables

Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Exam with dilation as necessary • Retinal imaging ¹	\$10 Up to \$39	Up to \$30 Not covered
Contact lens exam options ² • Standard contact lens fit and follow-up • Premium contact lens fit and follow-up	Up to \$55 10% off retail	Up to \$30 Not covered
Frames ³	\$130 allowance 20% off balance over \$130	\$65 allowance
Standard plastic lenses ⁴ • Single vision • Bifocal • Trifocal • Lenticular	\$15 \$15 \$15 \$15	Up to \$25 Up to \$40 Up to \$60 Up to \$100
Covered lens options ⁴ • UV coating • Tint (solid and gradient) • Standard scratch-resistance • Standard polycarbonate - adults • Standard polycarbonate - children <19 • Standard anti-reflective coating • Premium anti-reflective coating - Tier 1 - Tier 2 - Tier 3 • Standard progressive (add-on to bifocal) • Premium progressive - Tier 1 - Tier 2 - Tier 3 - Tier 4 • Photochromatic / plastic transitions • Polarized	x \$15 \$15 \$15 \$40 \$40 \$45 Premium anti-reflective coatings as follows: \$57 \$68 80% of charge \$15 Premium progressives as follows: \$110 \$120 \$135 \$90 copay, 80% of charge less \$120 allowance \$75 20% off retail	Not covered Not covered Not covered Not covered Not covered Not covered Premium anti-reflective coatings as follows: Not covered Not covered Not covered Up to \$40 Premium progressives as follows: Not covered Not covered Not covered Not covered Not covered Not covered Not covered
Contact lenses ⁵ (applies to materials only) • Conventional • Disposable • Medically necessary	\$130 allowance, 15% off balance over \$130 \$130 allowance \$0	\$104 allowance \$104 allowance \$200 allowance

Humana Vision 130

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	\$0	Up to \$77
- Up to (2) services per year		
• Retinal Imaging	\$0	Up to \$50
- Up to (2) services per year		
• Extended Ophthalmoscopy	\$0	Up to \$15
- Up to (2) services per year		
• Gonioscopy	\$0	Up to \$15
- Up to (2) services per year		
• Scanning Laser	\$0	Up to \$33
- Up to (2) services per year		

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.

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.

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.



¹ Thompson Media Inc.

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.

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.



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.

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, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-877-320-1235 (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-320-1235 (TTY: 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-320-1235 (TTY: 711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-320-1235 (TTY: 711).

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-320-1235 (TTY: 711)번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-320-1235 (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-320-1235 (телетайп: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-320-1235 (TTY: 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-320-1235 (ATS : 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-320-1235 (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-320-1235 (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-320-1235 (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-320-1235 (TTY: 711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-320-1235 (رقم هاتف الصم والبكم: 711).

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-320-1235 (TTY: 711) まで、お電話にてご連絡ください。

فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-877-320-1235 (TTY: 711) تماس بگیرید.

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éí ná hóló, kojí' hódíílnih 1-877-320-1235 (TTY: 711).



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PAST PERFORMANCES AND REFERENCES

- 1) Provide a minimum of three (3) references (but no more than five (5) from public sector agencies, particularly municipal/local government, for which Proposer has performed similar scope of services in the past five (5) years. Please include: (1) client name, (2) address, (3) contact name, (4) contact telephone number, (5) contact email address, (6) term of contract (start and end date), (7) contract amount, (8) services provided. DO NOT include work/services performed for the City of Coral Gables or City employees as reference.

The following clients have agreed to serve as references for Humana:

	Reference 1	Reference 2	Reference 3
Client Name	City of Doral	City of Sweetwater	City of Lauderhill
Address	8300 Northwest 53 rd Street, Suite 100 Doral, Florida 33166	500 Southwest 109 Avenue Sweetwater, Florida 33174	5581 West Oakland Park Boulevard Lauderhill, Florida 33313
Contact Name	Jorleen Aguiles, Human Resources Director	Lourdes Mantecon, Human Resources Manager	Revlon Fennell, Human Resources Director/Risk Manager
Telephone Number	305-593-6725 x 1500	305-221-0411 x 1221	954-730-3093
Email Address	aguilesj@cityofdoral.com	lmantecon@cityofsweetwater.fl.gov	Rfennell@lauderhill-fl.gov
Term of Contract	October 1, 2007 to present	October 1, 2016 to present	October 1, 1994 to present
Contract Amount	\$17,357	\$12,842	\$29,196
Service Provided	Vision	Vision and dental	Vision and dental

- 2) Provide a list with contact information of public sector clients, if any, that have discontinued use of Proposer's services within the past two (2) years and indicate the reasons for the same. The City reserves the right to contact any reference as part of the evaluation process.

The following former clients have agreed to serve as references for Humana:

	Reference 1	Reference 2	Reference 3
Client Name	Dade County Fire Fighters	City of Hialeah	City of Pembroke Pines
Address	8000 NW 21 Street, Suite 222 Miami, Florida 33122	501 Palm Avenue Hialeah, Florida 33010	10100 Pines Boulevard Pembroke Pines, Florida 33026
Contact Name	Gloria Munoz, Benefits Manager	Edward DeMicco, Benefits Director	Daniel Rothstein, Director of Human Resources
Telephone Number	786-437-2563	305-883-8060	954-437-1146
Email Address	gmunoz@local1403.org	edemicco@hialeahfl.gov	drothstein@ppines.com
Term of Contract	April 1, 1996 to January 1, 2019	January 1, 1999 to January 1, 2015	June 1, 1988 to October 1, 2014
Contract Amount	\$256,124 – Dental \$7500 – Vision	\$124,498 – Dental \$12,842 – Vision	\$277,783 – Dental \$54,135 – Vision
Service Provided	Vision and dental	Vision and dental	Vision and dental
Reason for Termination	Bundled with medical carrier	Bundled with medical carrier	Rates



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- 3) Please identify each incident within the last five (5) years where (a) a civil, criminal, administrative, other similar proceeding was filed or is pending, if such proceeding arises from or is a dispute concerning the Proposer's rights, remedies or duties under a contract for the same or similar type services to be provided under this RFP (*See Affidavit D*).**

Humana has no responsive matters to report. There has been no litigation during the last five years for breach of contract litigation filed in the Florida courts against Humana Insurance Company involving our vision line of business.



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PRICE PROPOSAL

1) Provide pricing on the Premium Response Form (rating sheets) of the premiums being charged for employees, retirees and dependents.

Please refer to the Premium Response Form as well as our rates directly following this page.

2) Provide Proposer's Vision Trend history and the current factors being used by the company.

The proposed vision rates assumed a 1 percent vision trend factor. Historically our trend has been approximately 1 percent.

3) Identify additional pricing (if any) for ancillary costs to be added to the program.

Humana's services are bundled in one price so the City is not surprised by separate charges for materials and processing, which can significantly raise costs from the original quote. Our rates include:

- Transfer of claims and eligibility data from the prior administrator
- Group implementation meetings and ongoing enrollment meetings
- Benefits design
- Certificate of Coverage, available electronically
- HIPAA compliance
- Enrollment forms and materials
- Claims forms
- Provider directories, available via the website
- ID cards
- Claims processing
 - Coordination of benefits
 - Dependent status verification
 - Explanation of Benefits (EOB) to members
 - Subrogation
 - Duplicate claims edits
 - Fraud detection
- Toll-free access to Customer Care team
- Automated information line
- Utilization/code review
- Completion of Schedule A for Federal Tax Form 5500
- Financial management reporting

4) Describe Proposer's Cost Guarantees or rating caps that can be applied for future rating periods.

The proposed vision rates are guaranteed for three years, from October 1, 2019 to September 30, 2022. For the October 1, 2022 renewal, the rates will not increase more than 3 percent guaranteed for 12 months (October 1, 2022 through September 30, 2023). For the October 1, 2023 renewal, the rates will not increase more than 3 percent guaranteed for 12 months (October 1, 2023 through September 30, 2024).

**Premium Response Form
RFP 2019-021 GROUP VISION INSURANCE**

Pricing for all plan lines is required. Failure to do so may deem proposal non-responsive. A minimum premium rate guarantee of 36 months is required.

DESCRIPTION	VISION COVERAGE
Plan Name:	Voluntary Humana Vision 130 - 12/12/24
Carrier:	Humana
DESCRIPTION	VISION COVERAGE COST
Employee Only:	\$4.72
Employee & Spouse:	\$9.43
Employee & Child(ren):	\$8.97
Family:	\$14.09

NOTE: Proposer affirms that the prices stated on the price proposal form above represents the entire cost of the items in full accordance with the requirements of this RFP, inclusive of its terms, conditions, specifications and other requirements stated herein, and that no claim will be made on account of any increase in wage scales, material prices, delivery delays, taxes, insurance, cost indexes or any other. All rates should include any network access fees, PPACA fees, HMO/POS fee, and Utilization Review costs.

Firm Name: Humana Insurance Company
 F.E.I.N. No: 39-1263473
 Authorized Representative (Print Name): Richard D. Remmers
 Title: Senior Vice President, Employer Group Sales
 Address: 3401 Southwest 160th Avenue, Suite 300, Miramar, Florida 33027 (local market office)
 Telephone: 305-626-5241 (Connie Oropesa)
 Fax: 305-370-6398 (Connie Oropesa)
 E-mail: coropesa3@humana.com

Authorized Signature: _____ 

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF THE PROPOSER TO BE BOUND BY THE TERMS OF ITS RESPONSE. FAILURE TO SIGN THIS RESPONSE WHERE INDICATED ABOVE BY AN AUTHORIZED REPRESENTATIVE OR PROVIDE THE FORM AS PRESENTED MAY RENDER THE FIRM NON-RESPONSIVE.

Portfolio Vision Alternates

City of Coral Gables

Group 621075

Renewal date: October 1, 2019

Vision Alternates

Renewal rates guaranteed through: September 30, 2022

Plan description	Coverage type	*Proposed rates
Plan 1		
Humana Vision Plan Voluntary, \$10/\$15 In Network Exam/Material Copay, \$130 In Network Frame Allowance, \$130 In Network Contact Lens Allowance, 12/12/24 Exam/Lens or Contact Lens/Frame Frequency Limitation	Employee	\$4.72
	Employee + Spouse	\$9.43
	Employee & Child(ren)	\$8.97
	Family	\$14.09
	Total	

*For the 10/1/2022 renewal, the renewal rates will not increase more than 3% guaranteed for 12 months (10/1/2022 - 9/30/2023)

*For the 10/1/2023 renewal, the renewal rates will not increase more than 3% guaranteed for 12 months (10/1/2023 - 9/30/2024)

Humana Vision

It needs to be easy for your employees to get the vision care they need. At home or on the road, your employees will find a provider with convenient hours and locations. And they'll receive substantial savings on eye wear and exams when they visit network providers.

It's important your employees keep their eyes healthy and get routine care. Exams can help prevent vision loss, but also detect more serious diseases in the body such as diabetes, hypertension, multiple sclerosis, and brain tumors.

Humana Vision plans encourage prevention, early diagnosis, and treatment, helping employees stay healthy and possibly prevent permanent vision loss.

Humana group vision plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Health Benefit Plan of Louisiana, Humana Insurance Company of Kentucky, Humana Insurance Company of New York, CompBenefits Insurance Company, CompBenefits Company, or The Dental Concern, Inc.



Proposal for:

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CLARIFICATIONS

1.0 Introduction to Request for Proposal

Humana agrees with the City's Introduction to Request for Proposal with the following clarifications:

1.12 Contract Termination

The City, by written notice, may terminate in whole or part any Contract resulting from this competitive solicitation, when such action is in the best interest of the City. If the Agreement is so terminated, the City shall be liable only for payment for services rendered prior to the effective date of termination. The City may, by written notice to the Successful Proposer, terminate the Agreement if the Successful Proposer has been found to have failed to perform his/her services in a manner satisfactory to the City. The City may terminate the Agreement for convenience at any time by providing thirty (30) days written notice to the Successful Proposer. In the event the Successful Proposer is found to be in default, the Successful Proposer will be paid for all labor and materials provided as of the termination date only after City has completed the work called for by this Agreement with other forces, and has deducted the cost of such work, and any other damages payable to City, from any contract balance otherwise due and owing to the Professional under this Agreement. No consideration will be given for anticipated loss of revenue on the canceled portion of the Contract.

Humana will not knowingly default and respectfully requests 60 days to cure a breach. We cannot agree to the payment of excess costs.

4.0 RFP General Conditions

Humana agrees with the City's RFP General Conditions with the following clarifications:

4.4 Occupational License Requirements (Business Tax Receipt Requirements)

Any person, firm, corporation or joint venture, with a business location in the City of Coral Gables who is submitting a response under this solicitation, shall meet the City's Occupational License Tax Requirements in accordance with Ordinance No O2005-15 of the City of Coral Gables Code and Chapter 205 of the Florida Statutes.

Others with a location outside the City of Coral Gables shall meet their local Occupational License Tax requirements. Copy of the license must be submitted with the Proposal; however, the City may, at its sole option and in its best interest, allow the Proposer to supply the license to the City during the evaluation period, but prior to award.

Humana Insurance Company does not have a physical location in the City of Coral Gables, but it has had premiums paid within the City, and therefore, it does have a business tax receipt, which is included in this Section of our response.

4.12 Sub-Contractor

A Sub-Contractor / Sub-Consultant is an individual or firm contracted by the Proposer(s) to assist in the performance of services required under this RFP. A Sub-Contractor / Sub-Consultant shall be paid through Proposer(s) and not paid directly by the City. Sub-Contractors / Sub-Consultants are



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allowed by the City in the performance of the services delineated within this RFP. Proposer(s) shall clearly reflect in its Response the major Sub-Contractor / Sub-Consultant to be utilized in the performance of required services. The City retains the right to accept or reject any Sub-Contractor / Sub-Consultant proposed prior to Agreement execution. Any and all liabilities regarding the use of a Sub-Contractor / Sub-Consultant shall be borne solely by the Successful Proposer(s) and insurance for each Sub-Contractor / Sub-Consultant must be maintained in good standing and approved by the City throughout the duration of the Agreement. Neither the Successful Proposer(s) nor any of its Sub-Contractors / Sub-Consultants are considered to be employees or agents of the City. Failure to list all major Sub-Contractors / Sub-Consultants and provide the required information may disqualify any proposed Sub-Contractor / Sub-Consultant from performing work under this RFP.

Proposer(s) shall include in their Responses the requested Sub-Contractor / Sub-Consultant information and include all relevant information required of the Proposer(s).

Humana has agreements in place with a variety of vendors for business and administrative services, as well as member services. The list below includes many of the subcontractors that may deliver services that directly impact the City’s employees. We strive to make our services as seamless to members as possible.

Subcontracted services include, but are not limited to, the following:

Name and Address	Services Provided
Conduent – formerly Xerox (Contracted since 1999)	
745 New Circle Road Lexington, Kentucky 40511	Vision claims mailroom/scanning services
First American Administrators (Contracted since 2011)	
4000 Luxottica Place Mason, Ohio 45040	Vision claims adjudication, member and provider customer service calls, and network credentialing

All vendors contracting with us undergo a due diligence process prior to contracting. We select vendors that are well-respected in the industry, building strong, long-term relationships and seamlessly integrating their services into Humana’s operational business model. We have high expectations of our vendors and we are responsible for their performance. We cannot agree to eliminate or obtain prior approval of key vendors, as this would create inefficiencies, adding both complexity and costs to our administration.

All subcontractors or independent contractors are responsible for their own insurance coverage. Humana does not cover our subcontractors or independent contractors under our insurance policies.

4.15 Purchasing Agreements with Other Government Agencies

At the option of the awarded Proposer, the submission of any solicitation response to this Request for Proposals constitutes a proposal made under the same terms and conditions, for the same contract price, to other governmental agencies including the State of Florida and its agencies, political subdivisions, counties and cities.

Each governmental, not-for-profit or quasi-governmental entity which uses a contract(s) resulting here from, will establish its own contract, place its own orders, issue its own purchase orders, be



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invoiced there from and make its own payments, determine shipping terms and issue its own exemption certificates as required by the Successful Proposer(s).

Humana has provided a comprehensive and competitive proposal for services that is specific to the City's RFP. There are many factors included in pricing that do not allow us to apply these contractual provisions to other parties, such as determination of rates on a case-by-case basis, client-specific service requirements, and employee population by entity. We feel this approach provides a custom designed and priced response for the City. We are happy to work with additional entities to price appropriately for those specific entities upon request.

4.17 Invoicing & Payment

Invoices shall contain purchase order number, or services performed including if applicable, service data, number of labor hours for each worker, hourly rate(s) for each worker, total employee hours billed. Copies or invoices or other appropriate documentation shall be provided for each job to support their actual cost prior to reimbursement. The Proposer, upon request by the City, shall supply additional documentation. Proposer may be paid in monthly installments. Payment is made according to the actual number of labor hours worked. Partial or full payment can be withheld until work is completed to the satisfaction of the City.

As our invoices are for the premium due, they do not show an actual description of the work performed. However, the specific product is listed on the invoice, the coverage period billed is the time used, and the City's account number will serve as your reference number. Purchase order numbers are not applicable to the services we provide. Other accommodations and customizations can be discussed upon finalist determination.

4.18 Auditing of Records

The successful Proposer's book and records as they relate to the anticipated contract must be made available for inspection and audit upon receipt of three (3) days prior written notice from the City and remain available for City or other applicable sources for inspection for at least three (3) years following the expiration of the contract.

Humana does not allow fully insured groups to conduct audits without prior approval or negotiation. Should approval occur, there are limitations to the data we can share with the fully insured group. However, this can be discussed further upon being selected as a finalist.

4.20 Estimated Quantities

Estimated quantities or estimated dollars are provided for your guidance only. No guarantee is expressed or implied as to actual quantities during the contract period. The City is not obligated to place an order for any given amount subsequent to the award of this contract. Said estimates may be used by the City for purposes of evaluating a response or determining the most advantageous proposer meeting specifications. The City reserves the right to acquire additional quantities at the prices proposed or at lower prices.

If actual enrollment varies by more than 10 percent, or significant plan changes impact the service processes, we retain the right to review our pricing and change rates accordingly if needed.



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5.0 Indemnify, Defend and Hold Harmless and Insurance Requirements

Humana agrees with the City's RFP Indemnify, Defend and Hold Harmless and Insurance Requirements with the following clarifications:

5.1 To the fullest extent permitted by Laws and Regulations, the Professional shall defend, indemnify, and hold harmless the City and its attorneys, administrators, consultants, elected and appointed officials, agents, and employees from and against all claims, damages, losses, and expenses direct, indirect, or consequential (including but not limited to fees and charges of attorneys and other professionals and court and arbitration costs) arising out of or resulting from the performance of the work and caused in whole or in part by any willful, intentional, reckless, or negligent act or omission of Professional, any sub-consultant, or any person or organization directly or indirectly employed by any of them to perform or furnish any of the work or anyone for whose acts any of them may be liable.

In any and all claims against the City, its elected and appointed officials or any of its consultants, attorneys, administrators, agents, or employees by any employee of Professional, any sub-consultant, any person or organization directly or indirectly employed by any of them to perform or furnish any of the work or anyone for whose acts any of them may be liable, the indemnification obligation under the above paragraph shall not be limited in any way by any limitation on the amount or type of damages, compensation, or benefits payable by or for Professional or any such sub-consultant or other person or organization under workers' or workman's compensation acts, disability benefit acts, or other employee benefit acts. Moreover, nothing in this Indemnification and Hold Harmless provision shall be considered to increase or otherwise waive any limits of liability, or to waive any immunity, established by Florida Statutes, case law, or any other source of law.

Humana agrees to indemnify and hold the City harmless from and against damages, claims, or liabilities that arise as a result of acts or omissions on our part or the part of our employees in the performance of the contract.

Our contracts do not include a hold harmless provision that indemnifies the City for general legal action from members, employees, subcontractors, or other vendors. We do not indemnify the City as a result of the acts or omissions of third parties, including its members' service providers.

5.6 INSURANCE REQUIREMENTS

5.6.1 GENERAL CONDITIONS

Pursuant to the City of Coral Gables Code, Section 2-971, the Risk Management Division of the Office of Labor Relations and Risk Management has developed the following insurance requirements to protect the City of Coral Gables to the maximum extent feasible against any and all claims that could significantly affect the ability of the City to continue to fulfill its obligations and responsibilities to the taxpayers and the public.

Consequently, prior to award and in any event prior to commencing work, the Professional shall procure, and provide the City with evidence of insurance coverage as required herein and name the City as an Additional Insured on a primary and non-contributory basis. The Professional shall secure and maintain, at its own expense, and keep in effect during the full period of the contract



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a policy or policies of insurance and must submit these documents to the Risk Management Division of the Office of Labor Relations and Risk Management for review and approval.

All city solicitation and contract documents shall include insurance provisions approved by the Risk Management Division.

The only proof of insurance we can provide is the standard Acord form insurance certificate. We are not able to provide copies of our insurance policies or endorsements.

Humana can provide additional insured status to any certificate holder requesting it, but in regards to general liability coverage only.

Humana can agree that our insurance is primary and non-contributory with any other insurance in force for or which may be purchased by an additional insured.

5.6.2 PROPOSER REQUIREMENTS

The Proposer shall maintain, at its own cost and expense, the following types and amounts of insurance with insurers with rating of "A-" "VI" or better according to the A.M. Best rating guide as a minimum standard. The insurers providing coverage must be approved by the State of Florida and hold all of the required licenses in good standing to conduct business within the State of Florida. In addition, they must be acceptable to the City of Coral Gables Risk Management Division and/or the City Attorney's Office.

Humana's general liability, professional liability, and errors and omissions coverages are provided by Managed Care Indemnity, Inc. (MCII), a wholly owned subsidiary of Humana Inc. It is a captive insurance company domiciled in Vermont and regulated by the Vermont Department of Insurance. The reserves are set by an independent actuarial firm, Tillinghast, and financials are audited by PricewaterhouseCoopers. MCII is not rated by A.M. Best, nor licensed in any state.

We maintain mutually acceptable insurance provisions with our clients. We cannot agree to eliminate or obtain prior approval of our insurance vendors, as this would create inefficiencies, adding both complexity and costs to our administration.

5.6.3 TYPE OF COVERAGE & LIMIT OF LIABILITY REQUIREMENT

5.6.3.1 Workers' Compensation and Employers Liability Insurance covering all employees, subcontractors, and/or volunteers of the Professional and/or Vendor engaged in the performance of the scope of work associated with this contract and/or agreement. The minimum limits of liability shall be in accordance with applicable state and/or federal laws that may apply to Workers' Compensation insurance, with the following limits:

5.6.3.1.1 Workers' Compensation - Coverage A Statutory Limits (State of Florida or Federal Act)

5.6.3.1.2 Employers' Liability - Coverage B

\$1,000,000 Limit - Each Accident

\$1,000,000 Limit - Disease each Employee

\$1,000,000 Limit - Disease Policy Limit



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All subcontractors or independent contractors are responsible for their own insurance coverage. Humana does not cover our subcontractors or independent contractors under our insurance policies.

We do require the flow down of indemnification and insurance requirements to subcontractors, but we do not have language in our contracts that requires the flow down/required incorporation of all terms and conditions of the agreement into our agreements with subcontractors. We do not flow down specific provisions to our subcontractors when we are the supplier. As Humana is the sole point of contact with respect to all client contracts, the terms of our own contracts with our subcontractors are not modified on a per-client basis. Notwithstanding, Humana does have standard “Compliance with Laws” provisions in all of our vendor contracts.

5.6.6 Professional Liability with a limit of liability not less than One Million (\$1,000,000) Dollars per claim, with a deductible per claim not to exceed 5% of the limit of liability providing for all sums which the Contractor shall become legally obligated to pay as damages for claims arising out of the services performed by the Contractor or any person employed in connection with this agreement. Contractor shall maintain Professional Liability coverage for at least five (5) years after completion of the work.

Humana’s policies are on an occurrence basis only. We cannot agree to the language crossed out above.

5.6.7 REQUIRED ENDORSEMENTS

5.6.7.1 The following endorsements with City approved language

5.6.7.1.1 Additional insured status provided on a primary & non-contributory basis for general, ~~cyber and auto liability.~~

Humana can provide additional insured status to any certificate holder requesting it, but in regards to general liability coverage only.

5.6.7.1.2 Waiver of Subrogation for all applicable coverages: general, ~~cyber auto liability and workers compensation~~

We can provide a waiver of subrogation clause in favor of a certificate holder on general liability, but not on Workers’ Compensation coverage, including employer’s liability. We are a Kentucky-based company and Kentucky law does not allow employers to waive the rights of their employees.

5.6.7.2 All policies shall contain a “severability of interest” or “cross liability” clause without obligation for premium payment of the City.

We cannot agree to severability of interests as our policies are on an occurrence basis only.



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5.6.8 HOW TO EVIDENCE COVERAGE TO THE CITY

5.6.8.1 The following documents must be provided to the City;

5.6.8.1.1 A Certificate of Insurance containing the following information:

5.6.8.1.1.1 Issued to entity contracting with the City

5.6.8.1.1.2 Evidencing the appropriate Coverage

5.6.8.1.1.3 Evidencing the required Limits of Liability required

5.6.8.1.1.4 Evidencing that coverage is currently in force

5.6.8.1.1.5 Language provided in the Special Provision Section of the Certificate of Insurance affirming that all endorsements required by the City have been endorsed to all of the policies.

A copy of each endorsement that is required by the City.

The only proof of insurance we can provide is the standard Acord form insurance certificate. We are not able to provide copies of our insurance policies or endorsements.

5.6.8.3 The City reserves the right to require a complete copy of any insurance policies required by the City. Should the City invoke this right, the policy must be provided directly to the City by the insurance agent or insurance company.

The only proof of insurance we can provide is the standard Acord form insurance certificate. We are not able to provide copies of our insurance policies or endorsements.

5.6.8.4 The city reserves the right to require additional insurance requirements at any time during the course of the agreement.

Limits and coverage type should be established at the beginning of the contract and for the duration. Humana cannot agree to mid-term changes.

10.0 Professional Services Agreement (Draft)

Humana agrees with the City's Professional Services Agreement (Draft) and HIPAA Business Associate Addendum with the following clarifications:

10.1 The enclosed agreement is a draft for your review. You are not required to fill out and submit the agreement at time of response submittal.

By submitting a Proposal, the Proposer agrees to be bound to and execute the Agreement for the Group Vision Insurance, Appendix E and HIPAA Business Associate Addendum, Appendix F. Without diminishing the foregoing, the Proposer may request clarification and submit comments concerning the Agreement for City's consideration. All exceptions and alternatives shall be included and clearly delineated, in writing, in the Proposal. Only comments and proposed revisions included within the Proposal will be considered by the City. Any comments identified after the Proposal has been received will not be considered by the City. The City, at its sole and absolute discretion, may accept or reject any or all exceptions and alternatives. In cases in which exceptions and alternatives are rejected, the City shall require the Proposer to comply with the particular term and/or condition of



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the Agreement to which Proposer took exception to (as said term and/or condition was originally set forth on the Agreement).

Humana is classified as a covered entity, not a business associate, when providing services under a fully insured arrangement. Therefore, “business associate” language does not apply to our fully insured contracts.

I. GENERAL PROVISIONS

- 1.9 **Driver's License.** At City's option, the Professional shall provide a valid Florida Driver's License or appropriate commercial driver's license for each employee, agent or sub consultant and be willing and able to operate any required vehicles as authorized by the City. Evidence of compliance with the Defensive Driving Course must be submitted to the City prior to operating a City vehicle or any vehicle where patrons or children are passengers. Individuals must be approved by the Risk Management Division of the City prior to the operation of a City owned vehicle and/or privately owned vehicles while conducting City business. The City reserves the right to request the employee/agent's driving record from the State of Florida, at Professional's expense.

This is not applicable to the vision services we are proposing as we would not be operating vehicles in relation to this RFP.

- 1.11 **Most Favored Public Entity.** The Professional represents that the prices charged to City in this Agreement do not exceed existing prices to other customers for the same or substantially similar items or services for comparable quantities under similar terms and conditions. If Professional's prices decline, or should Professional, at any time during the term of this Agreement, provide the same goods or services to any other customer at prices below those set forth herein, then such lower prices shall be immediately extended to the City.

Humana has provided a comprehensive and competitive proposal for services that is specific to the City's RFP. There are many factors included in pricing that do not allow us to apply these contractual provisions to other parties, and vice versa, such as determination of rates on a case-by-case basis, client-specific service requirements, and employee population by entity. We feel this approach provides a custom designed and priced response for the City. We are happy to work with additional entities to price appropriately for those specific entities upon request.

II. PROFESSIONAL SERVICES

- 2.2 **Reporting.** The Professional shall comply with the necessary reporting requirements as outlined by the Director or designee for review. In addition, the Professional shall submit a monthly report to the Director or designee, which shall include detailed information regarding the activities of the Professional during the previous month.

Humana's vision PlanCompass reporting package goes beyond standard reporting functions by including clear insights and recommendations to give the City confidence to make the best-informed decisions about their members' vision health and well-being. This reporting package is prepared annually and is available to download at your convenience, meaning your benefit administrators can easily run the report and receive it within hours.



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We use claims data to report on the important facets of the City's vision plan experience. To make the data more meaningful, our vision PlanCompass reports data for the current year alongside the prior period to gauge performance changes from year-to-year and track the following:

- Claims and premium breakout
- Cost drivers, categorized by:
 - Lens types
 - Lens options
 - Contact lens fit and follow-up
- Utilization summary by category
- Member cost share
- Key indicators (tracking changes in core member demographics)
- Membership and spend distribution by age group
- Key indicators for year-over-year benefit utilization

Using this data, we also provide key insights and recommendations to specifically help the City better manage benefit utilization and healthcare dollars. Additionally, we can work with the City to customize reports specific to your needs.

Also, for even great control in evaluating your vision plan, we offer more than 15 standard reports. As part of the renewal process, the required reports, timing, and method of delivery are mutually agreed upon. Our standard reports include:

- Summary Experience by Month: Shows monthly membership, premium, and claim experience for the previous 24 months
- Vision Claim Experience by Provider: Shows claims counts by provider for the previous 24 months, including provider location, and summary of non-network provider utilization
- Vision Claim Experience by Service Category: Shows claims counts by service category for the previous 24 months as well as the breakout of lens types (single vision, bi-focal, and tri-focal/progressive)
- Lens Options Utilization: Shows the utilization of lens options for the previous 24 months, summarized into seven categories

2.3 Availability of Professional. The Professional shall make all documents available 24 hours a day, 7 days a week, 365 days a year, in order to satisfy the City's emergency demands for continued, non-interrupted service.

We do not foresee anything interrupting our services for the City. However, Humana does not allow fully insured groups to conduct audits without prior approval or negotiation. Should approval occur, there are limitations to the data we can share with the fully insured group. However, this can be discussed further upon being selected as a finalist.

In terms of documents for members and employers, **Humana.com** provides access to tools and information to manage health benefits through our member and employer portals.

IV. INDEPENDENT CONTRACTOR AND PROFESSIONAL HOLD HARMLESS PROVISIONS

4.5 Indemnification and Hold Harmless. To the fullest extent permitted by laws and regulations, the Professional shall defend, indemnify, and hold harmless the City, its elected and appointed



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officials, attorneys, administrators, consultants, agents, and employees from and against all claims, damages, losses, and expenses direct, indirect, or consequential (including but not limited to fees and charges of attorneys and other Professional's and court and arbitration costs) arising out of or resulting from the performance of the work and caused in whole or in part by either (i) any willful, intentional, reckless, or negligent act or omission of Professional , any sub consultant, or any person or organization directly or indirectly employed by any of them to perform or furnish any of the work or anyone for whose acts any of them may be liable, regardless of whether or not it is caused in part by a party indemnified hereunder and regardless of the negligence of any such indemnified party, or (ii) any willful, intentional, reckless, or negligent act or omission of any individual or entity not a party to this agreement, or (iii) any negligent act or omission of the City or the City's officers, agents, or employees. The parties expressly agree that this provision shall be construed broadly, and Professional's obligations to pay for the City's legal defense hereunder shall arise and be fully enforceable when Professional (or any sub consultant or any person or organization directly or indirectly employed by Professional) is alleged to have acted willfully, intentionally, recklessly, or negligently in the performance of the work required under this Agreement. Any failure of Professional to comply with the terms of this provision shall be deemed a material breach of this Agreement and may subject Professional to debarment from consideration for future award of city contracts pursuant to Section 2-952(4) of the City of Coral Gables Code of Ordinances. This provision shall survive termination of the Agreement.

Humana agrees to indemnify and hold the City harmless from and against damages, claims, or liabilities that arise as a result of acts or omissions on our part or the part of our employees in the performance of the contract.

Our contracts do not include a hold harmless provision that indemnifies the City for general legal action from members, employees, subcontractors, or other vendors. We do not indemnify the City as a result of the acts or omissions of third parties, including its members' service providers.

- 4.5.1 In any and all claims against the City or any of its elected and appointed officials, consultants, agents, or employees by any employee of Professional , any sub consultant, any person or organization directly or indirectly employed by any of them to perform or furnish any of the work or anyone for whose acts any of them may be liable, the indemnification obligation under the above paragraph shall not be limited in any way by any limitation on the amount or type of damages, compensation, or benefits payable by or for Professional or any such sub consultant or other person or organization under workers' or workman's compensation acts, disability benefit acts, or other employee benefit acts. Moreover, nothing in this Indemnification and Hold Harmless provision shall be considered to increase or otherwise waive any limits of liability, or to waive any immunity, established by Florida Statutes, case law, or any other source of law.**

Humana agrees to indemnify and hold the City harmless from and against damages, claims, or liabilities that arise as a result of acts or omissions on our part or the part of our employees in the performance of the contract.



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Our contracts do not include a hold harmless provision that indemnifies the City for general legal action from members, employees, subcontractors, or other vendors. We do not indemnify the City as a result of the acts or omissions of third parties, including its members' service providers.

V. INSURANCE

- 5.1 Without limiting Professional's indemnification of the City, and during the term of this Agreement, Professional shall provide and maintain at its own expense the below described programs of insurance. Such programs and evidence of insurance shall be satisfactory to the City and shall be primary to and not contributing with any other insurance or self-insurance program maintained by the City. Certificates or other evidence of coverage shall be delivered to:**

City of Coral Gables
Insurance Compliance
P.O. Box 100085 – CE
Duluth, GA 30096

Such certificates or other evidence of coverage shall be delivered prior to commencing performance under this Agreement, and shall specifically identify this Agreement, and shall contain the express condition that the City is to be given advance written notice by receipted delivery at least thirty (30) days in advance of any cancellation, non-renewal or material change of the insurance policy.

The only proof of insurance we can provide is the standard Acord form insurance certificate. We are not able to provide copies of our insurance policies or endorsements.

Humana can agree that our insurance is primary and non-contributory with any other insurance in force for or which may be purchased by an additional insured.

- 5.2 The Professional shall maintain during the terms, except as noted, of this Agreement the following insurance:**
- a. Comprehensive general liability insurance with broad form endorsement or equivalent, including automobile liability, completed operations and products liability, contractual liability, severability of interests with cross liability provision, and personal injury and property damage liability with limits no less than \$1,000,000 per occurrence for bodily injury and property damage, and \$2,000,000 in the aggregate. Said policy or policies shall name City as additional insured on a primary and non-contributory basis and shall reflect the hold harmless provision contained herein.**

We cannot agree to severability of interests as our policies are on an occurrence basis only.

Humana can provide additional insured status to any certificate holder requesting it, but in regards to general liability coverage only. Humana can agree that our insurance is primary and non-contributory with any other insurance in force for or which may be purchased by an additional insured.



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- e. **Professional Liability with a limit of liability not less than One Million (\$1,000,000) Dollars per claim, with a deductible per claim not to exceed 5% of the limit liability providing for all sums which the Contractor shall become legally obligated to pay as damages for claims arising out of the services performed by the Contractor or any person employed in connection with this agreement. Contractor shall maintain Professional Liability coverage for at least five (5) years after completion of the work.**

Humana's policies are on an occurrence basis only.

- f. **Other (or increased amounts of) insurance which City shall from time to time deem advisable or appropriate. Such new or additional insurance to be effective as of the sooner of ninety (90) days after notice thereof or the next annual renewal of any policy being increased (as applicable).**

Limits and coverage type should be established at the beginning of the contract and for the duration. Humana cannot agree to mid-term changes.

- g. **All policies shall contain waiver of subrogation, except Professional Liability, against City where applicable, and shall expressly provide that such policy or policies are primary over any other collective insurance the City may have.**

We can provide a waiver of subrogation clause in favor of a certificate holder on general liability, but not on Workers' Compensation coverage, including employer's liability. We are a Kentucky-based company and Kentucky law does not allow employers to waive the rights of their employees.

- h. **All of the above insurance is to be placed with insurance companies with an A.M. Best or equivalent rating of "A-", "VI" or better, qualified to do business under laws of the State of Florida.**

Managed Care Indemnity, Inc. (MCII) provides General Liability, Professional Liability, and Errors and Omissions coverage. MCII is a wholly owned subsidiary of Humana Inc. It is a captive insurance company domiciled in Vermont and regulated by the Vermont Department of Insurance. The reserves are set by an independent actuarial firm and audited by an outside auditing firm, and therefore MCII is not rated by A. M. Best or any other rating company.

- i. **The City shall be named as an additional insured on a primary and noncontributory basis for the General, Cyber and Auto Liability Policies. Said policies shall contain a "severability of interest or "cross liability" clause without obligation for premium payment of the City. The City reserves the right to request a copy of required policies for review.**

Humana can provide additional insured status to any certificate holder requesting it, but in regards to general liability coverage only. We cannot agree to severability of interests as our policies are on an occurrence basis only. The only proof of insurance we can provide is the standard Acord form insurance certificate. We are not able to provide copies of our insurance policies or endorsements.



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XI. OWNERSHIP OF DOCUMENTS

- 11.1 Any and all documents, records, disks, or other information shall become the property of the City for its use and/or distribution as may be deemed appropriate by the City.**

Under a fully insured arrangement, Humana maintains ownership of all claims and related information. We have total fiduciary responsibility and assume complete liability for all claim payments to providers. The City's only liability is limited to the timely payment of premiums. The City is not at risk for claims. Due to HIPAA regulations, we cannot release claims data and other protected health information (PHI) to the City.

XIV. DEFAULT AND TERMINATION

- 14.1 The City may terminate this Agreement for convenience at any time by providing thirty (30) days written notice to the Professional. In the event of a termination for convenience, the Professional shall be paid for all services performed through the date of termination (subject to applicable setoff rights) and the Professional shall not be entitled to any other compensation or damages from the City.**

In the event of a termination for cause, due to the Professional's failure to perform in accordance with the terms of this Agreement or the Professional's repudiation of this Agreement by word or conduct, the City may immediately terminate the Agreement, if after notifying the Professional in writing, the Professional does not correct the deficiencies to the satisfaction of the City within seventy-two (72) hours of such notice. Such notice shall provide reasonable specificity to the Professional of the deficiency that requires correction. If the deficiency is not corrected within such time period, the City may either (1) immediately terminate the Agreement or (2) take whatever action is deemed appropriate to correct the deficiency. In the event the City chooses to take action and not terminate the Agreement, the Professional shall, upon demand, promptly reimburse the City for any and all costs and expenses incurred by the City in correcting the deficiency.

If the City terminates the Agreement, the City shall notify the Professional of such termination in writing, with instruction to the effective date of termination or specify the state of work at which the Agreement is to be terminated. Upon receipt of a final termination or suspension notice, Professional shall proceed promptly to carry out the actions required in such notice.

The Professional shall be paid any sums otherwise due and owing under this Agreement only after City has completed the work called for by this Agreement with other forces, and has deducted the cost of such work, and any other damages payable to City, from any contract balance otherwise due and owing to the Professional under this Agreement. If, after notice of termination for cause, it is determined for any reason that Professional was not in default, the rights and obligations of the City and the Professional shall be the same as though the termination had been a termination for convenience. In no event shall the City be liable to Professional for lost profits on any work not performed, overhead, or any other type of consequential, special or indirect damages, and Professional hereby waives the same. Professional may terminate this Agreement due to the City's failure to comply with the material terms of this Agreement after giving City thirty (30) days written notice of its purported default and a reasonable opportunity to cure. Upon termination of this Agreement, all schematics, designs, plans, specifications, documents, records, disks, or other information



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(including electronic copies) produced or developed by Professional or sub consultants, whether finished or not, shall become City property. Failure to timely deliver the documentation shall be cause to withhold any payments due, without recourse by the Professional, until all documentation is delivered to the City.

Humana will not knowingly default and respectfully requests 60 days to cure a breach. We cannot agree to the payment of excess costs.

Under a fully insured arrangement, Humana maintains ownership of all claims and related information. We have total fiduciary responsibility and assume complete liability for all claim payments to providers. The City's only liability is limited to the timely payment of premiums. The City is not at risk for claims. Due to HIPAA regulations, we cannot release claims data and other protected health information (PHI) to the City.

XVII. ASSIGNMENT AND SUBCONTRACTING

17.1 This Agreement and the rights of the Professional and obligations hereunder may not be assigned, delegated or subcontracted by the Professional without the express prior written consent of the City. Any assignment, delegation or subcontract without such express prior written consent shall be null and void and shall constitute a material breach of this Agreement, upon which the City may immediately terminate the Agreement in accordance with the provisions of paragraph 13.1 (Termination by Default). The City may assign its rights, together with its obligations hereunder.

Humana has agreements in place with a variety of vendors for business and administrative services, and all vendors contracting with us undergo a due diligence process prior to contracting. We select vendors that are well-respected in the industry, building strong, long-term relationships and seamlessly integrating their services into Humana's operational business model. We have high expectations of our vendors and we are responsible for their performance. We cannot agree to eliminate or obtain prior approval of key vendors, as this would create inefficiencies, adding both complexity and costs to our administration.

XVIII. AUDITS

18.1 The Professional shall maintain accurate and complete financial records of its activities and operations relating to this Agreement in accordance with generally accepted accounting principles. Professional shall maintain adequate records to justify all charges and costs incurred in performing the services for at least three (3) years after completion of this Agreement. Professional shall also maintain accurate and complete employment and other records relating to its performance of this Agreement. Professional agrees that City, or its authorized representatives, shall have access to and the right to examine, audit, excerpt, copy or transcribe any pertinent transaction, activity, or records relating to this Agreement. All financial records, timecards and other employment records, and proprietary data and information shall be kept and maintained by Professional and made available to the City during the terms of this Agreement and for a period of three (3) years thereafter unless City's written permission is given to dispose of any such material prior to such time. All such materials shall be maintained by Professional at a location in Miami-Dade County, Florida, provided that if any such material is located outside Miami Dade County, then, at City's option



Proposal for:

City of Coral Gables

Professional shall pay City for travel, per diem, and other costs incurred by City to examine, audit, excerpt, copy or transcribe such material at such other location. The City shall have access to such books, records, and documents as required in this section for the purpose of inspection or audit during normal working business hours at the Professional's place of business.

In the event that an audit is conducted by Professional specifically regarding this Agreement by any Federal or State auditor, or by any auditor or accountant employed by Professional, then Professional shall file a copy of the audit report with the City's Auditor within thirty (30) days of Professional's receipt thereof, unless otherwise provided by applicable Federal or State law. City shall make a reasonable effort to maintain the confidentiality of such audit report(s).

Failure on the part of Professional to comply with the provisions of this Paragraph shall constitute a material breach upon which the City may terminate or suspend this Agreement.

Humana does not allow fully insured groups to conduct audits without prior approval or negotiation. Should approval occur, there are limitations to the data we can share with the fully insured group. However, this can be discussed further upon being selected as a finalist.

XXXII. WAIVER OF CONSEQUENTIAL DAMAGES

35.1 Professional waives claims against the CITY for consequential damages arising out of or related to this Agreement or its performance including, but not limited to, damages for lost income, profit, lost bonding capacity, financing, business and reputation, or for loss of management or labor productivity, damages incurred for principal office expenses, including the compensation of personnel stationed there, and for anticipated profit on any work not performed by Professional.

We request to make this provision mutual so that neither party can claim these types of damages.

HUMANA INSURANCE COMPANY
HUMANA INSURANCE COMPANY

TAX DEPT
PO BOX 7400026
LOUISVILLE, KY 40201

DETACH HERE AND DISPLAY RECEIPT IN A CONSPICUOUS PLACE



CITY OF CORAL GABLES, FLORIDA
LOCAL BUSINESS TAX RECEIPT

CUST. NO. 034379
RECEIPT NO.
BT-0000007984

2018-2019

THIS IS NOT A BILL-DO NOT PAY

BUSINESS NAME: HUMANA INSURANCE COMPANY

LOCATION: VARIOUS LOCATIONS

DBA NAME: HUMANA INSURANCE COMPANY

CLASSIFICATION:
1 INSURANCE COMPANY

NO. OF UNITS

UNIT DESCRIPTION

AMOUNT PAID: \$ 378.00

2
3
4
5
6

BUSINESS TAX RECPT RENEWAL

**VALID ONLY AT LOCATION ABOVE.
RECEIPT EXPIRES 09/30/2019**

** This receipt does not constitute authority to begin operating at this location without a
Certificate of Use and Inspection Approval **



3401 Southwest 160th Avenue,
Suite 300
Miramar, Florida 33027

T 305-626-5241
C 305-495-0322
E coropesa3@humana.com

July 17, 2019

City of Coral Gables
Risk Management Division
2800 Southwest 72nd Avenue
Miami, Florida 33155

Re: RFP No. 2019-021, Group Vision Insurance

To whom it may concern:

We appreciate the opportunity to respond to the City of Coral Gables' (the City) request for a proposal. We would like to request a waiver of the following insurance requirements and have included our clarifications to the City's insurance requirements below:

5.6 INSURANCE REQUIREMENTS

5.6.1 GENERAL CONDITIONS

Pursuant to the City of Coral Gables Code, Section 2-971, the Risk Management Division of the Office of Labor Relations and Risk Management has developed the following insurance requirements to protect the City of Coral Gables to the maximum extent feasible against any and all claims that could significantly affect the ability of the City to continue to fulfill its obligations and responsibilities to the taxpayers and the public.

Consequently, prior to award and in any event prior to commencing work, the Professional shall procure, and provide the City with evidence of insurance coverage as required herein and name the City as an Additional Insured on a primary and non-contributory basis. The Professional shall secure and maintain, at its own expense, and keep in effect during the full period of the contract a policy or policies of insurance and must submit these documents to the Risk Management Division of the Office of Labor Relations and Risk Management for review and approval.

All city solicitation and contract documents shall include insurance provisions approved by the Risk Management Division.

The only proof of insurance we can provide is the standard Acord form insurance certificate. We are not able to provide copies of our insurance policies or endorsements.

Humana can provide additional insured status to any certificate holder requesting it, but in regards to general liability coverage only.

Humana can agree that our insurance is primary and non-contributory with any other insurance in force for or which may be purchased by an additional insured.

5.6.2 PROPOSER REQUIREMENTS

The Proposer shall maintain, at its own cost and expense, the following types and amounts of insurance with insurers with rating of "A-" "VI" or better according to the A.M. Best rating guide as a minimum standard. The insurers providing coverage must be approved by the State of Florida and hold all of the required licenses in good standing to conduct business within the State of Florida. In addition, they must be acceptable to the City of Coral Gables Risk Management Division and/or the City Attorney's Office.

Humana's general liability, professional liability, and errors and omissions coverages are provided by Managed Care Indemnity, Inc. (MCII), a wholly owned subsidiary of Humana Inc. It is a captive insurance company domiciled in Vermont and regulated by the Vermont Department of Insurance. The reserves are set by an independent actuarial firm, Tillinghast, and financials are audited by PricewaterhouseCoopers. MCII is not rated by A.M. Best, nor licensed in any state.

5.6.3 TYPE OF COVERAGE & LIMIT OF LIABILITY REQUIREMENT

5.6.3.1 Workers' Compensation and Employers Liability Insurance covering all employees, subcontractors, and/or volunteers of the Professional and/or Vendor engaged in the performance of the scope of work associated with this contract and/or agreement. The minimum limits of liability shall be in accordance with applicable state and/or federal laws that may apply to Workers' Compensation insurance, with the following limits:

5.6.3.1.1 Workers' Compensation - Coverage A Statutory Limits (State of Florida or Federal Act)

5.6.3.1.2 Employers' Liability - Coverage B
\$1,000,000 Limit - Each Accident
\$1,000,000 Limit - Disease each Employee
\$1,000,000 Limit - Disease Policy Limit

All subcontractors or independent contractors are responsible for their own insurance coverage. Humana does not cover our subcontractors or independent contractors under our insurance policies.

We do require the flow down of indemnification and insurance requirements to subcontractors, but we do not have language in our contracts that requires the flow down/required incorporation of all terms and conditions of the agreement into our agreements with subcontractors. We do not flow down specific provisions to our subcontractors when we are the supplier. As Humana is the sole point of contact with respect to all client contracts, the terms of our own contracts with our subcontractors are not modified on a per-client basis. Notwithstanding, Humana does have standard "Compliance with Laws" provisions in all of our vendor contracts.

5.6.6 Professional Liability with a limit of liability not less than One Million (\$1,000,000) Dollars per claim, with a deductible per claim not to exceed 5% of the limit of liability providing for all sums which the Contractor shall become legally obligated to pay as damages for claims arising out of the services performed by the Contractor or any person employed in connection with this

~~agreement. Contractor shall maintain Professional Liability coverage for at least five (5) years after completion of the work.~~

Humana's policies are on an occurrence basis only. We cannot agree to the language crossed out above as it pertains to claims-made policies.

5.6.7 REQUIRED ENDORSEMENTS

5.6.7.1 The following endorsements with City approved language

5.6.7.1.1 Additional insured status provided on a primary & non-contributory basis for general, ~~cyber and auto liability.~~

Humana can provide additional insured status to any certificate holder requesting it, but in regards to general liability coverage only.

5.6.7.1.2 Waiver of Subrogation for all applicable coverages: general, ~~cyber auto liability and workers compensation~~

We can provide a waiver of subrogation clause in favor of a certificate holder on general liability, but not on Workers' Compensation coverage, including employer's liability. We are a Kentucky-based company and Kentucky law does not allow employers to waive the rights of their employees.

5.6.7.2 All policies shall contain a "severability of interest" or "cross liability" clause without obligation for premium payment of the City.

We cannot agree to severability of interests as our policies are on an occurrence basis only.

5.6.8 HOW TO EVIDENCE COVERAGE TO THE CITY

5.6.8.1 The following documents must be provided to the City;

5.6.8.1.1 A Certificate of Insurance containing the following information:

5.6.8.1.1.1 Issued to entity contracting with the City

5.6.8.1.1.2 Evidencing the appropriate Coverage

5.6.8.1.1.3 Evidencing the required Limits of Liability required

5.6.8.1.1.4 Evidencing that coverage is currently in force

5.6.8.1.1.5 Language provided in the Special Provision Section of the Certificate of Insurance affirming that all endorsements required by the City have been endorsed to all of the polices.

A copy of each endorsement that is required by the City.

The only proof of insurance we can provide is the standard Acord form insurance certificate. We are not able to provide copies of our insurance policies or endorsements.

5.6.8.3 The City reserves the right to require a complete copy of any insurance policies required by the City. Should the City invoke this right, the policy must be provided directly to the City by the insurance agent or insurance company.

The only proof of insurance we can provide is the standard Acord form insurance certificate. We are not able to provide copies of our insurance policies or endorsements.

5.6.8.4 The city reserves the right to require additional insurance requirements at any time during the course of the agreement.

Limits and coverage type should be established at the beginning of the contract and for the duration. Humana cannot agree to mid-term changes.

Thank you for taking the time to review our insurance clarifications. As we are committed to a long-term partnership with the City, please do not hesitate to call Connie Oropesa at 305-626-5241 if you have any questions or need clarification regarding any aspect of this proposal. We look forward to meeting with the City to discuss how we can help to continue to achieve your vision benefits goals.

Sincerely,



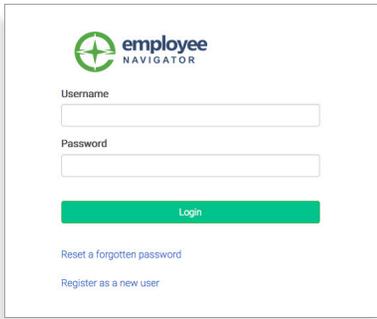
Richard D. Remmers
Senior Vice President, Employer Group Sales

Fully Insured Custom Ancillary Only Implementation City of Coral Gables

Plan Effective Date: October 1, 2019

	Task	Responsible Parties	Comments	
1	Carrier Selection	City of Coral Gables		August 1, 2019
2	Implementation: Group set up structure Billing set up structure Enrollment method (initial & ongoing) Accumulations Transfer Information (if applicable) ID Cards Confirm Communications and Materials	City of Coral Gables / Humana		August 15, 2019
3	Finalize and Order Benefit Summaries / Enrollment Kits / Employee Meeting Materials	City of Coral Gables / Humana Sales		August 20, 2019
4	Confirm Client Approval of: Group set up structure Billing set up structure Enrollment method (initial & ongoing) Accumulations Transfer Information (if applicable)	City of Coral Gables / Humana Sales		August 25, 2019
5	Conduct Enrollment Meetings	City of Coral Gables / Humana Sales	Based on Enrollment Period	
6	Open Enrollment Begins	City of Coral Gables		August 27, 2019
7	Open Enrollment Ends	City of Coral Gables		September 11, 2019
8	Load Enrollment Eligibility File	Humana		September 20, 2019
9	ID Cards Issued	Humana	Humana will agree that 98% of ID cards will be available prior to the member/group's effective date contingent upon receiving "clean" enrollment data. "Clean" enrollment is defined as needing no additional information from the member or the group.	September 27, 2019
10	Plan Effective Date	City of Coral Gables		October 1, 2019

ENROLL IN YOUR BENEFITS: One step at a time

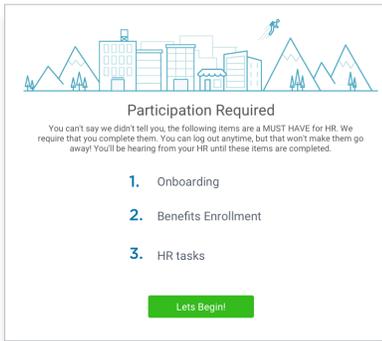


The login page features the Employee Navigator logo at the top left. Below it are two input fields: 'Username' and 'Password'. A green 'Login' button is positioned below the password field. At the bottom left, there are two links: 'Reset a forgotten password' and 'Register as a new user'.

Step 1: Log In

Go to www.employeenavigator.com and click **Login**

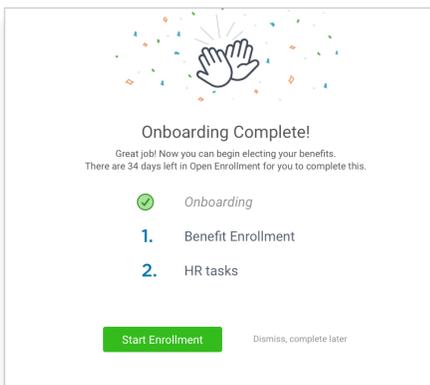
- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.



The page has a header illustration of a city skyline. Below it, the title 'Participation Required' is followed by a paragraph explaining that certain items are mandatory for HR. A numbered list follows: 1. Onboarding, 2. Benefits Enrollment, and 3. HR tasks. A green 'Lets Begin!' button is at the bottom.

Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.



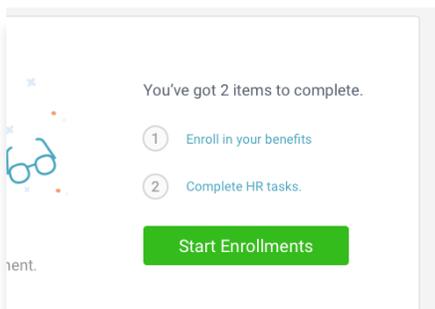
The page features a celebratory illustration of hands and confetti. The title 'Onboarding Complete!' is followed by a paragraph stating that the user can now begin electing benefits and that there are 34 days left in Open Enrollment. A green checkmark icon is next to the word 'Onboarding'. A numbered list follows: 1. Benefit Enrollment, 2. HR tasks. At the bottom, there is a green 'Start Enrollment' button and a link that says 'Dismiss, complete later'.

Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

if you hit "**Dismiss, complete later**" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "**Start Enrollments**"



The page has a header illustration of glasses. Below it, the text 'You've got 2 items to complete.' is followed by a numbered list: 1. Enroll in your benefits, 2. Complete HR tasks. A green 'Start Enrollments' button is at the bottom.

Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

Who am I enrolling?

Myself

Elizabeth Reynolds (Spouse)

Gwen Reynolds (Child)

\$138.46 Effective on 08/01/18
Cost per pay period Employee

How much will it cost?

Plan Cost	Employer Contribution	My Cost
\$138.46	<input type="text" value="\$ 138.46"/>	\$0.00

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

Enrollment Summary

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions or would like to make changes, please contact HR.

Enrollment Not Complete!
Please complete the required highlighted steps from your enrollment progress menu.

Enrolled Plans

Medical Collapse

Key Care HSA PPO2017 404E2435 Long Plan Name

Progress 6 of 8

- 1. Personal Information
- 2. Dependent Information
- 3. Medical
- 4. Dental
- 5. Vision
- 6. HSA
- 7. FSA
- 8. Enrollment Summary

Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

High Five! Enrollment Complete!

You've only got one more item to complete.

- Enroll in your benefits
- 1.** HR Tasks

Dismiss, complete later

Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!



You can login to review your benefits 24/7



Vision PlanCompass
for SAMPLE GROUP (123456)

Reporting Period:
01/01/2018 - 12/31/2018





Report Methodology

i



Summary

1



Utilization

2



Spend

3



Cohort

4



Insights

5



Glossary

6-7



Report Methodology - SAMPLE GROUP (123456)

Reporting Period: 01/01/2018 - 12/31/2018

Report Purpose

This Vision PlanCompass Report was prepared specifically for your organization to help you stay on top of your group's health care experience. Our desire is that with this report and our other reporting tools - bolstered by the guidance and insights our Sales and Account Management associates deliver - we will be able to help you make the most informed decisions possible about your organization's vision health, well-being and use of the health care system.

Methodology

The Vision PlanCompass Report uses claim data to report on the important facets of your group's vision health care experience during the reporting period. This information is reported on an "incurred" basis rather than a "paid/processed basis" to allow for better monitoring of member behavior in response to plan design changes that occur from one plan year to the next. Incurred basis reporting includes only services that were received during the reporting period, regardless of when the claim was paid.

To make the data more meaningful, we frequently report your current period data beside your prior period experience (same reporting period from the prior year). Including the prior period allows you to see how your group compares to your performance in the prior year. These comparable numbers add context that can help make sense of what we see.

Please note the overall vision utilization and spend patterns may be impacted based on member usage of the frame benefit. Frames are typically only covered once every 24 months, unless the 12 month frame rider benefit has been purchased.

Reporting Period

This Vision Report is based on incurred claims for the period 01/01/2018 through 12/31/2018, with claims processed through 02/28/2019.

Peer

The peer used for comparison purposes in this report is Humana's Vision Book of Business with 500 or more enrolled subscribers.

This report was created on 03/25/2019.



Summary - SAMPLE GROUP (123456)

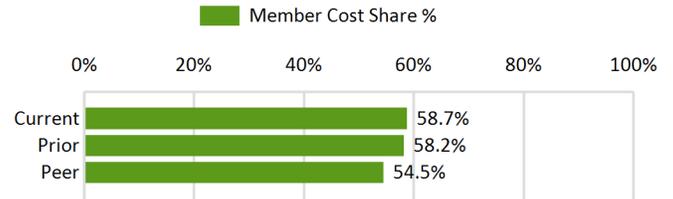
Reporting Period: 01/01/2018 - 12/31/2018

Key Indicators

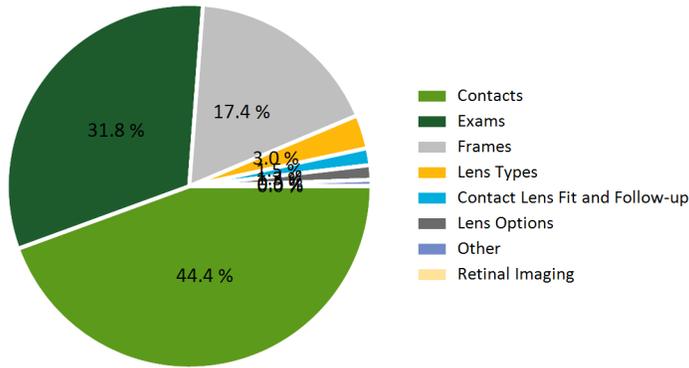
	Current	Prior	% Change	Peer
Average Members	4,754	5,002	-5.0%	---
Average Age	27.9	27.9	0.0%	36.5
Member/Subscriber Ratio	38/62	38/62	---	45/55
Male/Female Ratio	45/55	45/55	---	48/52
% of Members with a Visit	36.1%	36.5%	-0.4%	37.1%
Vision Paid PMPM	\$3.32	\$3.43	-3.2%	\$3.69

Member Cost Share

	Current	Prior	Peer
Mbr. Cost Share PMPM	\$4.72	\$4.78	\$4.42
Plan Paid PMPM	\$3.32	\$3.43	\$3.69



Vision Services Category Cost Drivers



Utilization

% Spend In-Network

97%

% Procedures In-Network

98%

Top 5 Paid Providers

1. Lenscrafters, Opt.
2. Optical, Target Opt.
3. Doe, Jane B O.D.
4. Smith, John A O.D.
5. Optical, Sears Opt.

Top 5 Paid Procedures

1. Routine Exam
2. Contacts, Disposable
3. Frame
4. J&J Annual Contact Supply
5. Single Vision Lens

Utilization Summary by Category

	Members Receiving Procedure	Prevalence %				# of Procedures per 1,000				Vision PMPM				Total Net Paid
		Current	Prior	% Change	Peer	Current	Prior	% Change	Peer	Current	Prior	% Change	Peer	
Exams	1,531	32.2%	31.0%	1.2%	32.0%	574	535	7.3%	547	\$1.05	\$0.95	10.5%	\$1.06	\$60,167
Frames	511	10.7%	12.9%	-2.2%	17.4%	112	131	-14.5%	186	\$0.58	\$0.74	-21.6%	\$0.96	\$33,002
Lens Types	492	10.3%	11.3%	-1.0%	12.3%	127	122	4.1%	145	\$0.10	\$0.11	-9.1%	\$0.22	\$5,662
Lens Options	522	11.0%	12.4%	-1.5%	17.1%	355	307	15.6%	563	\$0.04	\$0.06	-33.3%	\$0.38	\$2,450
Contacts	649	13.7%	13.9%	-0.3%	9.0%	138	142	-2.8%	93	\$1.47	\$1.48	-0.7%	\$0.97	\$84,087
Contact Lens Fit and Follow-up	643	13.5%	13.3%	0.2%	8.3%	139	136	2.2%	87	\$0.05	\$0.09	-44.4%	\$0.09	\$2,837
Retinal Imaging	145	3.1%	2.0%	1.1%	2.6%	31	20	55.0%	27	\$0.00	\$0.00	0.0%	\$0.02	\$76
Other	287	6.0%	7.9%	-1.8%	8.5%	65	85	-23.5%	100	\$0.02	\$0.00	0.0%	\$0.00	\$1,006
Total	---	---	---	---	---	1,541	1,480	4.1%	1,748	\$3.32	\$3.43	-3.2%	\$3.69	\$189,286

For privacy reasons when the number of members receiving a procedure is less than 5, "< 5" will appear rather than the actual member count

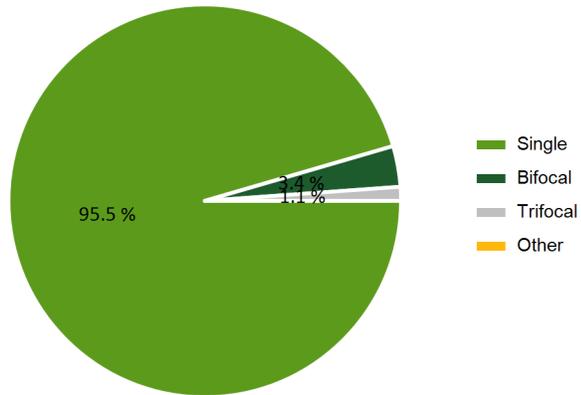
Please note the overall vision utilization and spend patterns may be impacted based on member usage of the frame benefit. Frames are typically only covered once every 24 months, unless the 12 month frame rider benefit has been purchased.



Three of the top Vision Benefit Categories, based on importance to overall vision health, are shown to the right. The pie chart represents the percent of spend attributable to each procedure within the category.

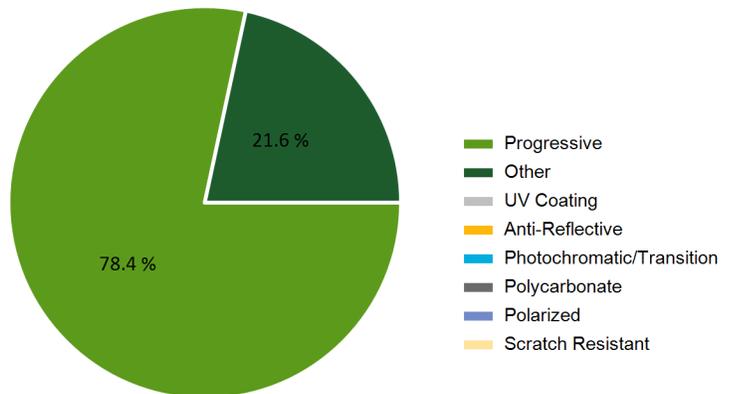
The Lens Type category chart displays the various types of lenses members may need when purchasing glasses and includes types such as Single, Bifocal, and Trifocal. A member's vision needs will determine the type of lenses they will require. Any lens type claims not in one of these categories will fall into the Other category.

Lens Types Category Cost Drivers



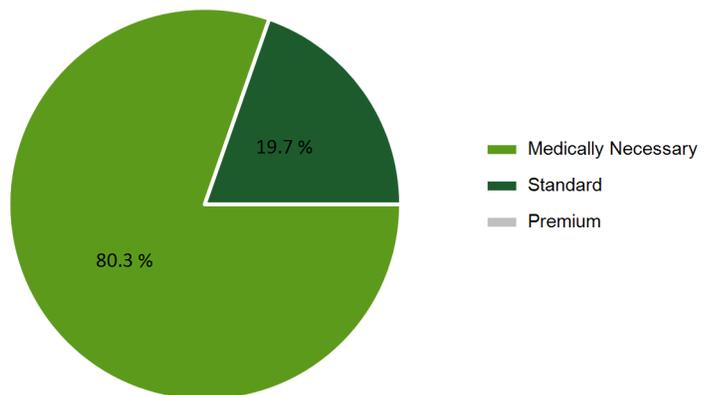
The Lens Options category chart displays the various options available for members to choose when purchasing lenses. These options include features like Progressive, Photochromatic/Transition, Scratch Resistant, UV Coating, Anti-Reflective, Polycarbonate, and Polarized. The preference of each member will impact the types of options they may select. Any claims for a lens option category that is not specified will fall into the Other category.

Lens Options Category Cost Drivers



The Contact Lens Fit and Follow-up chart displays the type of contact lens fit and follow-up members can receive. The three types include Standard, Premium, and Medically Necessary. Each member's specific vision needs will determine the type of fit and follow-up they may need. All claims for contact lens fit and follow-up will be classified into one of these three categories.

Contact Lens Fit and Follow-up Category Cost Drivers





The Membership and Spend Distribution by Age Group table compares the population with the corresponding spend for each age range. This knowledge may be valuable in considering changes in benefit design or contribution strategy.

Membership and Spend Distribution by Age Group

	Period Ending Subs	Period Ending Mbrs	Current Pop %	Prior Pop %	% of Total Spend	
Children	< 3 years	< 5	---	---	---	
	3-18	< 5	10.0%	9.4%	6.5%	
	19-25	198	218	12.7%	12.5%	13.6%
Adult Females	26-44	521	651	37.9%	37.9%	40.5%
	45-64	45	84	4.9%	5.9%	5.0%
	65+	5	5	0.3%	0.2%	0.2%
	19-25	67	87	5.1%	4.8%	5.1%
Adult Males	26-44	308	410	23.9%	23.4%	24.3%
	45-64	59	79	4.6%	5.1%	4.2%
	65+	< 5	< 5	---	---	---

The Claims and Premium Breakout table compares vision spend (paid claims) to the gross premium on a monthly basis, using the incurred month of the claim. In addition, this table displays the number of eligible employees and procedures performed per month.

Claims and Premium Breakout

Incurred Month	Total Employees	Number of Procedures	Paid Claims	Gross Premium
January	3,066	657	\$15,593	\$20,080
February	3,030	609	\$14,853	\$19,834
March	3,011	758	\$19,432	\$19,661
April	2,979	642	\$16,206	\$19,452
May	2,955	545	\$14,357	\$19,399
June	2,915	571	\$16,153	\$19,367
July	2,893	541	\$14,621	\$19,028
August	2,886	589	\$15,116	\$18,985
September	2,878	513	\$15,489	\$18,994
October	2,883	611	\$16,337	\$18,991
November	2,920	564	\$12,150	\$19,156
December	2,896	728	\$18,980	\$19,019

Paid Claims based on the month the claim occurred and not the month the claim was paid in.



Cohort - SAMPLE GROUP (123456)

Reporting Period: 01/01/2018 - 12/31/2018

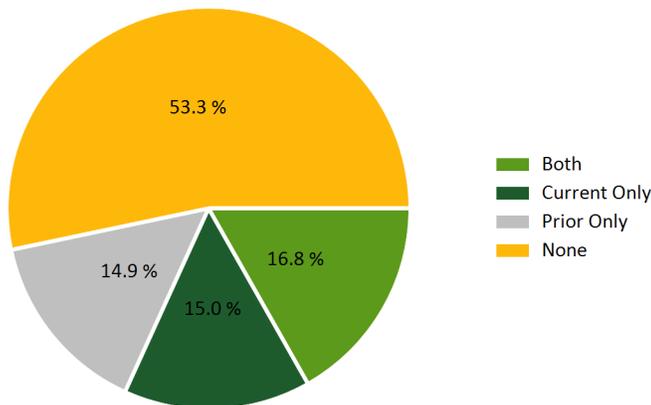
The Cohort page of the report provides insights into the members of your group who have Vision coverage in both the Current and Prior period. Looking at these members provides an opportunity to monitor year-over-year benefit utilization for the same subset of members. Visiting a Vision provider each year provides members the opportunity to stay on top of their vision needs while increasing the opportunity for early identification of potential vision concerns.

Cohort Key Indicators

	Current	Prior	% Change
Total Members	4,537	4,537	0.0%
Average Age	29.0	28.0	3.6%
Member/Subscriber Ratio	38/62	37/63	---
Male/Female Ratio	45/55	45/55	---
% of Members with a Visit	31.8%	31.7%	0.1%
Vision Paid PMPM	\$3.25	\$3.33	-2.2%

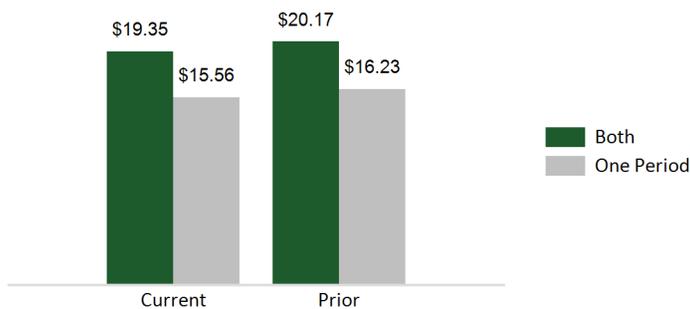
95% of your group's membership is part of the cohort population. Your cohort population tends to be older than your overall population and has a lower percentage of members with a visit compared to your overall population. In addition, the Vision Paid PMPM for the cohort decreased in the Current period from \$3.33 to \$3.25.

Cohort Member Snapshot



When looking at your total cohort population, 16.8% visited a Vision provider in both the Current and Prior periods, while 15% had a visit in only the Current period. Find ways to encourage these members to continue visiting a Vision provider each year, while also encouraging the 68.2% of cohort members who did not have a visit in the Current period to begin visiting a Vision provider.

Cohort Member PMPM



The cohort population that visited a Vision provider in both the Current and Prior period saw a decrease in Vision Paid PMPM year-over-year. When looking at the Current period, those members with a visit in the Current period only (no visit in the Prior period) had a lower Vision Paid PMPM compared to the members with a visit in both the Current and Prior periods.

Please note the overall vision utilization and spend patterns may be impacted based on member usage of the frame benefit. Frames are typically only covered once every 24 months, unless the 12 month frame rider benefit has been purchased.



Understanding utilization trends and associated costs will help you steer member vision behavior patterns by educating members or making plan changes that encourage members to seek appropriate care.

Member Snapshot

The male/female ratio did not change from the prior period 45/55.

Your group's current average age of 27.9 remained the same as the prior period.

The group's average age of 27.9 is 8.6 years younger than the peer.

Adult Females 26-44 make up the majority of the spend, accounting for 40.5% of the total cost, while representing 37.9% of the membership.

It is preferable to see a higher percentage of members with visits, as this is typically a good indicator that members are receiving needed services.

Plan/Member Cost Share

Plan/Member cost share is 41/59.

Your member cost share decreased less than 1 percentage point from the prior period.

Your member cost share of 58.7% is 4 percentage points higher than the peer.

As you consider future plan changes, keep in mind the plan/member cost share and how it may be impacted.

Prevalence

Exams services account for the largest portion of utilization at 32.2%. Contacts (13.7%) and Contact Lens Fit and Follow-up (13.5%) complete the Top 3 most prevalent service categories.

Your exam services PMPM increased by 10.5% from \$0.95 to \$1.05.

The % of members receiving exam services increased 1.2 percentage points from the prior period.

Your group's % of members receiving exam services is 0 percentage points higher than the Humana National Peer.

Plan Spend and Utilization

Vision spend decreased by 3.2%, from \$3.43 to \$3.32.

97% of your spend and 98% of your procedures used in-network providers.

Your group's top 3 most prevalent procedures account for 78% of your total spend, compared to 57% for the peer. In the prior year, these same 3 procedures accounted for 73% of total spend.

Your group's % of members with a vision visit is 1 percentage points less than the Humana National Peer.

The month of March had the highest paid claims for the period, which totaled \$19,432.



Average Age

The average age of all active members at the end of the reporting period.

Cohort

Members who have Vision coverage in both the Current and Prior period.

Contacts

One of the categories vision utilization is broken down into; a lens placed directly on the eye for the purpose of correcting vision.

Contact Lens Fit and Follow-up

One of the categories vision utilization is broken down into; a visit to a vision provider to check the fit of contact lenses.

Exams

One of the categories vision utilization is broken down into; a visit to a vision provider for the purpose of caring for vision and overall health that includes checking for new or existing vision problems and to determine if vision correction is needed.

Frames

One of the categories vision utilization is broken down into; the portion of a pair of glasses that hold the lenses in place.

Incurred Month

The month a claim occurred.

Lens Options

One of the categories vision utilization is broken down into; the various types of enhancements and modifications that can be made to the lenses in a pair of glasses, such as UV coating, anti-reflective, scratch resistant, etc.

Lens Types

One of the categories vision utilization is broken down into; the various types of lenses that can be used in a pair of glasses to correct vision, such as single, bifocal, or trifocal.

Member Cost Share

The amount of the claim expense that is paid by the plan member.

PMPM

Per Member Per Month.



Prevalence

The number of members receiving a procedure within a specific category divided by the average number of members active at the end of each month during the reporting period and expressed as a percentage.

Procedure

Services a member receives as part of a visit to a vision provider.

Retinal Imaging

One of the categories vision utilization is broken down into; a picture taken of the back of the eye to provide an image of the retina, optic disk, and blood vessels in the eye in order to assist the vision provider in evaluating eye health.

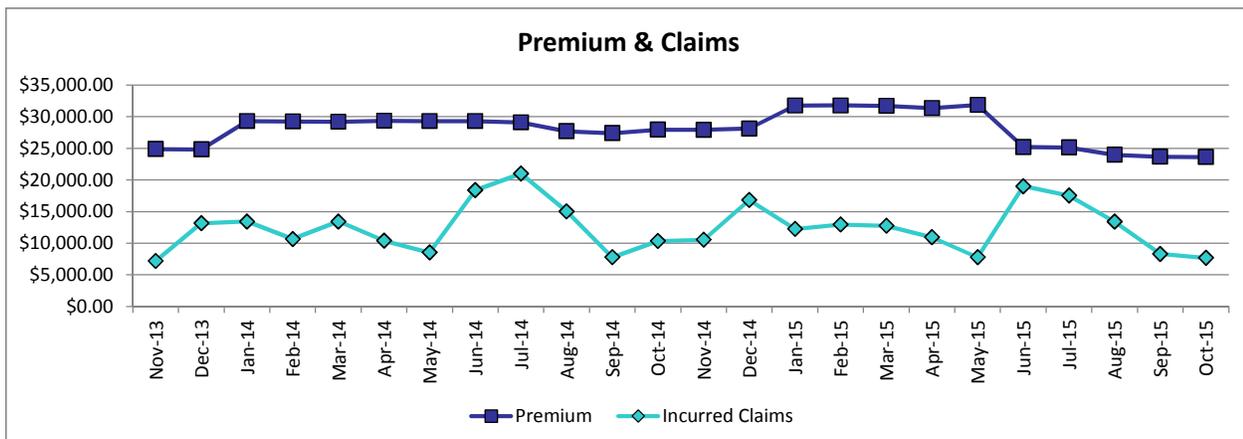
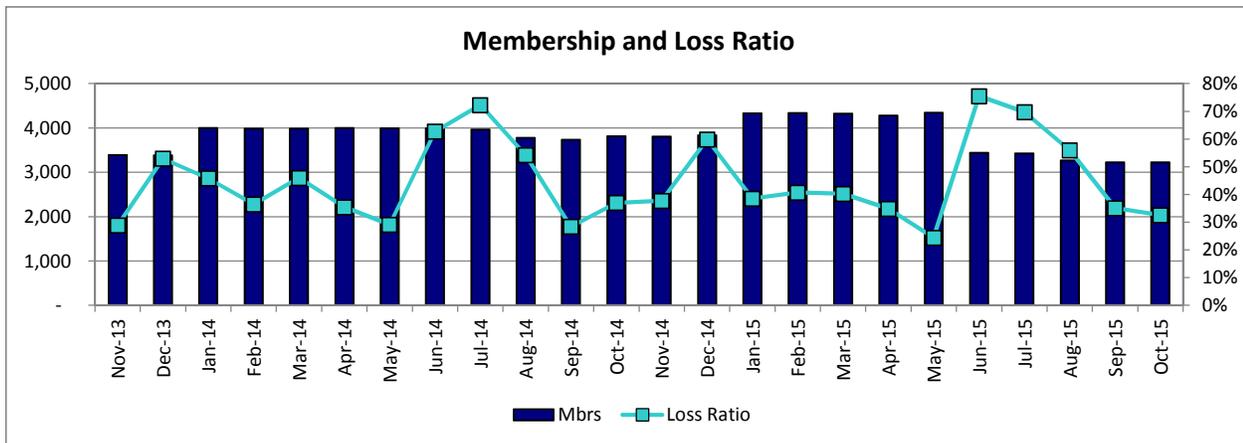
Utilization/1,000

Number of procedures received per 1000 plan members, calculated on a yearly basis.

Vision Claims and Membership

Sample Group (#)
11/1/2013 - 10/31/2015

Date	Subs	Mbrs	Premium	Paid Claims	Incurred Claims	Loss Ratio
Nov-13	1,997	3,392	\$24,863.36	\$7,518.85	\$7,181.77	29%
Dec-13	1,992	3,385	\$24,812.05	\$9,494.96	\$13,138.22	53%
Jan-14	2,294	3,997	\$29,298.01	\$16,823.89	\$13,426.08	46%
Feb-14	2,290	3,988	\$29,232.04	\$10,481.89	\$10,660.67	36%
Mar-14	2,287	3,982	\$29,188.06	\$12,386.28	\$13,421.83	46%
Apr-14	2,291	4,002	\$29,334.66	\$11,733.14	\$10,385.31	35%
May-14	2,293	3,995	\$29,283.35	\$8,424.67	\$8,535.81	29%
Jun-14	2,295	3,995	\$29,283.35	\$16,738.30	\$18,363.22	63%
Jul-14	2,273	3,965	\$29,063.45	\$18,006.60	\$21,009.08	72%
Aug-14	2,171	3,774	\$27,663.42	\$17,034.60	\$14,999.85	54%
Sep-14	2,148	3,732	\$27,355.56	\$9,041.84	\$7,764.67	28%
Oct-14	2,186	3,813	\$27,949.29	\$11,377.91	\$10,337.81	37%
Nov-14	2,191	3,807	\$27,905.31	\$10,392.22	\$10,519.38	38%
Dec-14	2,207	3,834	\$28,103.22	\$13,336.92	\$16,833.01	60%
Jan-15	2,488	4,331	\$31,746.23	\$15,287.70	\$12,228.92	39%
Feb-15	2,491	4,335	\$31,775.55	\$12,867.84	\$12,936.78	41%
Mar-15	2,492	4,322	\$31,680.26	\$12,867.16	\$12,750.92	40%
Apr-15	2,495	4,278	\$31,357.74	\$11,346.04	\$10,938.89	35%
May-15	2,490	4,342	\$31,826.86	\$7,792.40	\$7,759.21	24%
Jun-15	2,064	3,436	\$25,185.88	\$16,546.36	\$19,008.26	75%
Jul-15	2,061	3,424	\$25,097.92	\$18,464.33	\$17,506.27	70%
Aug-15	1,961	3,270	\$23,969.10	\$13,071.42	\$13,401.19	56%
Sep-15	1,914	3,227	\$23,653.91	\$9,772.12	\$8,295.55	35%
Oct-15	1,911	3,222	\$23,617.26	\$7,390.70	\$7,684.52	33%
Total	53,282	91,848	\$673,245.84	\$298,198.14	\$299,087.23	44%
Last 12 Months	26,765	45,828	\$335,919.24	\$149,135.21	\$149,862.92	45%
Prior 12 Months	26,517	46,020	\$337,326.60	\$149,062.93	\$149,224.31	44%



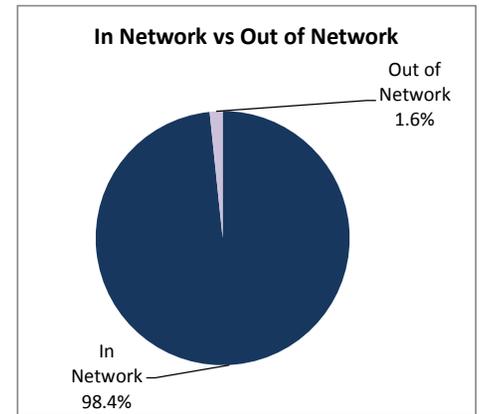
Vision Claims by Provider

Sample Group (#)

Claims Paid 11/1/2014 - 10/31/2015

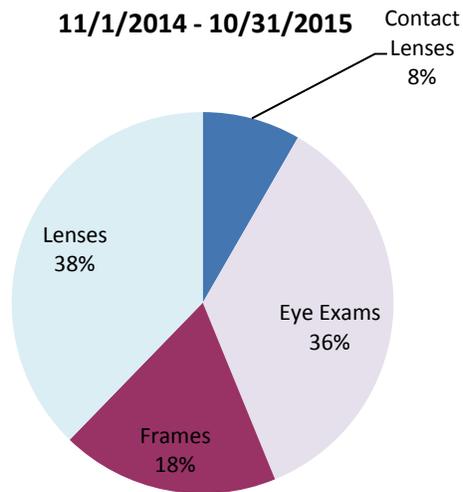


InNetwork	Tax ID	Provider Name	Address	City	County	State	Zip	Claim Count
In Network	201896795	Gulf Coast Vision Ctr inc	460 E Nine Mile Rd	Pensacola	Escambia	FL	32514	288
In Network	300502958	Sight & Sun Eyeworks	5101 N Davis Hwy Ste A	Pensacola	Escambia	FL	32503	163
In Network	200097501	Lenscrafters	Cordova mall, 5100 N 9th Ave	Pensacola	Escambia	FL	32504	154
In Network	593224885	James W Andrews OD	5062 Mobile Hwy	Pensacola	Escambia	FL	32506	113
In Network	202363671	Sight & Sun Eyeworks of perpid	12591 Sorrento Rd Ste B	Pensacola	Escambia	FL	32507	106
In Network	311339854	Lenscrafters	Cordova mall, 5100 N 9th Ave	Pensacola	Escambia	FL	32504	92
In Network	311339854	Sears Optical	University mall, 7171 N Davis Hwy	Pensacola	Escambia	FL	32504	85
In Network	593566106	Sears Optical	University mall, 7171 N Davis Hwy	Pensacola	Escambia	FL	32504	81
In Network	592989621	Gene Terrezza OD And associate	113 Palafox Pl	Pensacola	Escambia	FL	32502	74
In Network	592124469	F Donald Colley OD pa	2105 Town St	Pensacola	Escambia	FL	32505	62
In Network	592989621	Gene Terrezza OD & associates	800 N Fairfield Dr	Pensacola	Escambia	FL	32506	59
In Network	592343764	Douglas K Boyd OD	2400 W Michigan Ave Ste 27	Pensacola	Escambia	FL	32526	56
In Network	593674731	Woodbine Eye Care Pa	5389 Woodbine Rd	Milton	Santa Rosa	FL	32571	48
In Network	383708773	Dr Jennifer Ham Major & assoc	2256 W Nine Mile Rd Ste B	Pensacola	Escambia	FL	32534	41
In Network	208103877	Coastal Family Eyecare Inc	4469 Mobile Hwy Ste B	Pensacola	Escambia	FL	32506	29
In Network	593037958	Center For Sight Of nw fl	6190 N Davis Hwy	Pensacola	Escambia	FL	32504	26
In Network	201006997	Gulf Breeze Family Eyecare inc	876 Gulf Breeze Pkwy	Gulf Breeze	Santa Rosa	FL	32561	23
In Network	454758764	Pensacola Vision Center Inc	6601 N Davis Hwy Ste 1B	Pensacola	Escambia	FL	32504	22
In Network	593425967	Joslin Family Eyecare Of pace	4377 Woodbine Rd	Milton	Santa Rosa	FL	32571	21
In Network	592989621	Gene Terrezza OD And associate	5593 Stewart St	Milton	Santa Rosa	FL	32570	13
In Network	593509050	The Glasses Store	6190 N Davis Hwy	Pensacola	Escambia	FL	32504	13
In Network	593458223	Navarre Family Eye Care	8050 Navarre Pkwy	Navarre	Santa Rosa	FL	32566	12
In Network	208322862	Dr John T Cooper	212 S Main St	Atmore	Escambia	AL	36502	12
In Network	751336810	JC Penney Optical	7171 N Davis Hwy Ste 8220	Pensacola	Escambia	FL	32504	11
In Network	453636791	Mills Eye & Facial surgery	1300 Shoreline Dr Ste 104	Gulf Breeze	Santa Rosa	FL	32561	7
In Network	593245852	Mh Vision Services Inc	5328 N Davis Hwy	Pensacola	Escambia	FL	32503	5
In Network	593509050	The Glasses Store	4427 Highway 90	Milton	Santa Rosa	FL	32571	5
In Network	631048148	Bay Eyes Cataract & laser ctr	1624 N McKenzie St	Foley	Baldwin	AL	36535	5
In Network	311339854	Lenscrafters	2601 S McKenzie St Ste 234	Foley	Baldwin	AL	36535	4
In Network	463151136	Lenscrafters	2601 S McKenzie St Ste 234	Foley	Baldwin	AL	36535	4
In Network	593509050	The Glasses Store	3577 Gulf Breeze Pkwy	Gulf Breeze	Santa Rosa	FL	32563	4
In Network	464341895	Myeyedr	1014 Northside Dr E	Statesboro	Bulloch	GA	30458	3
In Network	454848122	Berryhill Optometry	6096 Berryhill Rd	Milton	Santa Rosa	FL	32570	3
In Network	631143065	Baldwin Eye Clinic	27900 N Main St Ste 1	Daphne	Baldwin	AL	36526	3
In Network	593037958	Center For Sight Of nw fl	3577 Gulf Breeze Pkwy	Gulf Breeze	Santa Rosa	FL	32563	3
In Network	631263061	Eastern Shore Eye Care	118 Lottie Ln	Fairhope	Baldwin	AL	36532	3
In Network	510640600	Baldwin Eye Clinic	1811 Hand Ave	Bay Minette	Baldwin	AL	36507	2
In Network	593361377	Lange Eye Care & associates	3968 SW Archer Rd	Gainesville	Alachua	FL	32608	2
In Network	261513307	Jay Vision Center	14088 Alabama St	Jay	Santa Rosa	FL	32565	2
In Network	593526387	Starling Eye Group	4635 NW 53rd Ave Ste 202	Gainesville	Alachua	FL	32653	2
In Network	273563079	Target Optical	325 N Alafaya Trl	Orlando	Orange	FL	32828	1
In Network	311339854	Target Optical	325 N Alafaya Trl	Orlando	Orange	FL	32828	1
In Network	522107690	The Eye Ctr Of north florida	2500 Martin Luther King BLV	Panama City	FL	32405	1	
In Network	591617237	The Hour Glass Inc	1433 E Lafayette St	Tallahassee	Leon	FL	32301	1
In Network	631159628	William McInnish OD	2003 Medical Center Dr	Bay Minette	Baldwin	AL	36507	1
In Network	592976358	Michael A Fregger OD	17 Racetrack Rd NW Ste A	Fort Walton Beach	Okaloosa	FL	32547	1
In Network	201896795	Gulf Coast Vision Center	2491 S Ferdon Blvd	Crestview	Okaloosa	FL	32536	1
In Network	900028936	JC Penney Optical	7171 N Davis Hwy Ste 8220	Pensacola	Escambia	FL	32504	1
In Network	460598300	Kyle Vision Pllc	5167 Kyle Center Dr Ste 103	Kyle	Hays	TX	78640	1
In Network	311339854	Lenscrafters	Biltmore square mall, 27 Schenck Pkwy Ste 140	Asheville	Buncombe	NC	28803	1
		All Other Network Providers	Multiple	Multiple	Multiple	Multiple	Multiple	9
Out of Network	999999999	Out of Network Providers	Multiple	Multiple	Multiple	Multiple	Multiple	28
Total								1,708



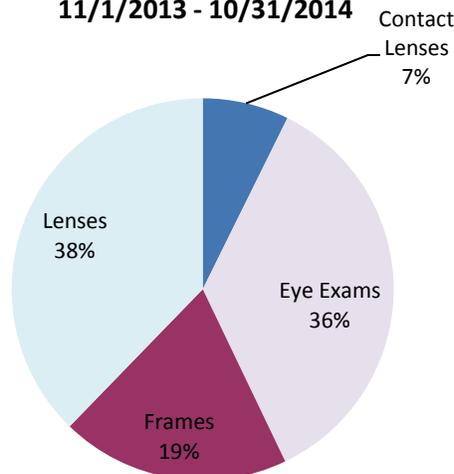
Vision Services
Sample Group (#)

Services Paid
11/1/2014 - 10/31/2015



Category	Service	Service Count
Contact Lenses	Contact Lenses	274
Eye Exams	Eye Exam - Established Patient	781
Eye Exams	Eye Exam - New Patient	388
Frames	Frames	608
Lenses	Bifocal Lens	224
Lenses	Single Lens	492
Lenses	Trifocal/Progressive Lens	528

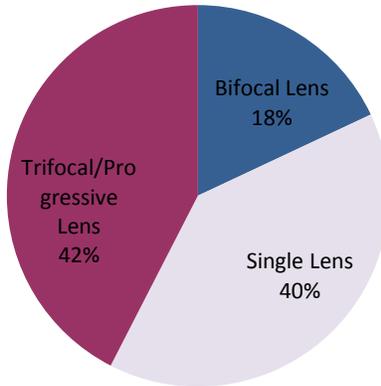
Services Paid
11/1/2013 - 10/31/2014



Category	Service	Service Count
Contact Lenses	Contact Lenses	246
Eye Exams	Eye Exam - Established Patient	789
Eye Exams	Eye Exam - New Patient	404
Frames	Frames	650
Lenses	Bifocal Lens	177
Lenses	Single Lens	547
Lenses	Trifocal/Progressive Lens	543

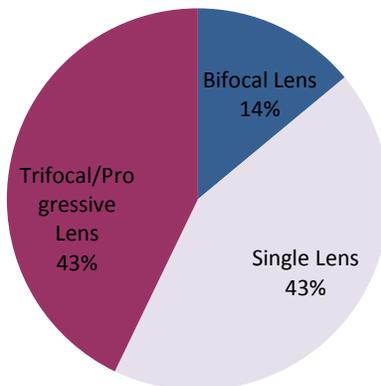
Vision Lens Types
Sample Group (#)

Lens Types Paid
11/1/2014 - 10/31/2015



Lens Type	Service Count
Bifocal Lens	224
Single Lens	492
Trifocal/Progressive Lens	528

Lens Types Paid
11/1/2013 - 10/31/2014



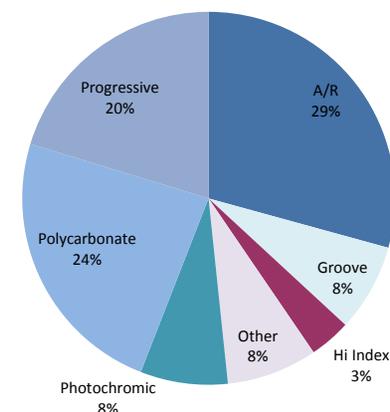
Lens Type	Service Count
Bifocal Lens	177
Single Lens	547
Trifocal/Progressive Lens	543

Vision Lens Options by Number of Services

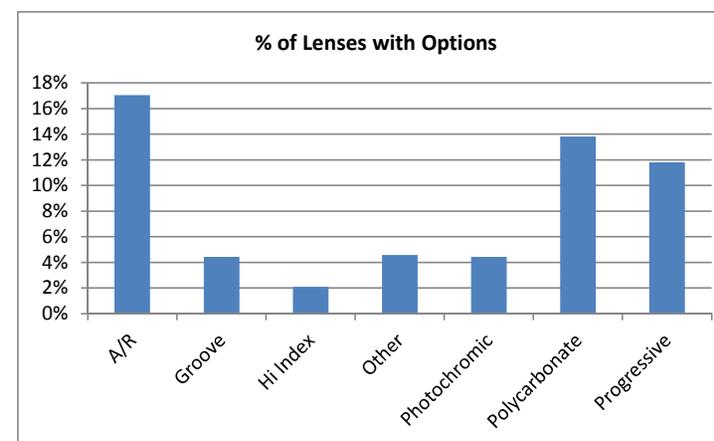
Sample Group (#)
Claims Paid 11/1/2014 - 10/31/2015

Procedure	Description	Category	Services
B2A	Polycarbonate Adult	Polycarbonate	113
P0ECAV	Crizal Avance UV	A/R	47
B1A	Polycarbonate Adult	Polycarbonate	43
X4	Groove	Groove	42
L4VC	Varilux New Comfort	Progressive	31
R2SAR	Standard AR	A/R	25
P4ECEZ	Crizal Easy UV	A/R	22
L6VPE	Varilux Physio Enhanced	Progressive	22
R1SAR	Standard AR	A/R	21
P9ECAV	Crizal Avance UV	A/R	20
PHBPMF	Plastic B: Transitions, PhotoViews, LifeRx, ChangeRx, Colormatic	Photochromic	19
L5EDF	Definity	Progressive	19
R2ESP	Sharpview Plus	A/R	16
PHPEMF	Plastic E: Transitions Signature VII, Transitions Graphite Green	Photochromic	15
R1ESP	Sharpview Plus	A/R	15
X2	Roll and Polish/Polish edges/edge coating	Other	14
X3	Groove	Groove	13
X6	Drill and/or Notch	Other	11
L5VCE	Varilux new Comfort Enhanced	Progressive	11
P3ECEZ	Crizal Easy UV	A/R	11
PHBBSV	Plastic B: Transitions, PhotoViews, LifeRx, ChangeRx, Colormatic	Photochromic	10
P8ECAZ	Crizal Alize UV	A/R	9
L5VP	Varilux Physio	Progressive	8
IECP2	Crizal Previncia	A/R	8
H6	Hi-index 1.67 - 1.70	Hi Index	7
ECKUV	Polycarbonate (Crizal AR is automatically included)	Polycarbonate	7
H4	Trivex/Triology/Phoenix/TREXA	Hi Index	6
L5EDFS	Definity Short	Progressive	6
L11VSF	Varilux S Fit	Progressive	6
L8VPEF	Varilux Physio Enhanced Fit	Progressive	5
P7ECAZ	Crizal Alize UV	A/R	5
PHPCMF	Plastic C: XTRActive	Photochromic	5
PHX2	Phoenix	Other	5
T2	Solid tint (exclude pink & rose)	Other	5
X1	Roll and Polish/Polish edges/edge coating	Other	4
PHPEVS	Plastic E: Transitions Signature VII, Transitions Graphite Green	Photochromic	4
L4HSE	Hoya Summit ECP	Progressive	4
F7	Polarized polycarbonate	Polycarbonate	4
IECP1	Crizal Previncia	A/R	4
H5	Hi-index 1.67 - 1.70	Hi Index	3
L2ENAT	Essilor Natural	Progressive	3
L5VCD	Varilux Comfort DRx™	Progressive	3
N1	(Aspheric) Hi-index 1.71-1.74	Hi Index	3
P0HEX3	Hoya Supervision HiVision EX3	A/R	3
L6EDF3	Definity 3	Progressive	3
T1	Solid tint (exclude pink & rose)	Other	3
XPUV2	Xperio UV (Crizal backside AR is automatically included)	Other	3
Z1	Oversize 61 and above	Other	2
U2	Ultraviolet Coating	Other	2
XPUV1	Xperio UV (Crizal backside AR is automatically included)	Other	2
L5VPSD	Varilux Physio Short DRx	Progressive	2
L5VCS	Varilux Comfort Short DRx™	Progressive	2
S1	Factory Scratch Resistant Coating	Other	2

Lens Options



% of Lenses with Options



Vision Lens Options by Number of Services

Sample Group (#)
Claims Paid 11/1/2014 - 10/31/2015

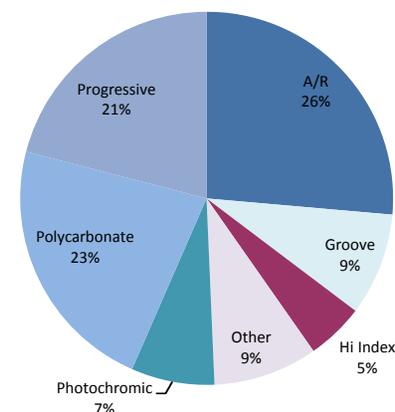
Procedure	Description	Category	Services
S2	Factory Scratch Resistant Coating	Other	2
PHPDMF	Plastic D: Transitions Vantage	Photochromic	2
P8HSHV	Hoya Super HiVision	A/R	2
L4EAC	Essilor Accolade	Progressive	2
L4VCDR	Varilux New Comport DRX	Progressive	2
L4VCS	Varilux New Comport S	Progressive	2
L3HGPW	Hoyalux GP Wide	Progressive	2
F8	Polarized polycarbonate	Polycarbonate	2
H3	Trivex/Trilogy/Phoenix/TREXA	Hi Index	2
E3	(Aspheric) Polycarbonate	Polycarbonate	2
I2	Hi-index 1.60-1.66	Hi Index	2
K11	Polycarbonate	Polycarbonate	1
K13	Hi-index 1.67	Hi Index	1
K23	Hi-index 1.67	Hi Index	1
F5	Polarized mid/hi-index	Hi Index	1
L3RCL	Rodenstock Classic Life	Progressive	1
L2HGP	Hoyalux GP	Progressive	1
L3EOD	Essilor Ovation Digital	Progressive	1
L1EADP	Essilor Adaptar	Progressive	1
L1SN	S/A Navigator	Progressive	1
L1YIMG	Younger Image	Progressive	1
L2EAD	Essilor Adaptar Digital	Progressive	1
L4VCSD	Varilux New Comfort SDRX	Progressive	1
L4HSC	Hoya Summit CD	Progressive	1
P7HSHV	Hoya Super HiVision	A/R	1
L5VE	Varilux® Ellipse®	Progressive	1
L5VPD	Varilux Physio DRx	Progressive	1
L5VPS	Varilux Physio Short	Progressive	1
L8EDFP	Definity 3 Plus	Progressive	1
L8HDLCL	Hoya iD LifeStyle Clarity	Progressive	1
P4HHVP	Hoya HiVision with View Protect	A/R	1
P6HHV	Hoya HiVision	A/R	1
P0HRC	Hoya Recharge	A/R	1
V1	Mirror coating solid or gradient	Other	1
Z2	Oversize 61 and above	Other	1

Vision Lens Options by Number of Services

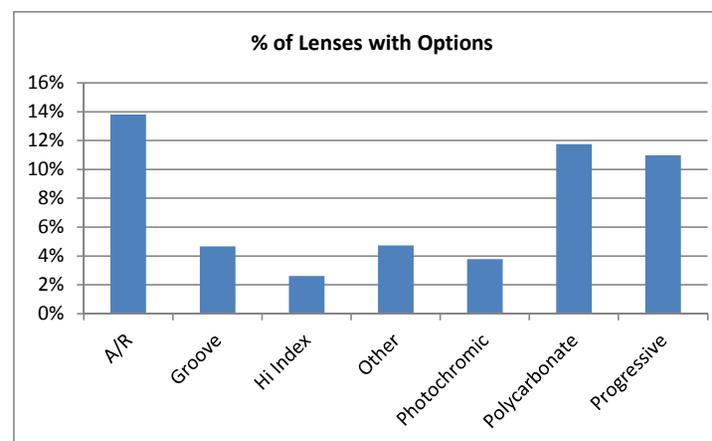
Sample Group (#)
Claims Paid 11/1/2013 - 10/31/2014

Procedure	Description	Category	Services
B2A	Polycarbonate Adult	Polycarbonate	104
P0ECAV	Crizal Avance UV	A/R	62
X4	Groove	Groove	45
B1A	Polycarbonate Adult	Polycarbonate	36
L4VC	Varilux New Comfort	Progressive	26
P4ECEZ	Crizal Easy UV	A/R	25
PHBMBF	Plastic B: Transitions, PhotoViews, LifeRx, ChangeRx, Colormatic	Photochromic	24
L6VPE	Varilux Physio Enhanced	Progressive	22
L5VCE	Varilux new Comfort Enhanced	Progressive	20
L5EDF	Definity	Progressive	19
P9ECAV	Crizal Avance UV	A/R	18
R2SAR	Standard AR	A/R	16
X3	Groove	Groove	14
L5VP	Varilux Physio	Progressive	14
X2	Roll and Polish/Polish edges/edge coating	Other	13
P3ECEZ	Crizal Easy UV	A/R	12
A6	Other photochromics (non-glass material Transitions, Sunsensor, XTRActive, etc.)	Photochromic	12
H6	Hi-index 1.67 - 1.70	Hi Index	12
P8ECAZ	Crizal Alize UV	A/R	11
X6	Drill and/or Notch	Other	11
T2	Solid tint (exclude pink & rose)	Other	8
R1ESP	Sharpview Plus	A/R	7
H3	Trivex/Trilogy/Phoenix/TREXA	Hi Index	7
H4	Trivex/Trilogy/Phoenix/TREXA	Hi Index	7
L4VCS	Varilux New Comfort S	Progressive	6
R1SAR	Standard AR	A/R	6
L8VPEF	Varilux Physio Enhanced Fit	Progressive	6
PHBBSV	Plastic B: Transitions, PhotoViews, LifeRx, ChangeRx, Colormatic	Photochromic	6
R2ESP	Sharpview Plus	A/R	5
L4VCDR	Varilux New Comfort DRX	Progressive	5
A5	Other photochromics (non-glass material Transitions, Sunsensor, XTRActive, etc.)	Photochromic	5
F7	Polarized polycarbonate	Polycarbonate	3
F8	Polarized polycarbonate	Polycarbonate	3
L3EOD	Essilor Ovation Digital	Progressive	3
T1	Solid tint (exclude pink & rose)	Other	3
P6KCL	Kodak CleAR	A/R	3
L5EDFS	Definity Short	Progressive	3
XPUV1	Xperio UV (Crizal backside AR is automatically included)	Other	3
Z1	Oversize 61 and above	Other	3
P7ECAZ	Crizal Alize UV	A/R	2
P5HHV	Hoya HiVisionN	A/R	2
PHX1	Phoenix	Other	2
PHX2	Phoenix	Other	2
P0HEX3	Hoya Supervision HiVision EX3	A/R	2
T6	Gradient tint	Other	2
U2	Ultraviolet Coating	Other	2
X1	Roll and Polish/Polish edges/edge coating	Other	2
X5	Drill and/or Notch	Other	2
L1SNS	S/A Navigator Short	Progressive	2
L4VE	Varilux Ellipse	Progressive	2
H5	Hi-index 1.67 - 1.70	Hi Index	2
I1	Hi-index 1.60-1.66	Hi Index	2
F3	Polarized plastic	Other	2

Lens Options



% of Lenses with Options



Includes options from in-network labs only.

Vision Lens Options by Number of Services

Sample Group (#)
Claims Paid 11/1/2013 - 10/31/2014

Procedure	Description	Category	Services
F4	Polarized plastic	Other	2
E3	(Aspheric) Polycarbonate	Polycarbonate	1
E4	(Aspheric) Polycarbonate	Polycarbonate	1
ECKUV	Polycarbonate (Crizal AR is automatically included)	Polycarbonate	1
I2	Hi-index 1.60-1.66	Hi Index	1
IECP2	Crizal Previncia	A/R	1
IECSP1	Crizal Sapphire UV	A/R	1
H10	Hi-index 1.71-1.74	Hi Index	1
L4VCSD	Varilux New Comfort SDRX	Progressive	1
L5VPS	Varilux Physio Short	Progressive	1
L6HAR	Hoyalux Array	Progressive	1
L6HLID	Hoya iD Lifestyle	Progressive	1
L6VP3	Varilux Physio 360	Progressive	1
L1VOU	Vision Ease Outlook	Progressive	1
L1YIMG	Younger Image	Progressive	1
L2KC	Kodak Concise	Progressive	1
L3KP	Kodak Precise	Progressive	1
L4HSC	Hoya Summit CD	Progressive	1
S2	Factory Scratch Resistant Coating	Other	1
L5HS	Shamir Spectrum	Progressive	1
N1	(Aspheric) Hi-index 1.71-1.74	Hi Index	1
P3HHVP	Hoya HiVision with View Protect	A/R	1
P0ECS	Crizal SunShield UV	A/R	1
Z2	Oversize 61 and above	Other	1
XPUV2	Xperio UV (Crizal backside AR is automatically included)	Other	1
XPUVM1	Xperio UV Mirrors (Crizal backside AR is automatically included)	Other	1
XT6	OTHER PHOTOCHROMICS (XTRACATIVE)	Photochromic	1

FL

Alachua County

1. ALACHUA FAMILY EYE CARE
16181 NW US HWY 441, ALACHUA, FL 32615
Phone: 3527921610

2. UNIVERSITY OPTICIANS
300 SW 4TH AVE, GAINESVILLE, FL 32601
Phone: 3523784480

3. NORTH FLORIDA CATARACT SPEC
4313 NW 8TH AVENUE, GAINESVILLE, FL 32605
Phone: 3523734300

4. PEARLE VISION
6405 NEWBERRY RD, GAINESVILLE, FL 32605
Phone: 3523316321

5. LENS CRAFTERS
6419 W NEWBERRY RD, GAINESVILLE, FL 32605
Phone: 3523320744

6. JCPENNEY OPTICAL
6481 W NEWBERRY RD, GAINESVILLE, FL 32605
Phone: 3523328643

7. SUPER OPTICAL EXPRESS
6757 WEST NEWBERRY ROAD, GAINESVILLE, FL 32605
Phone: 3523312040

8. QUINN EYE CENTER
817 NW 56TH TER, GAINESVILLE, FL 32605
Phone: 3523317771

9. GAINESVILLE VISION
2677 SW 87TH DRIVE, GAINESVILLE, FL 32608
Phone: 3524483932

10. MYEYEDR
3968 SOUTHWEST ARCHER RD, GAINESVILLE, FL 32608
Phone: 3523766622

11. TARGET OPTICAL
3970 SW ARCHER RD, GAINESVILLE, FL 32608
Phone: 3525193215

12. STARLING EYE GROUP
4635 NW 53RD AVE, GAINESVILLE, FL 32653
Phone: 3523339971

13. LA TOUR EYE CARE
23352 WEST HWY 27, HIGH SPRINGS, FL 32643
Phone: 3864540700

14. NORTH FLORIDA CATARACT SPEC LST
12921 SW FIRST RD, NEWBERRY, FL 32669
Phone: 3523331186

15. TOWN AND COUNTRY EYE CARE
25340 NEWBERRY RD, NEWBERRY, FL 32669
Phone: 3524746555

Baker County

16. BAKER VISION CARE
31 S 6TH ST, MACCLENNY, FL 32063
Phone: 9042596259

17. ROBERT L PHILLIPS OD PA
534 S 5TH STREET, MACCLENNY, FL 32063
Phone: 9042596797

Bay County

18. ACADEMY OF EYE CARE
826 HARRISON AVE, PANAMA CITY, FL 32401
Phone: 8507691404

19. AMERICAS BEST
1000 E 23RD ST, PANAMA CITY, FL 32405
Phone: 8508721200

20. MULLIS EYE INSTITUTE
1600 JENKS AVE, PANAMA CITY, FL 32405
Phone: 8507636666

21. BAY VISION CENTER
1611 LISENBY AVE, PANAMA CITY, FL 32405
Phone: 8509130000

22. EMERALD COAST EYE CARE
1714 W 23RD ST, PANAMA CITY, FL 32405
Phone: 8502159101

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FL

23. THE EYE CTR OF NORTH FLORIDA
2500 MARTIN LUTHER KING JR BLV, PANAMA CITY, FL 32405
Phone: 8507843937

24. EYE CENTER OF NORTH FLORIDA
10900 HUTCHISON BLVD, PANAMA CITY BEACH, FL 32407
Phone: 8502341829

25. PEARLE VISION
11570 PANAMA CITY BEACH PKWY, PANAMA CITY BEACH, FL 32407
Phone: 8502304433

26. THE EYE GALLERY
700 PIER PARK DR, PANAMA CITY BEACH, FL 32413
Phone: 8502308350

Bradford County

27. LEONARD SCHLOFMAN OD
1105 S WALNUT, STARKE, FL 32091
Phone: 9049648076

Brevard County

28. HOWARD BOLOS OD
113 MARYLAND AVE, COCOA, FL 32922
Phone: 3216364422

29. VISIONARY OPTOMETRY INC
1941 MICHIGAN AVE, COCOA, FL 32922
Phone: 3216383931

30. PORT ST JOHN EYE CARE
3720 CURTIS BLVD, COCOA, FL 32927
Phone: 3216390910

31. DAVID HENDRIX OD
503 NORTH ORLANDO AVE, COCOA BEACH, FL 32931
Phone: 3217832002

32. EYE CARE ASSOC OF BREVARD
2229 W NEW HAVEN AVE, MELBOURNE, FL 32901
Phone: 3217266551

33. BREVARD VISION CARE
2420 S BABCOCK ST, MELBOURNE, FL 32901
Phone: 3217254755

34. BREVARD EYE CENTER
665 S APOLLO BLVD, MELBOURNE, FL 32901
Phone: 3219843200

35. GULF COAST OPTOMETRY
928 W NEW HAVE AVE, MELBOURNE, FL 32901
Phone: 3217284988

36. AMERICAS BEST
71541 W NEW HAVEN AVE, MELBOURNE, FL 32904
Phone: 3213395002

37. NATIONWIDE INSIDE OF JCPENNEY
1700 W NEW HAVEN AVE, MELBOURNE, FL 32904
Phone: 3217278807

38. LENSRAFTERS
1813 W NEW HAVEN AVE, MELBOURNE, FL 32904
Phone: 3219512020

39. FRANK MORREALE OD
1950 N WICKHAM RD, MELBOURNE, FL 32935
Phone: 3217525454

40. VISION MAXX OF BREVARD
2330 N WICKHAM RD, MELBOURNE, FL 32935
Phone: 3212422424

41. MICHAEL K GROFIK OD PA
278 N WICKHAM RD, MELBOURNE, FL 32935
Phone: 3212539228

42. EYE CARE ASSOC OF BREVARD PA
3200 N WICKHAM RD, MELBOURNE, FL 32935
Phone: 3212533550

43. 20/20 EYEGLOSS SUPER STORE
785 N WICKHAM RD, MELBOURNE, FL 32935
Phone: 3212593935

44. PEARLE VISION
6729 COLONNADE AVE, MELBOURNE, FL 32940
Phone: 3216398021

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FL

45. BREVARD EYE CENTER
7775 N WICKHAM RD, MELBOURNE, FL 32940
Phone: 3219843200
46. BREVARD VISION CARE
7905 N WICKHAM RD, MELBOURNE, FL 32940
Phone: 3217520100
47. EYECARE ASSOCIATES OF VIERA
8061 SPYGLASS HILL RD, MELBOURNE, FL 32940
Phone: 3217516609
48. DRIFTWOOD VISION CENTER
3830 S HIGHWAY A1A, MELBOURNE BEACH, FL 32951
Phone: 3213082015
49. CURINGTON EYE ASSOCIATES PA
195 S COURTENAY PKWY, MERRITT ISLAND, FL 32952
Phone: 3214543002
50. NATIONWIDE INSIDE OF JCPENNEY
777 E MERRITT ISLAND CSWY, MERRITT ISLAND, FL 32952
Phone: 3214529080
51. SEARS OPTICAL
777 E MERRITT ISLAND CSWY, MERRITT ISLAND, FL 32952
Phone: 3214556235
52. LENSRAFTERS
777 E MERRITT ISLAND CSWY, MERRITT ISLAND, FL 32952
Phone: 3214544700
53. GULF COAST OPTOMETRY
100 N PLUMOSA ST, MERRITT ISLAND, FL 32953
Phone: 3214552950
54. BREVARD EYE CENTER
250 N COURTENAY PKWY, MERRITT ISLAND, FL 32953
Phone: 3219843200
55. DAN COWLING OD
495 N COURTENAY PKWY, MERRITT ISLAND, FL 32953
Phone: 3214543100
56. PETER A SANTISI OD PL
950 NORTH COURTENAY PARKWAY, MERRITT ISLAND, FL 32953
Phone: 3214531657
57. SPACE COAST EYE CARE INC
1051 PORT MALABAR BLVD, PALM BAY, FL 32905
Phone: 3217239350
58. GLAD EYECARE & SURGERY CENTER
2061 PALM BAY RD NORTHEAST, PALM BAY, FL 32905
Phone: 3217330074
59. COASTAL VISIONCARE
2186 HARRIS AVE NORTHEAST, PALM BAY, FL 32905
Phone: 3217242020
60. THE OPTICAL CENTER 6109
1221 S PATRICK DR, PATRICK AFB, FL 32925
Phone: 3217835580
61. BREVARD VISION CTR
1285 US HIGHWAY 1, ROCKLEDGE, FL 32955
Phone: 3216312811
62. FAMILY VISION CENTER 1
1982 S US 1, ROCKLEDGE, FL 32955
Phone: 3216367200
63. LIFETIME EYECARE CENTER
5455 MURRELL ROAD, ROCKLEDGE, FL 32955
Phone: 3216361972
64. SPECTRUM VISION
2000 S PATRICK DR, SATELLITE BEACH, FL 32937
Phone: 3217771800
65. FOR SIGHT OPTICAL INC
1851 KNOX MCRAE DR, TITUSVILLE, FL 32780
Phone: 3212693056
66. RON RYAN MD
1917 KNOX MCRAE DR, TITUSVILLE, FL 32780
Phone: 3213831332

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FL

67. THERESE B DAHL OD
3659-D S HOPKINS AVE, TITUSVILLE, FL 32780
Phone: 3212644264

68. KUTRYB EYE INSTITUTE
730 S WASHINGTON AVE, TITUSVILLE, FL 32780
Phone: 3212672020

69. AKER EYE CENTER
338 S WASHINGTON AVE, TITUSVILLE, FL 32796
Phone: 3212692021

Broward County

70. AMERICAS BEST
130 SOUTH COMPASS WAY, DANIA, FL 33004
Phone: 9542666093

71. DANIA EYE CARE
599 S FEDERAL HWY 102, DANIA, FL 33004
Phone: 9549272020

72. MANUFACTURER DIRECT EYEWEAR
142 WEST HILLSBORO BOULEVARD, DEERFIELD BEACH, FL 33441
Phone: 9545709293

73. GUARDIAN EYECARE CTR
201 SE 15TH TERRACE, DEERFIELD BEACH, FL 33441
Phone: 9544282002

74. NEW LOOK EYEWEAR
260 S FEDERAL HWY, DEERFIELD BEACH, FL 33441
Phone: 9547250017

75. FOR EYES OPTICAL
844 S FEDERAL HWY, DEERFIELD BEACH, FL 33441
Phone: 5616148268

76. 20/20 OPTICAL
100 S MILITARY TRL, DEERFIELD BEACH, FL 33442
Phone: 9547082232

77. SOUTH FLORIDA VISION CENTERS
143 N POWERLINE RD, DEERFIELD BEACH, FL 33442
Phone: 9544299600

78. TARGET OPTICAL
3599 W HILLSBORO BLVD, DEERFIELD BEACH, FL 33442
Phone: 9544287480

79. BARRY M SIMON OD PA
3996 W HILLSBORO BLVD, DEERFIELD BEACH, FL 33442
Phone: 9543600033

80. LENS CRAFTERS
2312 E SUNRISE BLVD, FORT LAUDERDALE, FL 33304
Phone: 9545644103

81. EYES ON SUNRISE
2583 E SUNRISE BLVD, FORT LAUDERDALE, FL 33304
Phone: 9545638288

82. VISION SOURCE FORT LAUDERDALE
640 N FEDERAL HWY, FORT LAUDERDALE, FL 33304
Phone: 9545223918

83. LENS CRAFTERS
1744 N FEDERAL HWY, FORT LAUDERDALE, FL 33305
Phone: 9545611500

84. CHIC OPTIQUE
2228 WILTON DR, FORT LAUDERDALE, FL 33305
Phone: 9545673937

85. MYEYEDR OPTOMETRY OF FL LLC
2301 WILTON DR, FORT LAUDERDALE, FL 33305
Phone: 9547646906

86. MY EYELAB
2365 NE 26TH ST, FORT LAUDERDALE, FL 33305
Phone: 9548096010

87. NSU EYE CARE INSTITUTE KID
819 NE 26TH ST, FORT LAUDERDALE, FL 33305
Phone: 9545675640

88. OAKLAND OPTICAL CTR
2140 E OAKLAND PARK BLVD, FORT LAUDERDALE, FL 33306
Phone: 9545635331

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FL

89. OAKLAND OPTICAL CTR
2140 E OAKLAND PARK BLVD, FORT LAUDERDALE, FL 33306
Phone: 9545618880

90. BROWARD EYECARE
2502 E OAKLAND PARK BLVD, FORT LAUDERDALE, FL 33306
Phone: 9545642020

91. ENVISION EYE CARE
2641 E OAKLAND PK BLVD, FORT LAUDERDALE, FL 33306
Phone: 9545632211

92. HEATHER R PHILLIPS OD
2334 NE 53RD ST, FORT LAUDERDALE, FL 33308
Phone: 9547762020

93. VISION SOURCE OF EAST BROWARD
2419 EAST COMMERCIAL BLVD, FORT LAUDERDALE, FL 33308
Phone: 9547719120

94. ELITE FAMILY EYE CARE
5200 N FEDERAL HWY, FORT LAUDERDALE, FL 33308
Phone: 9544916663

95. ENKER EYE CENTER
6215 N FEDERAL HWY, FORT LAUDERDALE, FL 33308
Phone: 9544917141

96. SOUTH FLORIDA VISION CENTERS
2900 W CYPRESS CREEK RD, FORT LAUDERDALE, FL 33309
Phone: 9549792191

97. ADVANCED VISION CARE
3682 W OAKLAND PARK BLVD, FORT LAUDERDALE, FL 33311
Phone: 9547308087

98. NSU EYE CARE INSTITUTE BROWARD
1111 W BROWARD BLVD, FORT LAUDERDALE, FL 33312
Phone: 9542624200

99. ADVANCED VISION CARE INC
2873 STIRLING RD, FORT LAUDERDALE, FL 33312
Phone: 9549834969

100. JON S JACOBS OD
1085 SUNSET STRIP, FORT LAUDERDALE, FL 33313
Phone: 9545815400

101. BELL VISION
5542 W OAKLAND PARK BLVD, FORT LAUDERDALE, FL 33313
Phone: 9547170036

102. GERALD A MAYER OD PA
7187 W OAKLAND PARK BLVD, FORT LAUDERDALE, FL 33313
Phone: 9545789599

103. SCHWARTZ EYE ASSOC PA
1378 SE 17TH ST, FORT LAUDERDALE, FL 33316
Phone: 9544676227

104. FIDLER EYECARE
2120 S FEDERAL HWY, FORT LAUDERDALE, FL 33316
Phone: 9544673777

105. JONATHAN E GORDON OD
4320 W BROWARD BLVD, FORT LAUDERDALE, FL 33317
Phone: 9545831311

106. PLANTATION EYE CENTER
7045 W BROWARD BLVD, FORT LAUDERDALE, FL 33317
Phone: 9546252388

107. MAYA VISION CENTER
771 S STATE RD 7, FORT LAUDERDALE, FL 33317
Phone: 9545843838

108. SHELDON H KREDA OD PA
7020 W COMMERCIAL BLVD, FORT LAUDERDALE, FL 33319
Phone: 9547490000

109. AMERICAS BEST
5777 N UNIVERSITY DR, FORT LAUDERDALE, FL 33321
Phone: 9547217584

110. ADVANCED VISION
5865 N UNIVERSITY DR, FORT LAUDERDALE, FL 33321
Phone: 9547209201

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FL

111. ADVANCED VISION CARE

5865 N UNIVERSITY DRIVE, FORT LAUDERDALE, FL 33321
Phone: 9547209201

112. SOUTH FLORIDA EYE INSTITUTE

6233 N UNIVERSITY DR, FORT LAUDERDALE, FL 33321
Phone: 9547210000

113. WENDY N CARBONE OD PA

6718 N UNIVERSITY DRIVE, FORT LAUDERDALE, FL 33321
Phone: 9547213009

114. WEST BROWARD EYECARE ASSOC

7822 N UNIVERSITY DR, FORT LAUDERDALE, FL 33321
Phone: 9547260204

115. DUSK FALKNER-MARTINEZ OD PA

10187 W SUNRISE BLVD, FORT LAUDERDALE, FL 33322
Phone: 9549160017

116. 20 20 OPTICAL

1767 N UNIVERSITY DR, FORT LAUDERDALE, FL 33322
Phone: 9544722676

117. 20 20 OPTICAL

1767 N UNIVERSITY DR, FORT LAUDERDALE, FL 33322
Phone: 9544722422

118. DR MERRYL S KOPLO

1858 N UNIVERSITY DR, FORT LAUDERDALE, FL 33322
Phone: 9544736860

119. SUNSET VISION CENTER

8259 SUNSET STRIP, FORT LAUDERDALE, FL 33322
Phone: 9545728524

120. SUNSET VISION CENTER

8259 SUNSET STRIP, FORT LAUDERDALE, FL 33322
Phone: 9545727954

121. FAMILY EYE CENTER INC

12220 W SUNRISE BLVD, FORT LAUDERDALE, FL 33323
Phone: 9544238444

122. TARGET OPTICAL

12801 W SUNRISE BLVD, FORT LAUDERDALE, FL 33323
Phone: 9542334097

123. LENS CRAFTERS

12801 W SUNRISE BLVD, FORT LAUDERDALE, FL 33323
Phone: 9548519944

124. AMERICAS BEST

13895 WEST SUNRISE BLVD, FORT LAUDERDALE, FL 33323
Phone: 9543085478

125. WISE EYES OPTICAL

10049 CLEARY BLVD, FORT LAUDERDALE, FL 33324
Phone: 9544730066

126. AMERICAS BEST

2210 S UNIVERSITY DR, FORT LAUDERDALE, FL 33324
Phone: 9543062783

127. JAZZY EYES

2279 S UNIVERSITY DR, FORT LAUDERDALE, FL 33324
Phone: 9544730100

128. SOUTH FLORIDA VISION CENTERS

2521 S UNIVERSITY DR, FORT LAUDERDALE, FL 33324
Phone: 9543705883

129. STEVE ATLAS OD

8128 W BROWARD BLVD, FORT LAUDERDALE, FL 33324
Phone: 9544751611

130. SAGER EYE CARE CENTER

823 N NOB HILL RD, FORT LAUDERDALE, FL 33324
Phone: 9544767631

131. MICHAEL K HOLIFIELD OD

9711 W BROWARD BLVD, FORT LAUDERDALE, FL 33324
Phone: 9544741374

132. ALL EYES OPTICAL

13688 W STATE ROAD 84, FORT LAUDERDALE, FL 33325
Phone: 9544520999

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133. PALM VISION CENTER INC
10064 GRIFFIN RD, FORT LAUDERDALE, FL 33328
Phone: 9546809334
134. NSU EYE CARE INSTITUTE DAVIE
3200 S UNIVERSITY DR, FORT LAUDERDALE, FL 33328
Phone: 9542624200
135. DR RICHARD NORMAN
4671 S UNIVERSITY DR, FORT LAUDERDALE, FL 33328
Phone: 9544344671
136. TARGET OPTICAL
5800 S UNIVERSITY DR, FORT LAUDERDALE, FL 33328
Phone: 9546803808
137. EYE OPTICAL
8711 STIRLING RD, FORT LAUDERDALE, FL 33328
Phone: 9544341414
138. DR STEVEN M TUCKER OD
9950 GRIFFIN RD, FORT LAUDERDALE, FL 33328
Phone: 9544345500
139. VISIONCARE FAMILY
5540 S FLAMINGO RD, FORT LAUDERDALE, FL 33330
Phone: 9544342020
140. SHERIDAN EYE CARE
15651 SHERIDAN ST, FORT LAUDERDALE, FL 33331
Phone: 9542528885
141. WESTON CONTACT LENS INSTITUTE
2863 EXECUTIVE PARK DR, FORT LAUDERDALE, FL 33331
Phone: 9542172992
142. JANE M THERRIEN OD PA
4472 WESTON RD, FORT LAUDERDALE, FL 33331
Phone: 9548889393
143. WESTON EYE CENTER INC
4577 WESTON RD, FORT LAUDERDALE, FL 33331
Phone: 9542175070
144. DOC VISION EYE CARE CENTERS
19421 SHERIDAN ST, FORT LAUDERDALE, FL 33332
Phone: 9546211321
145. SOUTH FLORIDA VISION CENTERS
1666 E OAKLAND PARK BLVD, FORT LAUDERDALE, FL 33334
Phone: 9545661404
146. ROBERTS OPTICAL CTR
23 NE 44TH ST, FORT LAUDERDALE, FL 33334
Phone: 9547760363
147. AMERICAS BEST
5057 N DIXIE HWY, FORT LAUDERDALE, FL 33334
Phone: 9544891042
148. EYEGLASS WEARHOUSE
10107 W OAKLAND PARK BLVD, FORT LAUDERDALE, FL 33351
Phone: 9545783010
149. REESE VISION CARE PA
3801 N UNIVERSITY DR, FORT LAUDERDALE, FL 33351
Phone: 9547464009
150. FOR EYES OPTICAL CO
5251 N UNIVERSITY DR, FORT LAUDERDALE, FL 33351
Phone: 9547424424
151. HEATHER R PHILLIPS OD
8399 W OAKLAND PARK BLVD, FORT LAUDERDALE, FL 33351
Phone: 9545782066
152. SPECTACLES FAMILY EYE CARE
8451 W OAKLAND PARK BLVD, FORT LAUDERDALE, FL 33351
Phone: 9544529914
153. BRAVERMAN EYE CENTER
1050 N FEDERAL HIGHWAY, HOLLYWOOD, FL 33020
Phone: 9544582112
154. HOLLYWOOD EYES
2011 HARRISON ST, HOLLYWOOD, FL 33020
Phone: 9549235367

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FL

155. STEPHEN HEIDEN OD

2019 HOLLYWOOD BLVD, HOLLYWOOD, FL 33020
Phone: 9549225210

156. EYE SURGERY ASSOCIATES

2740 HOLLYWOOD BLVD, HOLLYWOOD, FL 33020
Phone: 9549252740

157. PEARLE VISION

2914 OAKWOOD BLVD, HOLLYWOOD, FL 33020
Phone: 9549215330

158. MY EYELAB

4017 OAKWOOD BLVD, HOLLYWOOD, FL 33020
Phone: 9542485001

159. JAMES M BERANEK OD

3277 HOLLYWOOD BLVD, HOLLYWOOD, FL 33021
Phone: 9549876500

160. JUSTINE CHEN OD PA

3339 SHERIDAN ST, HOLLYWOOD, FL 33021
Phone: 9549626627

161. HOPEN & WOLFE MD

3419 JOHNSON ST, HOLLYWOOD, FL 33021
Phone: 9549892800

162. HOLLYWOOD OPHTHALMOLOGY ASSOC

3816 HOLLYWOOD BLVD, HOLLYWOOD, FL 33021
Phone: 9549634990

163. FOR EYES OPTICAL

4322 HOLLYWOOD BLVD, HOLLYWOOD, FL 33021
Phone: 9549627337

164. EYE SURGEONS & CONSULTANTS

4651 SHERIDAN ST, HOLLYWOOD, FL 33021
Phone: 9548941500

165. LENS SPOT INC

4927 SHERIDAN ST, HOLLYWOOD, FL 33021
Phone: 9549851211

166. AMERICAS BEST

5311 SHERIDAN ST, HOLLYWOOD, FL 33021
Phone: 9549617263

167. VISUALLY YOURS

5700 STIRLING RD, HOLLYWOOD, FL 33021
Phone: 9549893333

168. DAVID L POPPER OD

6850 MIRAMAR PKWY, HOLLYWOOD, FL 33023
Phone: 9549612200

169. THE EYE CENTER

1732 UNIVERSITY DR, HOLLYWOOD, FL 33024
Phone: 9544327711

170. EARTH VISION EYE CARE

255 N UNIVERSITY DR, HOLLYWOOD, FL 33024
Phone: 9549872421

171. DRS BETTER & SATANOSKY PA

6788 TAFT STREET, HOLLYWOOD, FL 33024
Phone: 9549811450

172. OFFICES OF DRS CHIANG AND CHAO

7867 PINES BLVD, HOLLYWOOD, FL 33024
Phone: 9549664335

173. LENS CRAFTERS

9910 PINES BLVD, HOLLYWOOD, FL 33024
Phone: 9544303810

174. TRUE VISION OPTICAL

11826 MIRAMAR PKWY, HOLLYWOOD, FL 33025
Phone: 9543647499

175. BRUCE J FEINSTEIN OD

3176 S UNIVERSITY DR, HOLLYWOOD, FL 33025
Phone: 9544312020

176. PINES FAMILY EYE CARE

9101 PEMBROKE RD, HOLLYWOOD, FL 33025
Phone: 9544314262

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FL

177. MIRAMAR VISION CENTER
9939 MIRAMAR PKWY, HOLLYWOOD, FL 33025
Phone: 9544300430

188. SOUTH FLORIDA VISION CENTERS
12550 PINES BLVD, HOLLYWOOD, FL 33027
Phone: 9544304030

178. MY EYELAB
11005 PINE BLVD, HOLLYWOOD, FL 33026
Phone: 9542485010

189. FOR EYES OPTICAL CO
12890 PINES BLVD, HOLLYWOOD, FL 33027
Phone: 9544434959

179. AMERICAS BEST
11040 PINES BLVD, HOLLYWOOD, FL 33026
Phone: 9542513745

190. PROVISION EYE CARE CENTER
16359 MIRAMAR PKWY, HOLLYWOOD, FL 33027
Phone: 9545179041

180. TARGET OPTICAL
11253 PINES BLVD, HOLLYWOOD, FL 33026
Phone: 9544302114

191. TARGET OPTICAL
16901 MIRAMAR PARKWAY, HOLLYWOOD, FL 33027
Phone: 9544419576

181. LENSRAFTERS
11401 PINES BLVD, HOLLYWOOD, FL 33026
Phone: 9544350118

192. EYES OPTICAL
246 S FLAMINGO RD, HOLLYWOOD, FL 33027
Phone: 9544431230

182. LENSRAFTERS
11605 PINES BLVD, HOLLYWOOD, FL 33026
Phone: 9544382428

193. MIRVISION EYECARE
2909 SW 160 AVE, HOLLYWOOD, FL 33027
Phone: 9544379733

183. JCPENNEY OPTICAL
11725 PINES BLVD, HOLLYWOOD, FL 33026
Phone: 9544334883

194. LENSRAFTERS
323 SW 145 TERRACE, HOLLYWOOD, FL 33027
Phone: 9544999026

184. SEARS OPTICAL
12055 PINES BLVD, HOLLYWOOD, FL 33026
Phone: 9544383139

195. EYE CENTER OF SOUTH FLORIDA CO
1951 NORTHWEST 150 AVENUE, HOLLYWOOD, FL 33028
Phone: 9544307338

185. PEMBROKE LAKES OPTICAL
1673 N HIATUS RD, HOLLYWOOD, FL 33026
Phone: 9544426703

196. EYE SURGERY ASSOCIATES
603 N FLAMINGO RD, HOLLYWOOD, FL 33028
Phone: 9544312777

186. FLAMINGO FALLS EYE CARE
1770 NW 122 TERRACE, HOLLYWOOD, FL 33026
Phone: 9544331490

197. PINES VISION CARE
17782 SW SECOND ST, HOLLYWOOD, FL 33029
Phone: 9544383937

187. MARIA CORDOVA OD
2605 N HIATUS RD, HOLLYWOOD, FL 33026
Phone: 9544321532

198. SCOTT M PEARL OD PA
18503 PINES BLVD, HOLLYWOOD, FL 33029
Phone: 9544308330

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FL

199. KENNEDY VISION PA
18503 PINES BLVD, HOLLYWOOD, FL 33029
Phone: 9544308330

200. OPTIMAX
1949 W 68TH ST, HOLLYWOOD, FL 33029
Phone: 7863911303

201. PINES OPHTHALMOLOGY CARE
302 NW 179TH AVE, HOLLYWOOD, FL 33029
Phone: 9544335152

202. LIFESTYLE OPTICIANS
7183 PEMBROKE RD, PEMBROKE PINES, FL 33023
Phone: 9549815455

203. JCPENNEY OPTICAL
8000 W BROWARD BLVD, PLANTATION, FL 33388
Phone: 9544754259

204. LENSRAFTERS
8000 W BROWARD BLVD, PLANTATION, FL 33388
Phone: 9544745550

205. THOMAS D DENNIS OD LLC
1541 E ATLANTIC BLVD, POMPANO BEACH, FL 33060
Phone: 9549421313

206. NONA KALFAYAN OD PA
1296 S FEDERAL HWY, POMPANO BEACH, FL 33062
Phone: 9549463939

207. FOR EYES OPTICAL CO
1800 N FEDERAL HWY, POMPANO BEACH, FL 33062
Phone: 9547836303

208. LENSRAFTERS
2001 N FEDERAL HWY, POMPANO BEACH, FL 33062
Phone: 9547852655

209. EAST SIDE VISION CENTER
211 S FEDERAL HWY, POMPANO BEACH, FL 33062
Phone: 9547861030

210. DR STEVEN R KOGANOVSKY
101 N STATE RD 7, POMPANO BEACH, FL 33063
Phone: 9549726934

211. SEECHHEL PATEL
258 N STATE RD 7, POMPANO BEACH, FL 33063
Phone: 9549732150

212. SOUTH FLORIDA VISION CTRS
3181 N STATE RD 7, POMPANO BEACH, FL 33063
Phone: 9549747695

213. AMERICAS BEST
5407 W ATLANTIC BLVD, POMPANO BEACH, FL 33063
Phone: 9549733584

214. DR MARK E ROGERS
7272 W ATLANTIC BLVD, POMPANO BEACH, FL 33063
Phone: 9542344239

215. EYE SITE VISION CTR II
2490 N FEDERAL HWY, POMPANO BEACH, FL 33064
Phone: 9549433779

216. STEVEN WIGDOR OD
3650 N FEDERAL HWY, POMPANO BEACH, FL 33064
Phone: 9549436210

217. BRUCE STARR
10327 ROYAL PALM BLVD, POMPANO BEACH, FL 33065
Phone: 9543446896

218. EYE SITE VISION CENTER
2344 UNIVERSITY DR, POMPANO BEACH, FL 33065
Phone: 9543443937

219. CITY EYECARE
2812 N UNIVERSITY DR, POMPANO BEACH, FL 33065
Phone: 9547521553

220. TARGET OPTICAL
4400 N STATE RD 7, POMPANO BEACH, FL 33065
Phone: 9547526897

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FL

221. CORAL SPRINGS EYE INSTITUTE
7886 W SAMPLE RD, POMPANO BEACH, FL 33065
Phone: 9547526465

222. DREW A SAX OD
9690 W SAMPLE RD, POMPANO BEACH, FL 33065
Phone: 9547525220

223. VISION SOURCE CORAL SPRINGS
9773 WEST SAMPLE ROAD, POMPANO BEACH, FL 33065
Phone: 9547530137

224. SHERIDAN EYE CARE
9840 W SAMPLE RD, POMPANO BEACH, FL 33065
Phone: 9547529570

225. FOR EYES OPTICAL
4635 N UNIVERSITY DR, POMPANO BEACH, FL 33067
Phone: 9549053474

226. VISION EYECARE & CONTACT LENS
6268 W SAMPLE RD, POMPANO BEACH, FL 33067
Phone: 9543449701

227. DR IVAN ROSENTHAL OPTOMETRIST
8136 WILES RD, POMPANO BEACH, FL 33067
Phone: 5614870818

228. OPTICAL EYEWORKS
8136 WILES RD, POMPANO BEACH, FL 33067
Phone: 9547572468

229. JENNIFER C PACHECO OD PLLC
1205 S POWERLINE ROAD, POMPANO BEACH, FL 33069
Phone: 9549776636

230. EAGLE EYECARE INC
1380 CORAL RIDGE DRIVE, POMPANO BEACH, FL 33071
Phone: 9543455065

231. OMEGA EYE CTR
1801 N UNIVERSITY DR, POMPANO BEACH, FL 33071
Phone: 9543440999

232. REISCH & GENDALS VISION WORLD
2059 UNIVERSITY DR, POMPANO BEACH, FL 33071
Phone: 9547531100

233. MY EYELAB
741 N UNIVERSITY DR, POMPANO BEACH, FL 33071
Phone: 9542288090

234. LENSRAFTERS AT MACYS
9129 W ATLANTIC BLVD, POMPANO BEACH, FL 33071
Phone: 9542559652

235. LENSRAFTERS
926 UNIVERSITY DR, POMPANO BEACH, FL 33071
Phone: 9543465210

236. JCPENNEY OPTICAL
9303 W ATLANTIC BLVD, POMPANO BEACH, FL 33071
Phone: 9547528116

237. SEARS OPTICAL
9565 W ATLANTIC BLVD, POMPANO BEACH, FL 33071
Phone: 9543451366

238. LENSRAFTERS
4413 LYONS RD, POMPANO BEACH, FL 33073
Phone: 9549700398

239. TOM STEVENS OPTICAL
4800 WEST HILLSBORO BLVD, POMPANO BEACH, FL 33073
Phone: 9544293238

240. COCONUT CREEK OPTICAL
5351 LYONS RD, POMPANO BEACH, FL 33073
Phone: 9549750009

241. LISA E NADEL OD
6518 N SR 7, POMPANO BEACH, FL 33073
Phone: 9544264944

242. EYE CONTACT WEST INC
10657 WILES RD, POMPANO BEACH, FL 33076
Phone: 9547534414

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FL

243. DANIELE JEAN OPTOMETRY OD
5976 CORAL RIDGE DR, POMPANO BEACH, FL 33076
Phone: 9548640930

244. VISION UNLIMITED
5976 CORAL RIDGE DR, POMPANO BEACH, FL 33076
Phone: 9542272770

245. FOR EYES OPTICAL CO
1352 WESTON RD, WESTON, FL 33326
Phone: 9543844120

246. ASTUTE VISION CARE
1396 SW 160 AVE, WESTON, FL 33326
Phone: 9548886466

247. ROUSE FAMILY EYE CARE
15916 W STATE RD 84, WESTON, FL 33326
Phone: 9543846200

248. DEBORAH C WESTON OD PA
1673 MARKET ST, WESTON, FL 33326
Phone: 9543840266

249. JENNIFER E LAGE
17120 ROYAL PALM BLVD, WESTON, FL 33326
Phone: 9543841127

250. EYE SURGERY ASSOCIATES
2300 N COMMERCE PKWY, WESTON, FL 33326
Phone: 9542173155

251. VISION UNLIMITED
1608 TOWN CENTER BLVD, WESTON, FL 33327
Phone: 3052628309

254. JCPENNEY OPTICAL
1441 TAMIAMI TR, PORT CHARLOTTE, FL 33948
Phone: 9416244600

255. DAVID M KLEIN MD
1600 TAMIAMI TRL, PORT CHARLOTTE, FL 33948
Phone: 9417640035

256. CHARLOTTE OPTICAL INC
18401 MURDOCK CIR, PORT CHARLOTTE, FL 33948
Phone: 9416259077

257. EYE CENTERS OF FLORIDA
1940 TAMIAMI TRAIL, PORT CHARLOTTE, FL 33948
Phone: 9417433125

258. DENISE FORAN BILLINGS OD PA
2135 TAMIAMI TRAIL, PORT CHARLOTTE, FL 33948
Phone: 9416245772

259. GULF COAST OPTOMETRY
2241 TAMIAMI TRL, PORT CHARLOTTE, FL 33948
Phone: 9416269309

260. EYEGLOSS WORLD
2241 TAMIAMI TRL, PORT CHARLOTTE, FL 33948
Phone: 9416299309

261. PROGRESSIVE OPTICAL DESIGNS
21178 OLEAN BLVD, PORT CHARLOTTE, FL 33952
Phone: 9416291090

262. PROGRESSIVE OPTICAL DESIGNS
21178 OLEAN BLVD, PORT CHARLOTTE, FL 33952
Phone: 9416291211

Charlotte County

252. JAMES EUGENIDES OD PA
1800 PLACIDA RD, ENGLEWOOD, FL 34223
Phone: 9414757991

253. CENTER FOR SIGHT
1800 S MCCALL RD, ENGLEWOOD, FL 34223
Phone: 9414742020

263. COMMUNITY EYE CENTER
21275 OLEAN BLVD, PORT CHARLOTTE, FL 33952
Phone: 9416251325

264. MAGGIORE FAMILY EYECARE
970 KINGS HWY, PORT CHARLOTTE, FL 33980
Phone: 9416243939

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FL

265. JONATHAN M FRANTZ MD PA
109 TAYLOR ST, PUNTA GORDA, FL 33950
Phone: 9415052020

266. MICHAEL D WESSON OD
5001 TAYLOR ROAD, PUNTA GORDA, FL 33950
Phone: 9415750903

Citrus County

267. OPTICAL EXPRESS CRYSTAL RIVER
707 N CITRUS AVE, CRYSTAL RIVER, FL 34428
Phone: 3527952020

268. OPTICAL EXPRESS OF CRYSTAL RIV
707 N CITRUS AVE, CRYSTAL RIVER, FL 34428
Phone: 3527952020

269. SEE AZWELL VISION CARE
11012 N WILLIAMS ST, CRYSTAL RIVER, FL 34429
Phone: 3524650024

270. CRYSTAL EYE CENTER AND OPTICAL
1124 N SUNCOAST BLVD, CRYSTAL RIVER, FL 34429
Phone: 3527953317

271. OPTIMART INC
1661 SE US HWY 19, CRYSTAL RIVER, FL 34429
Phone: 3525631666

272. OPTICAL EXPRESS
101 W MAIN ST, INVERNESS, FL 34450
Phone: 3524198999

273. CITRUS VISION CLINIC
2332 HWY 44 WEST, INVERNESS, FL 34453
Phone: 3527262085

274. OPTIMART
2637 GULF TO LAKE HWY, INVERNESS, FL 34453
Phone: 3526375180

Clay County

275. ISLAND EYECARE
1515 BUSINESS CENTER DR, FLEMING ISLAND, FL 32003
Phone: 9042781760

276. PEARLE VISION
1524-5 COUNTRY RD, FLEMING ISLAND, FL 32003
Phone: 9046372000

277. CLAY EYE PHYSICIANS AND SURG
1615 COUNTY RD 220, FLEMING ISLAND, FL 32003
Phone: 9042762020

278. ART FOR EYES
1805 EAST WEST PKWY, FLEMING ISLAND, FL 32003
Phone: 9046448873

279. ISLAND OPTIQUE
4605 US HIGHWAY 17, FLEMING ISLAND, FL 32003
Phone: 9042698161

280. DR JAMES H MINESINGER
260 S LAWRENCE BLVD, KEYSTONE HEIGHTS, FL 32656
Phone: 3524732600

281. MYEYEDR
1545 BRANAN FIELD RD, MIDDLEBURG, FL 32068
Phone: 9042915800

282. DRS ABSHIRE HOFFMAN & NOLAN
784 BLANDING BLVD, ORANGE PARK, FL 32065
Phone: 9042723937

283. GULF COAST OPTOMETRY
901 BLANDING BLVD, ORANGE PARK, FL 32065
Phone: 9045621160

284. SEARS OPTICAL
1910 WELLS RD, ORANGE PARK, FL 32073
Phone: 9042698235

285. PEARLE VISION
1911 6 WELLS RD, ORANGE PARK, FL 32073
Phone: 9042159700

286. CLAY EYE PHYSICIANS AND SURG
2023 PROFESSIONAL CENTER DR, ORANGE PARK, FL 32073
Phone: 9042722020

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FL

287. KENS UNITED OPTICAL

225 BLANDING BLVD, ORANGE PARK, FL 32073
Phone: 9042764611

288. MYEYEDR

28 BLANDING AVE, ORANGE PARK, FL 32073
Phone: 9042645483

289. MY EYELAB

280 BLANDING BLVD, ORANGE PARK, FL 32073
Phone: 9046374042

290. ORANGE PARK EYE CENTER

784 BLANDING BLVD, ORANGE PARK, FL 32073
Phone: 9042641206

291. LENSRAFTERS

88 S BLANDING BLVD, ORANGE PARK, FL 32073
Phone: 9042729429

292. DRS ABSHIRE HOFFMAN & NOLAN

905 PARK AVE, ORANGE PARK, FL 32073
Phone: 9042641206

Collier County

293. EYE CENTERS OF FLORIDA

1320 15TH AVE NORTH, IMMOKALEE, FL 34142
Phone: 2396574486

294. PEARLE VISION

1894 N TAMIAMI TRAIL, NAPLES, FL 34102
Phone: 2392624881

295. JCPENNEY OPTICAL

2076 9TH ST NORTH, NAPLES, FL 34102
Phone: 2394309500

296. FRANTZ EYECARE

2100 TAMIAMI TR N, NAPLES, FL 34102
Phone: 2394303939

297. EYE CENTERS OF FLORIDA

2500 TAMIAMI TRAIL, NAPLES, FL 34103
Phone: 2392632700

298. LENSRAFTERS

2628 TAMIAMI TRAIL N, NAPLES, FL 34103
Phone: 2396498899

299. TERRY R VAN DER HEYDEN O.D.

4060 TAMIAMI TRL N, NAPLES, FL 34103
Phone: 2392615915

300. VANBUSKIRK OPTICIANS

798 NEAPOLITAN WAY, NAPLES, FL 34103
Phone: 2396435295

301. ALL SAINTS EYE CENTER

1735 HERITAGE TRAIL, NAPLES, FL 34104
Phone: 2397757711

302. AMERICAS BEST

5026 AIRPORT PULLING RD N, NAPLES, FL 34105
Phone: 2393845623

303. EYE CENTERS OF FLORIDA

877 111TH AVE, NAPLES, FL 34108
Phone: 2395912949

304. TARGET OPTICAL

2324 PINE RIDGE RD, NAPLES, FL 34109
Phone: 2393303473

305. EYE PHYSICIANS & SURGEONS OF F

5335 AIRPORT PULLING RD NORTH, NAPLES, FL 34109
Phone: 2395945550

306. GULF COAST OPTOMETRY

6355 NAPLES BLVD, NAPLES, FL 34109
Phone: 2392164366

307. EYEGLOSS WORLD

6355 NAPLES BLVD, NAPLES, FL 34109
Phone: 2392164366

308. SOUTHWEST FLORIDA EYE CARE

11176 TAMIAMI TRL NORTH, NAPLES, FL 34110
Phone: 2395940124

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FL

309. ANDERSON EYE CARE
1201 PIPER BLVD, NAPLES, FL 34110
Phone: 2397343877

310. ALL SAINTS EYE CENTER
1435 IMMOKELEE RD, NAPLES, FL 34110
Phone: 2395925511

311. OPTIMEYES VISION
15495 TAMIAAMI TRL NORTH, NAPLES, FL 34110
Phone: 2395964336

312. EYE CARE OF SOUTHWEST FLORIDA
2382 IMMOKALEE RD, NAPLES, FL 34110
Phone: 2396316451

313. EYE PHYSICIANS AND SURGEON FLA
15205 COLLIER BLVD, NAPLES, FL 34119
Phone: 2393487145

314. TARGET OPTICAL
2415 TARPON BAY BLVD, NAPLES, FL 34119
Phone: 2395144714

315. PREMIER OPTICAL
6101 PINE RIDGE RD, NAPLES, FL 34119
Phone: 2393849905

Columbia County

316. BROOME EYE CARE AND OPTICAL
125 SW MIDTOWN PL, LAKE CITY, FL 32025
Phone: 3864661062

317. COLUMBIA EYE ASSOCIATES
1615 SW MAIN BLVD, LAKE CITY, FL 32025
Phone: 3867552785

318. COLE OPTICS
621 SW BAYA DR, LAKE CITY, FL 32025
Phone: 3867199292

319. NORTH FLORIDA EYE CARE
763 SW MAIN BLVD, LAKE CITY, FL 32025
Phone: 3867521722

320. EYE CENTER OF NORTH FLORIDA
876 SW BRANFORD RD, LAKE CITY, FL 32025
Phone: 3867557595

321. LAKE CITY VISION
295 NW COMMONS LOOP, LAKE CITY, FL 32055
Phone: 3867523733

DeSoto County

322. ARCADIA FAMILY OPTOMETRY
122 N BREVARD AVE, ARCADIA, FL 34266
Phone: 8634917585

323. MARK D SEVIGNY OD
2442 NE HWY 70, ARCADIA, FL 34266
Phone: 8637733322

Dixie County

324. JAMES H MINESINGER OD
85 NE 351 HWY, CROSS CITY, FL 32628
Phone: 3524985007

Duval County

325. MAYPORT FAMILY EYECARE
2292 MAYPORT RD, ATLANTIC BEACH, FL 32233
Phone: 9042463550

326. GATEWAY VISION
447 ATLANTIC BLVD, ATLANTIC BEACH, FL 32233
Phone: 9042470211

327. JAX VISION CARE LIANE DOWNTOWN
100 W BAY ST, JACKSONVILLE, FL 32202
Phone: 9043569431

328. JAX VISION CARE
201 N HOGAN ST, JACKSONVILLE, FL 32202
Phone: 9043569431

329. JEROME WEITZEN OD
213 N LAURA ST, JACKSONVILLE, FL 32202
Phone: 9043533163

330. CLAY EYE PHYSICIANS AND SURGEO
2 SHIRCLIFF WAY, JACKSONVILLE, FL 32204
Phone: 9042722020

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FL

331. 5 POINTS EYE ASSOC
2036 FORBES STREET, JACKSONVILLE, FL 32204
Phone: 9043874057
332. STEVEN H SCHWARTZ OD
3 SHIRCLIFF WAY, JACKSONVILLE, FL 32204
Phone: 9043663781
333. MYEYEDR OPTOMETRY OF FLORIDA
806 RIVERSIDE AVE, JACKSONVILLE, FL 32204
Phone: 9043567101
334. DAVALT OPTICAL
807 LOMAX ST, JACKSONVILLE, FL 32204
Phone: 9043536229
335. BATEH EYE CARE
1233 LANE AVENUE SOUTH, JACKSONVILLE, FL 32205
Phone: 9047816770
336. VUE OPTICAL BOUTIQUE
3588 ST JOHNS AVE, JACKSONVILLE, FL 32205
Phone: 9043887767
337. AMERICAS BEST
6752 NORMANDY BLVD, JACKSONVILLE, FL 32205
Phone: 9043803281
338. MYEYEDR
7077-7 NORMANDY BLVD, JACKSONVILLE, FL 32205
Phone: 9047817717
339. AKEL & FAVALE PL
953 LANE AVE S, JACKSONVILLE, FL 32205
Phone: 9047864442
340. NICOLITZ EYE CONSULTANTS
1420 FLAGLER AVE, JACKSONVILLE, FL 32207
Phone: 9044256060
341. ROBERT L PHILLIPS OD PA
1580 BLANDING BLVD, JACKSONVILLE, FL 32210
Phone: 9043870025
342. ROBERT GERSON OD
3737 BLANDING BLVD, JACKSONVILLE, FL 32210
Phone: 9047718321
343. DR PAUL T FULGHUM OD
4225 LAKESIDE DR, JACKSONVILLE, FL 32210
Phone: 9043875704
344. LENS CRAFTERS
4495-101 ROOSEVELT BLVD, JACKSONVILLE, FL 32210
Phone: 9043880948
345. PATRICK L REARDON OD
961 CESERY BLVD, JACKSONVILLE, FL 32211
Phone: 9047439955
346. PAUL J CONE OD EYECARE PA
961 CESERY BOULEVARD, JACKSONVILLE, FL 32211
Phone: 9047431311
347. HANNA EYE CARE NAS JAX
6801 ROOSEVELT BLVD, JACKSONVILLE, FL 32212
Phone: 9047774171
348. HANNAH EYE CARE
1680 SOUTHSIDE BLVD, JACKSONVILLE, FL 32216
Phone: 9047222020
349. DR DANIEL MCINTOSH & ASSOC
3840 BELFORT RD, JACKSONVILLE, FL 32216
Phone: 9047371975
350. JANET M MINT OD PA
4131 SOUTHSIDE BLVD, JACKSONVILLE, FL 32216
Phone: 9046469737
351. DR AMANDA WEITZEN OD LLC
4131 SOUTHSIDE BOULEVARD, JACKSONVILLE, FL 32216
Phone: 9049972018
352. ATLANTIC EYE INSTITUTE
6207 BENNETT ROAD, JACKSONVILLE, FL 32216
Phone: 9047317500

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FL

353. BARNHORST EYE ASSOCIATES
6269 BEACH BLVD, JACKSONVILLE, FL 32216
Phone: 9047223937

354. SOUTHPOINT VISION CENTER
6816 SOUTHPOINT PKWY, JACKSONVILLE, FL 32216
Phone: 9042961980

355. NICOLITZ EYE CONSULTANTS
7051 SOUTHPOINT PKWY, JACKSONVILLE, FL 32216
Phone: 9043982720

356. DERICKSON VISION CONSULTANTS
8771 PERIMETER PARK CT, JACKSONVILLE, FL 32216
Phone: 9049978585

357. RIVER CITY VISION CENTER PA
12961 N MAIN ST, JACKSONVILLE, FL 32218
Phone: 9046962027

358. AMERICAS BEST
13221 CITY STATION DR, JACKSONVILLE, FL 32218
Phone: 9046968887

359. SIGHT N STYLE OPTICAL
1403 DUNN AVE, JACKSONVILLE, FL 32218
Phone: 9047575222

360. VISION EXPRESS
14964 MAX LEGGETT PKWY, JACKSONVILLE, FL 32218
Phone: 9046861386

361. GATEWAY VISION
1840 DUNN AVE, JACKSONVILLE, FL 32218
Phone: 9047689196

362. JAX VISION CARE
5255 DUNN AVE, JACKSONVILLE, FL 32218
Phone: 9047571495

363. STEPHANIE JOHNSON
7749 NORMANDY BLVD, JACKSONVILLE, FL 32221
Phone: 9043745501

364. TARGET OPTICAL
9525 CROSSHILL RD, JACKSONVILLE, FL 32222
Phone: 9045739482

365. MYEYEDR
9560 CROSSHILL BLVD, JACKSONVILLE, FL 32222
Phone: 9047772927

366. AMERICAS BEST
10991 SAN JOSE BLVD, JACKSONVILLE, FL 32223
Phone: 9042920947

367. PEARLE VISION
11406 SAN JOSE BLVD, JACKSONVILLE, FL 32223
Phone: 9042603839

368. CLAY EYE PHYSICIANS
11790 SAN JOSE BLVD, JACKSONVILLE, FL 32223
Phone: 9047652020

369. STEPHEN M PULLEN PA
11945 SAN JOSE BLVD, JACKSONVILLE, FL 32223
Phone: 9042622249

370. COLLEGE EYECARE
1 UNF DR, JACKSONVILLE, FL 32224
Phone: 9046204393

371. MY EYELAB
13529 BEACH BLVD, JACKSONVILLE, FL 32224
Phone: 9049989871

372. GULF COAST OPTOMETRY
13534 BEACH BLVD, JACKSONVILLE, FL 32224
Phone: 9043833400

373. TARGET OPTICAL
13740 BEACH BLVD, JACKSONVILLE, FL 32224
Phone: 9042230808

374. ADVANCED EYE CARE AND OPTICAL
3546 SAINT JOHNS BLUFF RD S, JACKSONVILLE, FL 32224
Phone: 9049961533

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FL

375. A1A FAMILY EYECARE

4788 HODGES BLVD, JACKSONVILLE, FL 32224
Phone: 9049929991

376. SEARS OPTICAL

10302 SOUTHSIDE BLVD, JACKSONVILLE, FL 32225
Phone: 9043631777

377. AMERICAS BEST

11770 ATLANTIC BLVD, JACKSONVILLE, FL 32225
Phone: 9044316392

378. EYE CARE FOR YOU

13119 PROFESSIONAL DR, JACKSONVILLE, FL 32225
Phone: 9046838444

379. MYEYEDR

13170 ATLANTIC BLVD, JACKSONVILLE, FL 32225
Phone: 9042216500

380. PEARLE VISION

9398 1 ARLINGTON EXPWY, JACKSONVILLE, FL 32225
Phone: 9047249210

381. VALU VISION

9400 ATLANTIC BLVD, JACKSONVILLE, FL 32225
Phone: 9047217700

382. LENSRAFTERS

9501 ARLINGTON EXPWY, JACKSONVILLE, FL 32225
Phone: 9047247702

383. BOWDEN EYE ASSOCIATES

12341 YELLOWBLUFF RD, JACKSONVILLE, FL 32226
Phone: 9042960098

384. VISION 20/20

9119 MERRILL RD, JACKSONVILLE, FL 32239
Phone: 9047436410

385. DR CARVELL AND ASSOCIATES PA

5921 COLLINS RD, JACKSONVILLE, FL 32244
Phone: 9047773937

386. AMERICAS BEST

6001 ARGYLE FOREST BLVD, JACKSONVILLE, FL 32244
Phone: 9042659055

387. PEARLE VISION

4413 TOWN CENTER PARKWAY, JACKSONVILLE, FL 32246
Phone: 9049989871

388. LENSRAFTERS

4668 TOWN CROSSING DR, JACKSONVILLE, FL 32246
Phone: 9046412738

389. VISION EXPRESS

4871 TOWN CENTER PKWY, JACKSONVILLE, FL 32246
Phone: 9046861386

390. LENSRAFTERS

10300 SOUTHSIDE BLVD, JACKSONVILLE, FL 32256
Phone: 9043630878

391. BARTRAM PARK EYE CARE PLLC

13760 OLD SAINT AUGUSTINE RD, JACKSONVILLE, FL 32256
Phone: 9043799068

392. BOWDEN EYE ASSOCIATES

7205 BONNEVAL RD, JACKSONVILLE, FL 32256
Phone: 9042960098

393. BAYMEADOWS VISION CENTER

8081 PHILIPS HWY, JACKSONVILLE, FL 32256
Phone: 9047392050

394. TARGET OPTICAL

9041 SOUTHSIDE BLVD, JACKSONVILLE, FL 32256
Phone: 9045195057

395. LENSRAFTERS

9041 SOUTHSIDE BLVD, JACKSONVILLE, FL 32256
Phone: 9045195768

396. JEFFREY D SHEARER OD

9978 OLD BAYMEADOWS RD, JACKSONVILLE, FL 32256
Phone: 9046413937

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FL

397. HATHY VISION CENTER

10400 SAN JOSE BLVD, JACKSONVILLE, FL 32257
Phone: 9048801818

398. TARGET OPTICAL

10490 SAN JOSE BLVD, JACKSONVILLE, FL 32257
Phone: 9045205790

399. VALU VISION

9397 SAN JOSE BLVD, JACKSONVILLE, FL 32257
Phone: 9047302299

400. BOB HAM EYEWEARE INC

9965 SAN JOSE BLVD, JACKSONVILLE, FL 32257
Phone: 9042685949

401. BOB HAM EYEWEAR INC

9965-24 SAN JOSE BLVD, JACKSONVILLE, FL 32257
Phone: 9042682299

402. BOWDEN EYE ASSOCIATES

14810 OLD ST AUGUSTINE ROAD, JACKSONVILLE, FL 32258
Phone: 9043961908

403. LENSRAFTERS

2526 S THIRD ST, JACKSONVILLE BEACH, FL 32250
Phone: 9042472374

404. ATLANTIC EYE INSTITUTE PA

3316 THIRD STREET SOUTH, JACKSONVILLE BEACH, FL 32250
Phone: 9042417865

405. PEARLE VISION

359 MARSH LANDING PKWY, JACKSONVILLE BEACH, FL 32250
Phone: 9042800011

406. TARGET OPTICAL

490 MARSH LANDING PKWY, JACKSONVILLE BEACH, FL 32250
Phone: 9045436260

Escambia County

407. BELL & TEREZZA OD PA

113 PALAFOX PL, PENSACOLA, FL 32501
Phone: 8504342060

408. SIGHT AND SUN EYEWORKS

5101 N DAVIS HWY, PENSACOLA, FL 32503
Phone: 8504797379

409. THE EYE GUY

5328 N DAVIS HWY, PENSACOLA, FL 32503
Phone: 8504346387

410. MIDTOWN DENTAL & VISION

1108 AIRPORT BLVD, PENSACOLA, FL 32504
Phone: 8504740300

411. AMERICAS BEST

1630 AIRPORT BLVD, PENSACOLA, FL 32504
Phone: 8509124100

412. CHARLES E PORCH

2650 CREIGHTON RD, PENSACOLA, FL 32504
Phone: 8504785120

413. LENSRAFTERS

5100 N 9TH AVE, PENSACOLA, FL 32504
Phone: 8504849444

414. CENTER FOR SIGHT OF NW FL

6190 N DAVIS HWY, PENSACOLA, FL 32504
Phone: 8504769236

415. CENTER FOR SIGHT

6190 N DAVIS HWY, PENSACOLA, FL 32504
Phone: 8504769236

416. PENSACOLA VISION CENTER INC

6400 N DAVIS HWY, PENSACOLA, FL 32504
Phone: 8504766100

417. OPTI CLUB

6495 N DAVIS HWY, PENSACOLA, FL 32504
Phone: 8504751434

418. STANTON OPTICAL

7000 N DAVIS HWY, PENSACOLA, FL 32504
Phone: 8503087297

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FL

419. F DONALD COLLEY OD PA
2105 TOWN ST, PENSACOLA, FL 32505
Phone: 8504330327

420. EYEGLOSS WORLD
6810 N DAVIS HWY, PENSACOLA, FL 32505
Phone: 8504772030

421. JAMES W ANDREWS OD
5062 MOBILE HWY, PENSACOLA, FL 32506
Phone: 8504534373

422. GENE TERREZZA OD & ASSOCIATES
800 N FAIRFIELD DR, PENSACOLA, FL 32506
Phone: 8504565059

423. THE EYE GUY
1023 N NAVY BLVD, PENSACOLA, FL 32507
Phone: 8205424900

424. SIGHT AND SUN EYEWORKS PERDIDO
12591 SORRENTO RD, PENSACOLA, FL 32507
Phone: 8504970711

425. COASTAL FAMILY EYECARE
3960 WEST NAVY BLVD, PENSACOLA, FL 32507
Phone: 8504550120

426. THE OPTICAL OUTLET
949 N NAVY BLVD, PENSACOLA, FL 32507
Phone: 8504555070

427. GULF COAST VISION CTR INC
460 E NINE MILE RD, PENSACOLA, FL 32514
Phone: 8504771499

428. WEST FLORIDA MEDICAL CTR
8333 N DAVIS HWY, PENSACOLA, FL 32514
Phone: 8504748220

429. DOUGLAS K BOYD OD
2400 W MICHIGAN AVE, PENSACOLA, FL 32526
Phone: 8509414500

430. SIGHT AND SUN EYEWORKS
2256 W NINE MILE RD, PENSACOLA, FL 32534
Phone: 8504792020

Flagler County

431. EYE CENTER OF ST AUGUSTINE
10 FLORIDA PARK DR, PALM COAST, FL 32137
Phone: 3864451279

432. EYE STYLE OPTICAL
1240 PALM COAST PKWY SOUTHWEST, PALM COAST, FL 32137
Phone: 3864464210

433. TOTAL VISION OF PALM COAST
15 CYPRESS BRANCH WAY, PALM COAST, FL 32137
Phone: 3864451880

434. EYECARE EXPRESS
250 PALM COAST PKWY NE, PALM COAST, FL 32137
Phone: 3864461200

435. FAMILY EYE CARE OF PALM COAST
4 OFFICE PARK DR, PALM COAST, FL 32137
Phone: 3862254553

436. TOMOKA EYE ASSOCIATES
21 HOSPITAL DR, PALM COAST, FL 32164
Phone: 3865863711

437. TARGET OPTICAL
5100 E HIGHWAY 100, PALM COAST, FL 32164
Phone: 3865867924

Gulf County

438. EYE CENTER OF NORTH FLORIDA
528 B 5TH STREET, PORT SAINT JOE, FL 32456
Phone: 8502277266

Hardee County

439. MARK D SEVIGNY OD
735 NORTH 6TH AVENUE, WAUCHULA, FL 33873
Phone: 8637733322

Hendry County

440. THE VISION CENTER IN WAL-MART
1005 W SUGARLAND HWY, CLEWISTON, FL 33440
Phone: 8639029844

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FL

441. EYE CENTERS OF FLORIDA
820 W SUGARLAND HWY, CLEWISTON, FL 33440
Phone: 8639839105

442. SPECTACULAR EYECARE
415 W STATE RD 80, LABELLE, FL 33935
Phone: 8636752015

443. EYE CENTERS OF FLORIDA
870 W HICKPOCHEE AVE, LABELLE, FL 33935
Phone: 8636740460

Hernando County

444. BROOKSVILLE OPTICAL
7611 HORSE LAKE RD, BROOKSVILLE, FL 34601
Phone: 3527960340

445. BROOKSVILLE OPTICAL
7631 HORSE LAKE ROAD, BROOKSVILLE, FL 34601
Phone: 3527960340

446. COPPEDGE EYECARE LLC
86 PONCE DE LEON BLVD, BROOKSVILLE, FL 34601
Phone: 3527962141

447. BROOKSVILLE EYE CENTER
924 CANDLELIGHT BLVD, BROOKSVILLE, FL 34601
Phone: 3527964833

448. SEARS OPTICAL
13085 CORTEZ, BROOKSVILLE, FL 34613
Phone: 3525926444

449. LINDA S PAEY
13300 CORTEX BLVD, BROOKSVILLE, FL 34613
Phone: 3525974006

450. BRIAN L WEBER OD
1380 PINEHURST DRIVE, SPRING HILL, FL 34606
Phone: 3526832020

451. AFTER IMAGE EYECARE PA
2601 FOREST RD, SPRING HILL, FL 34606
Phone: 3526881102

452. CORDANO EYE CARE CTR
4371 COMMERCIAL WAY, SPRING HILL, FL 34606
Phone: 3525972226

453. CRYSTAL CLEAR OPTICAL
5443 SPRING HILL DR, SPRING HILL, FL 34606
Phone: 3526860553

454. NATIONWIDE INSIDE JCPENNEY
5181 PEPPER ST, SPRING HILL, FL 34607
Phone: 3526833212

455. SPRING HILL EYE CENTER
11025 SPRING HILL DR, SPRING HILL, FL 34608
Phone: 3526833937

456. STOLTE EYE CARE
10441 QUALITY DR, SPRING HILL, FL 34609
Phone: 3526669990

457. SEE KLEAR OPTIX
14243 POWELL RD, SPRING HILL, FL 34609
Phone: 3526002990

Highlands County

458. SEVIGNY AND JOHNSON EYE CARE
210 US 27 NORTH, AVON PARK, FL 33825
Phone: 8634533850

459. THAYER EYE CARE PA
27 US 27 S, LAKE PLACID, FL 33852
Phone: 8634654904

460. SEVIGNY & ASSOCIATES EYE CARE
27 US HWY 27, LAKE PLACID, FL 33852
Phone: 8634654904

461. NEWSOM EYE AND LASER CENTER
3205 PHYSICIANS WAY, SEBRING, FL 33870
Phone: 8633851544

462. MYEYEDR
3600 US 27 NORTH, SEBRING, FL 33870
Phone: 8633822020

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FL

463. NEWSOM EYE AND LASER CENTER
4211 US HWY 27 NORTH, SEBRING, FL 33870
Phone: 8633851544

464. EYE SPECIALISTS OF MID-FL PA
5032 US HIGHWAY 27 N, SEBRING, FL 33870
Phone: 8633823900

465. SEVIGNY & ASSOCIATES EYE CARE
363 US HWY 27 S, SEBRING, FL 33872
Phone: 8633857778

Hillsborough County

466. OPTICAL OUTFITTERS LLC
242 HARBOR VILLAGE LN, APOLLO BEACH, FL 33572
Phone: 8136452022

467. KINGS WAY EYE CLINIC & OPTICAL
107 KINGSWAY RD, BRANDON, FL 33510
Phone: 8136812020

468. ST JUDE EYE CLINIC & SKIN CARE
131 N MOON AVE, BRANDON, FL 33510
Phone: 8133159898

469. AMERICAS BEST
11391 CAUSEWAY BLVD, BRANDON, FL 33511
Phone: 8134133202

470. VISION SOURCE
1180 NIKKI VIEW DR, BRANDON, FL 33511
Phone: 8136511400

471. PEARLE VISION
1929 A WEST BRANDON BLVD, BRANDON, FL 33511
Phone: 8136818880

472. CARSON OPTICAL
201 S KINGS AVE, BRANDON, FL 33511
Phone: 8136847071

473. JON A BICKOFF OD
201 S KINGS AVE, BRANDON, FL 33511
Phone: 8136813863

474. LENS CRAFTERS
2416 W BRANDON BLVD, BRANDON, FL 33511
Phone: 8136847070

475. LENS CRAFTERS
307 BRANDON TOWN CENTER MALL, BRANDON, FL 33511
Phone: 8136897709

476. BRANDON COMMUNITY HEALTH CTR
313 S LAKEWOOD DR, BRANDON, FL 33511
Phone: 8136611930

477. BRANDON FAMILY EYE CARE
324 E BLOOMINGDALE AVE, BRANDON, FL 33511
Phone: 8136852646

478. NATIONWIDE INSIDE OF JCPENNEY
331 BRANDON TOWN CENTER MALL, BRANDON, FL 33511
Phone: 8136547748

479. BLOOMINGDALE EYE CARE INC
407 W BLOOMINGDALE, BRANDON, FL 33511
Phone: 8136559710

480. BRANDON EYE ASSOCIATES
540 MEDICAL OAKS AVE, BRANDON, FL 33511
Phone: 8136842211

481. WILSON & BERNATSKY
655 BRANDON TOWN CENTER MALL, BRANDON, FL 33511
Phone: 8136811036

482. THE EYE DOCTOR
945 EAST BRANDON BLVD, BRANDON, FL 33511
Phone: 8136611930

483. TOM LEE COMMUNITY HEALTH CTR
14254 STATE ROAD 574, DOVER, FL 33527
Phone: 8136536100

484. NEHAUL STRYKER OD PLLC
13135 KINGS LAKE DR, GIBSONTON, FL 33534
Phone: 8134981905

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FL

485. FISHHAWK FAMILY EYECARE
5458 LITHIA PINECREST DR, LITHIA, FL 33547
Phone: 8136892020

486. VISIONARY EYE CARE TAMPA INC
17655 NORTH DALE MABRY, LUTZ, FL 33548
Phone: 8134259596

487. PARSONS EYE ASSOCIATES PA
18510 N DALE MABRY HIGHWAY, LUTZ, FL 33548
Phone: 8139690805

488. MYEYEDR
102 HENRY AVE, PLANT CITY, FL 33563
Phone: 8137046090

489. BARRY M GAFFNEY OD PA
2002 S ALEXANDER ST, PLANT CITY, FL 33563
Phone: 8137543593

490. VALUE OPTICAL
2511 THONOTOSASSA RD, PLANT CITY, FL 33563
Phone: 8137545678

491. EYE EXPRESS
102 HENRY AVE, PLANT CITY, FL 33564
Phone: 8137046093

492. STRONG VISION CTR
2128 JIM REDMAN PKWY, PLANT CITY, FL 33566
Phone: 8137523320

493. SUN HILL OPTICAL
11649 BOYETTE RD, RIVERVIEW, FL 33569
Phone: 8136728100

494. MARK S LUEDKE OD PA
9433 BALM RIVERVIEW RD, RIVERVIEW, FL 33569
Phone: 8136712020

495. TARGET OPTICAL
10150 BLOOMINGDALE AVE, RIVERVIEW, FL 33578
Phone: 8136203126

496. NATIONWIDE VISION CENTER
3875 US HWY 301 SOUTH, RIVERVIEW, FL 33578
Phone: 8132463186

497. RIVERVIEW OPTICAL
7037 US HWY 301 S, RIVERVIEW, FL 33578
Phone: 8136770229

498. WEST COAST MOBILE EYE CARE INC
25D COLLEGE AVE W, RUSKIN, FL 33570
Phone: 8138862020

499. RUSKIN HEALTH CENTER
2814 14TH AVE SOUTHEAST, RUSKIN, FL 33570
Phone: 8136536100

500. RUSKIN EYE CLINIC
612 N TAMIAMI TRL, RUSKIN, FL 33570
Phone: 8136453831

501. GREGORY CAGLE OD PA
1016 W DR MLK JR BLVD, SEFFNER, FL 33584
Phone: 8136815151

502. SUN HILL OPTICAL
1647 SUN CITY CTR PLAZA, SUN CITY CENTER, FL 33573
Phone: 8136341018

503. OPTIMART INC
3830 STATE RD 674, SUN CITY CENTER, FL 33573
Phone: 8136346155

504. EYE ASSOCIATES OF MANATEE LLP
3894 SUN CITY CENTER BLVD, SUN CITY CENTER, FL 33573
Phone: 8136342020

505. STUART J KAUFMAN MD & ASSOCIAT
4002 SUN CITY CENTER BLVD, SUN CITY CENTER, FL 33573
Phone: 8136349289

506. THE EYE ASSOCIATES OF MANATEE
779 CORTARO DRIVE, SUN CITY CENTER, FL 33573
Phone: 8136342020

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FL

507. DESIGNING EYES
200 N TAMPA ST, TAMPA, FL 33602
Phone: 8132290551

508. EAST OAK OPTICAL
407 E OAK AVE, TAMPA, FL 33602
Phone: 8134435660

509. OPTICAL ETC
1601 W SLIGH AVE, TAMPA, FL 33604
Phone: 8136673937

510. EYE INSTITUTE OPTICAL
501 N HOWARD AVE, TAMPA, FL 33606
Phone: 7275818706

511. TARGET OPTICAL
1544 N DALE MABRY HWY, TAMPA, FL 33607
Phone: 8132621096

512. LENSRAFTERS
2223 N WESTSHORE BLVD, TAMPA, FL 33607
Phone: 8138764290

513. OAKLEY INTERNATIONAL PLAZA
2223 N WESTSHORE BLVD, TAMPA, FL 33607
Phone: 8138721535

514. TAMPA EYE CLINIC & ASSOCIATES
3000 W MLK JR BLVD, TAMPA, FL 33607
Phone: 8138772020

515. NEWSOM EYE AND LASER CENTER
113 SOUTH ARMENIA AVE, TAMPA, FL 33609
Phone: 8139082020

516. RONALD M PATTERSON OD
2917 W KENNEDY BLVD, TAMPA, FL 33609
Phone: 8138712020

517. LENSRAFTERS AT MACYS
298 WESTSHORE PLAZA, TAMPA, FL 33609
Phone: 8132070833

518. GIACOMO GUGGINO MD
3109 W SWANN AVE, TAMPA, FL 33609
Phone: 8138760050

519. LENSRAFTERS
343 WESTSHORE PLAZA, TAMPA, FL 33609
Phone: 8132898000

520. PEARLE VISION
3708 HENDERSON BLVD, TAMPA, FL 33609
Phone: 8133923636

521. GULF COAST OPTOMETRY
4890 W KENNEDY BLVD, TAMPA, FL 33609
Phone: 8138726063

522. BRITTON PLAZA VISION CENTER IN
3802A BRITTON PLAZA, TAMPA, FL 33611
Phone: 8138370077

523. FREY EYE DESIGNS
1410 E FLETCHER AVE, TAMPA, FL 33612
Phone: 8139794572

524. EDWARD J GUGGEMOS OD
1410 E FLETCHER AVE, TAMPA, FL 33612
Phone: 8139717900

525. FOR EYES OPTICAL CO
2201 E FOWLER AVE, TAMPA, FL 33612
Phone: 8139781035

526. DR ANDERSON & ASSOC
719 W FLETCHER AVE, TAMPA, FL 33612
Phone: 8139612020

527. FLORIDA EYE CENTER
13602 N 46TH ST, TAMPA, FL 33613
Phone: 8139724444

528. LLOYD FIRESTONE OD
14958 N FLORIDA AVE, TAMPA, FL 33613
Phone: 8139616702

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FL

529. I CARE OPTICAL

224 E BEARSS AVE, TAMPA, FL 33613
Phone: 8134432138

530. WALESBY VISION CENTER

2510 WEST WATERS AVE, TAMPA, FL 33614
Phone: 8139150755

531. THE EYE DOCTOR

4710 N HABANA AVE, TAMPA, FL 33614
Phone: 8138748724

532. JAMES L GRECO JR OD

4710 N HABANA AVE, TAMPA, FL 33614
Phone: 8138790324

533. VISION SOURCE OF TAMPA

7226 N DALE MABRY HWY, TAMPA, FL 33614
Phone: 8139228625

534. PRADO VISION CENTER

7522 N HIMES AVE, TAMPA, FL 33614
Phone: 8139310500

535. ANTHONY EFRE OD

5537 SHELDON RD, TAMPA, FL 33615
Phone: 8138060812

536. VALUE VISION OF TOWN & COUNTRY

7922 W HILLSBOROUGH AVE, TAMPA, FL 33615
Phone: 8139687002

537. CENTRAL FLORIDA EYECARE ASSOC

5201 E BUSCH BLVD, TAMPA, FL 33617
Phone: 8139792929

538. GULF COAST OPTOMETRY

10934 N DALE MABRY HWY, TAMPA, FL 33618
Phone: 8135594990

539. LENS CRAFTERS

11921 N DALE MABRY, TAMPA, FL 33618
Phone: 8139690996

540. NATIONWIDE VISION CENTER

13141 N DALE MABRY HWY, TAMPA, FL 33618
Phone: 8132642769

541. NEWSOM EYE AND LASER CENTER

13904 N DALE MABRY HWY, TAMPA, FL 33618
Phone: 8139082020

542. AMERICAS BEST

14932 N DALE MABRY HIGHWAY, TAMPA, FL 33618
Phone: 8133042657

543. MYEYEDR

3040 W BEARSS AVE, TAMPA, FL 33618
Phone: 8132642020

544. CARROLLWOOD OPTICAL

3604 MADACA LN, TAMPA, FL 33618
Phone: 8139621006

545. GULF COAST OPTOMETRY

10224 E ADAMO DR, TAMPA, FL 33619
Phone: 8136435333

546. PALM RIVER COMMUNITY HEALTH

7728 PALM RIVER RD, TAMPA, FL 33619
Phone: 8136536100

547. DAVID MONBECK OD

3108 N BOUNDARY BLVD, TAMPA, FL 33621
Phone: 8138401161

548. MACDILL OPTICAL CENTER

3108 N BOUNDARY BLVD, TAMPA, FL 33621
Phone: 8138402292

549. LENS CRAFTERS

7802 CITRUS PARKTOWN CTR, TAMPA, FL 33625
Phone: 8139204008

550. NATIONWIDE INSIDE OF JCPENNEY

8102 CITRUS PARK TOWN CENTER, TAMPA, FL 33625
Phone: 8139266288

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FL

551. PEARLE VISION
8504 CITRUS PARK DR, TAMPA, FL 33625
Phone: 8135149220

552. FAMILY EYECARE AT WESTCHASE
12311 W LINEBAUGH AVE, TAMPA, FL 33626
Phone: 8138142020

553. EAGLE EYE VISION CARE
12950 RACE TRACK RD, TAMPA, FL 33626
Phone: 8138549000

554. CITRUS PARK EYECARE INC
7865 GUNN HWY, TAMPA, FL 33626
Phone: 8137920700

555. BRIGHT EYES FAMILY VISION CARE
9912 W LINEBAUGH AVE, TAMPA, FL 33626
Phone: 8137920637

556. DBS EYE CARE
1155 S DALE MABRY HWY, TAMPA, FL 33629
Phone: 8138432653

557. GULF COAST OPTOMETRY
1531 S DALE MABRY HWY, TAMPA, FL 33629
Phone: 8133023083

558. EYEGLOSS WORLD
1531 S DALE MABRY HWY, TAMPA, FL 33629
Phone: 8133023083

559. INFINITY EYECARE CENTER
4117 W HENDERSON BLVD, TAMPA, FL 33629
Phone: 8132078984

560. TARGET OPTICAL
11627 W HILLSBOROUGH AVE, TAMPA, FL 33635
Phone: 8138141860

561. BAYSIDE FAMILY EYE CARE
6911 PISTOL RANGE RD, TAMPA, FL 33635
Phone: 8139253393

562. BRIGHT EYES KIDS
15303 AMBERLY DR, TAMPA, FL 33647
Phone: 8137920637

563. THE EYE DOCTORS OF NEW TAMPA
19070 BRUCE B DOWNS BLVD, TAMPA, FL 33647
Phone: 8136322020

564. SUN HILL OPTICAL
1940 E HIGHWAY 60, VALRICO, FL 33594
Phone: 8136539200

565. MAXIM EYES OPTICAL
2547 STATE RD 60 EAST, VALRICO, FL 33594
Phone: 8136539661

566. NATIONWIDE VISION CENTER
2054 E BLOOMINGDALE AVE, VALRICO, FL 33596
Phone: 8138206150

567. SOUTHERN EYE CARE ASSOCIATES
3307 LITHIA PINECREST RD, VALRICO, FL 33596
Phone: 8136540220

Indian River County

568. BAY STREET OPTICAL
13830 US HWY 1, SEBASTIAN, FL 32958
Phone: 7725896222

569. RIVERSIDE EYE CENTER
14410 US HWY 1, SEBASTIAN, FL 32958
Phone: 7725898111

570. BUENA VISTA EYELAND INC
1619 US HWY 1, SEBASTIAN, FL 32958
Phone: 7723889330

571. OCEAN VIEWS OPTICAL
7785 144TH ST, SEBASTIAN, FL 32958
Phone: 7725898654

572. TROPICAL EYE ASSOCIATES
1960 25TH AVE, VERO BEACH, FL 32960
Phone: 7725675102

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FL

573. TREASURE COAST EYE ASSOCIATES
333 17TH ST, VERO BEACH, FL 32960
Phone: 7729780845

574. EYE CLINIC OF VERO
634 21ST ST, VERO BEACH, FL 32960
Phone: 7725676513

575. TREASURE COAST OPTICIANS
715 17TH STREET, VERO BEACH, FL 32960
Phone: 7725694822

576. KRIS E SMITH OD
792 S US HWY 1, VERO BEACH, FL 32962
Phone: 7727702020

577. JCPENNEY OPTICAL
6200 20TH ST, VERO BEACH, FL 32966
Phone: 7727788051

578. LENS CRAFTERS
6200 20TH ST, VERO BEACH, FL 32966
Phone: 7725675954

Jackson County

579. DAVIS OPTOMETRY GROUP PA
2922 JEFFERSON ST, MARIANNA, FL 32446
Phone: 8505264550

580. MULLIS EYE INSTITUTE
4320 FIFTH AVE, MARIANNA, FL 32446
Phone: 8505267775

581. PELT EYE CLINIC
4340 LAFAYETTE ST, MARIANNA, FL 32446
Phone: 8504822336

Lake County

582. EYE SPECIALISTS OF MID-FL PA
1050 US HIGHWAY 27, CLERMONT, FL 34711
Phone: 3523948705

583. EYE SPECIALISTS OF FLORIDA
1804 OAKLEY SEAVER DR, CLERMONT, FL 34711
Phone: 3522438704

584. CLERMONT FAMILY EYECARE
219 CITRUS TOWER BLVD, CLERMONT, FL 34711
Phone: 3522432700

585. SOUTH LAKE OPTICAL
2250 E HIGHWAY 50, CLERMONT, FL 34711
Phone: 3522435349

586. FLORIDA EYE CLINIC
2460 E HWY 50, CLERMONT, FL 34711
Phone: 4078347776

587. TARGET OPTICAL
2660 E HWY 50, CLERMONT, FL 34711
Phone: 3523943521

588. MYEYEDR
3140 CITRUS TOWER BLVD, CLERMONT, FL 34711
Phone: 3522432121

589. PREMIER OPHTHALMOLOGY
3195 CITRUS TOWER BLVD, CLERMONT, FL 34711
Phone: 3522419700

590. JAMES R DAVIS IV OD INC
730 7TH ST, CLERMONT, FL 34711
Phone: 3523946168

591. SAFIRA HEALTH INC
550 US HWY 27, Clermont, FL 34714
Phone: 4076660828

592. CENTRAL FLORIDA EYE CTR
2303 S BAY ST, EUSTIS, FL 32726
Phone: 3523571027

593. LAKE EYE ASSOCIATES
801 COUNTY RD 466, LADY LAKE, FL 32159
Phone: 3523052070

594. EYECARE CENTER OF LEESBURG
112 E DIXIE AVE, LEESBURG, FL 34748
Phone: 3527871956

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FL

595. BEACON ADVANCED EYECARE
1320 SHELFER ST, LEESBURG, FL 34748
Phone: 3523263631

596. BEACON VISION CENTER
1320 SHELFER ST, LEESBURG, FL 34748
Phone: 3527879799

597. ALBERT DUCHARME OD
1320 SHELFER ST, LEESBURG, FL 34748
Phone: 3527281700

598. LAKE EYE ASSOCIATES
601 EAST DIXIE AVE, LEESBURG, FL 34748
Phone: 3523652020

599. GULF COAST OPTOMETRY
10041 US HWY 441, LEESBURG, FL 34788
Phone: 3523231890

600. SEARS OPTICAL
10401 2002 US 441, LEESBURG, FL 34788
Phone: 3523606469

601. EYE DEAL OPTICAL LLC
8112 CENTRALIA CT, LEESBURG, FL 34788
Phone: 3527285494

602. MID FLORIDA EYE CENTER
17560 HIGHWAY 441, MOUNT DORA, FL 32757
Phone: 3527352020

603. FIRST IMAGE OPTICAL LLC
17562 HWY 441, MOUNT DORA, FL 32757
Phone: 3527352021

604. PRECISION EYE CARE CENTER
4900 N HIGHWAY 19A, MOUNT DORA, FL 32757
Phone: 3524833555

605. LAKE EYE ASSOCIATES
1852 MAYO DR, TAVARES, FL 32778
Phone: 3523432020

606. UMATILLA OPTICAL & HAC
570 HATFIELD DR, UMATILLA, FL 32784
Phone: 3527299037

607. UMATILLA OPTICAL & HAC
570 HATFIELD DR, UMATILLA, FL 32784
Phone: 3526696888

608. UMATILLA OPTICAL & HAC
931 N CENTRAL AVE, UMATILLA, FL 32784
Phone: 3527299037

Lee County

609. ASSOCIATES IN EYE CARE OF FL
26381 S TAMIAMI TRL, BONITA SPRINGS, FL 34134
Phone: 2399922020

610. TYSON EYE CENTER
3925 BONITA BEACH RD, BONITA SPRINGS, FL 34134
Phone: 2395422020

611. TRAVIS A GRESHAM III OD
25225 CHAMBER OF COMMERCE DR, BONITA SPRINGS, FL 34135
Phone: 2394952020

612. EYE CENTERS OF FLORIDA
26831 S TAMIAMI TRL, BONITA SPRINGS, FL 34135
Phone: 2399921422

613. WILLIAMSON EYE CENTER
3218 DEL PRADO BLVD SOUTH, CAPE CORAL, FL 33904
Phone: 2395422504

614. FRANTZ EYECARE
3515 DEL PRADO BLVD, CAPE CORAL, FL 33904
Phone: 2395424123

615. TYSON EYE CENTER
4120 DEL PRADO SOUTH, CAPE CORAL, FL 33904
Phone: 2395422020

616. TARGET OPTICAL
1890 PINE ISLAND RD NE, CAPE CORAL, FL 33909
Phone: 2395734742

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To use your in-network benefits to purchase glasses online visit www.glasses.com.

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FL

617. ONE PRICE OPTICAL

325 DEL PRADO BLVD N, CAPE CORAL, FL 33909
Phone: 2395738774

618. FULL SPECTRUM FAMILY VISION

1224 DEL PRADO BLVD S, CAPE CORAL, FL 33990
Phone: 2395733937

619. GULF COAST OPTOMETRY

1918 DEL PRADO BLVD, CAPE CORAL, FL 33990
Phone: 2397723882

620. EYE CENTERS OF FLORIDA

2301 DEL PRADO BLVD SOUTH, CAPE CORAL, FL 33990
Phone: 2395744443

621. SOUTHWEST FLORIDA EYE CARE

2221 SANTA BARBARA BLVD, CAPE CORAL, FL 33991
Phone: 2395745406

622. GULF COAST OPTOMETRY

22907 LYDEN DR, ESTERO, FL 33928
Phone: 2399085453

623. TARGET OPTICAL

8040 MEDITERRANEAN DR, ESTERO, FL 33928
Phone: 2393903193

624. LENS CRAFTERS

8076 MEDITERRANEAN DR, ESTERO, FL 33928
Phone: 2399927711

625. EYE CENTERS OF FLORIDA

4101 EVANS AVE, FORT MYERS, FL 33901
Phone: 2392751176

626. LENS CRAFTERS

4125 S CLEVELAND AVE, FORT MYERS, FL 33901
Phone: 2399368088

627. AMERICAS BEST

3260 FORUM BLVD, FORT MYERS, FL 33905
Phone: 2397387174

628. EYE CENTERS OF FLORIDA

4881 PALM BEACH BLVD, FORT MYERS, FL 33905
Phone: 2397900127

629. FRANTZ EYECARE

12731 NEW BRITTANY BLVD, FORT MYERS, FL 33907
Phone: 2394180999

630. LENS CRAFTERS

13300 S CLEVELAND AVE, FORT MYERS, FL 33907
Phone: 2394331110

631. FORT MYERS EYE CENTER

1537 BRANTLEY RD, FORT MYERS, FL 33907
Phone: 2394817799

632. EYE PHYSICIANS AND SURGEONS

4790 BARKLEY BLDG C, FORT MYERS, FL 33907
Phone: 2399368686

633. GULF COAST OPTOMETRY

4957 CLEVELAND AVE, FORT MYERS, FL 33907
Phone: 2392781217

634. ALL SAINTS EYE CENTER

11600 GLADIOLUS DR, FORT MYERS, FL 33908
Phone: 2394813603

635. EYE CENTERS OF FLORIDA

15661 SAN CARLOS BLVD, FORT MYERS, FL 33908
Phone: 2394546444

636. JOHNSON EYECARE

15661 SAN CARLOS BLVD, FORT MYERS, FL 33908
Phone: 2398873187

637. TARGET OPTICAL

15880 SAN CARLOS BLVD, FORT MYERS, FL 33908
Phone: 2399851421

638. WEST FLORIDA EYE

18070 S TAMIAMI TRL, FORT MYERS, FL 33908
Phone: 2393032687

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FL

639. ALL SAINTS EYE CENTER
6150 DIAMOND CENTER COURT, FORT MYERS, FL 33912
Phone: 2397687022

640. SOUTHWEST FLORIDA EYE CARE
6850 INTERNATIONAL CENTER BLVD, FORT MYERS, FL 33912
Phone: 2397680006

641. PEARLE VISION
6891 DANIELS PARKWAY, FORT MYERS, FL 33912
Phone: 2392448892

642. COLLINS VISION
6900 INTERNATIONAL CTR BLVD, FORT MYERS, FL 33912
Phone: 2399394323

643. TARGET OPTICAL
10000 GULF CENTER DR, FORT MYERS, FL 33913
Phone: 2394322660

644. JEANNIE FOWLER
13451 MCGREGOR BLVD, FORT MYERS, FL 33919
Phone: 2393373937

645. DR HANSON AND ASSOCIATES
4600 SUMMERLIN RD, FORT MYERS, FL 33919
Phone: 2399362121

646. SOUTH FLORIDA EYE CLINIC
4755 SUMMERLIN RD, FORT MYERS, FL 33919
Phone: 2399368841

647. DOCTORS EYECARE CENTERS
5995 S POINTE BLVD, FORT MYERS, FL 33919
Phone: 2394820355

648. ASSOCIATES IN EYE CARE OF FL
5995 S POINTE BLVD, FORT MYERS, FL 33919
Phone: 2399922020

649. FORT MYERS EYE ASSOCIATES
8801 COLLEGE PKWY, FORT MYERS, FL 33919
Phone: 2394372004

650. EYE PHYSICIANS AND SURGEONS OF
9201 CYPRESS LAKE DR, FORT MYERS, FL 33919
Phone: 2394813343

651. TYSON EYE CENTER
8004 VINTAGE PKWY, FORT MYERS, FL 33967
Phone: 2395422020

652. WEST FLORIDA EYE INC
2814 LEE BOULEVARD, LEHIGH ACRES, FL 33971
Phone: 2393032687

653. JONATHAN M FRANTZ MD PA
3020 LEE BLVD, LEHIGH ACRES, FL 33971
Phone: 2393692010

654. EYE CENTERS OF FLORIDA
3507 LEE BLVD, LEHIGH ACRES, FL 33971
Phone: 2393695884

655. EYE CENTERS OF FLORIDA
17966 N TAMIAMI TRL, NORTH FORT MYERS, FL 33903
Phone: 2395433336

656. TYSON EYE CENTER
18770 N TAMIAMI TRL, NORTH FORT MYERS, FL 33903
Phone: 2395422020

657. TERRY L TUCKER OD
88 PINE ISLAND RD, NORTH FORT MYERS, FL 33903
Phone: 2396561778

658. EYE CENTERS OF FLORIDA
17966 N TAMIAMI TRL, NORTH FORT MYERS, FL 33917
Phone: 2395433336

Leon County

659. MYEYEDR
1433 E LAFAYETTE ST, TALLAHASSEE, FL 32301
Phone: 8506563300

660. JCPENNEY OPTICAL
1500 APALACHEE PKWY, TALLAHASSEE, FL 32301
Phone: 8508785721

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FL

661. AMERICAS BEST
1505 GOVERNORS SQ BLVD, TALLAHASSEE, FL 32301
Phone: 8503914680

662. TARGET OPTICAL
2120 APALACHEE PKWY, TALLAHASSEE, FL 32301
Phone: 8502737158

663. STANTON OPTICAL
214 S MAGNOLIA DR, TALLAHASSEE, FL 32301
Phone: 8502701146

664. KAREN D DETWILER OD PA
410 W TENNESSEE ST, TALLAHASSEE, FL 32301
Phone: 8505615030

665. WALTER HATHAWAY OD
255 JOHN KNOX RD, TALLAHASSEE, FL 32303
Phone: 8503850255

666. HATCHER OPTICIANS
1535 CENTERVILLE RD, TALLAHASSEE, FL 32308
Phone: 8508777695

667. MYEYEDR OPTOMETRY OF FL
1901 MICCOSUKEE RD, TALLAHASSEE, FL 32308
Phone: 8507012540

668. FOCAL POINTE
2724 CAPITAL CIRCLE NE, TALLAHASSEE, FL 32308
Phone: 8503854444

669. TALLAHASSEE EYE CENTER
2858 MAHAN DR, TALLAHASSEE, FL 32308
Phone: 8502162020

670. BIG BEND FAMILY EYE CARE
1394 TIMBERLANE RD, TALLAHASSEE, FL 32312
Phone: 8509996926

671. MYEYEDR
1480 TIMBERLANE RD, TALLAHASSEE, FL 32312
Phone: 8508934005

Levy County

672. MICHAEL A RASCATI OD PA
1117 NW 19TH AVE, CHIEFLAND, FL 32626
Phone: 3524932180

Madison County

673. SOUTH GEORGIA EYE PARTNERS PC
234 SW RANGE AVE, MADISON, FL 32340
Phone: 8509733937

Manatee County

674. AMERICAS BEST
5275 UNIVERSITY PARK, BRADENTON, FL 34201
Phone: 9413065833

675. CENTER FOR SIGHT
5409 UNIVERSITY PKWY, BRADENTON, FL 34201
Phone: 9413519440

676. LAKEWOOD FAMILY EYE CARE
11151 SR 70 EAST, BRADENTON, FL 34202
Phone: 9417395959

677. INFOCUS FAMILY EYECARE
8120 LAKEWOOD MAIN ST, BRADENTON, FL 34202
Phone: 9413622020

678. SINCLAIR & CAMP OD PA
9122 58TH DRIVE EAST, BRADENTON, FL 34202
Phone: 9417522020

679. THE EYE ASSOCIATES
6807 53RD AVE EAST, BRADENTON, FL 34203
Phone: 9417581916

680. DRS JOLLY AND CHLEBINO
2020 MANATEE AVE W, BRADENTON, FL 34205
Phone: 9417471831

681. EYE CENTER INC
2003 CORTEZ RD W, BRADENTON, FL 34207
Phone: 9417562020

682. BAYSHORE EYE CARE
5632 26TH ST WEST, BRADENTON, FL 34207
Phone: 9417514668

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FL

683. EAST MANATEE VISION CENTER
1312 MANATEE AVE EAST, BRADENTON, FL 34208
Phone: 9417508797

684. LENS CRAFTERS
3581 FIRST ST, BRADENTON, FL 34208
Phone: 9417464300

685. DESOTO VISION CENTER
3611 FIRST ST EAST, BRADENTON, FL 34208
Phone: 9417475567

686. GULF COAST OPTOMETRY
4001 EAST 1ST STREET (US41), BRADENTON, FL 34208
Phone: 9417459800

687. THE EYE ASSOCIATES
2203 61ST ST WEST, BRADENTON, FL 34209
Phone: 9417922020

688. WALTER F RUTKOWSKY OD
5005 MANATEE AVE WEST, BRADENTON, FL 34209
Phone: 9417941315

689. MANATEE FAMILY EYECARE
501 VILLAGE GREEN PKWY, BRADENTON, FL 34209
Phone: 9417927522

690. EYE CENTER INC
5106 MANATEE AVE W, BRADENTON, FL 34209
Phone: 9417952020

691. THE EYE ASSOCIATES
6002 POINTE WEST BLVD, BRADENTON, FL 34209
Phone: 9417922020

692. FLORIDA EYE CARE CLINIC
5306 CORTEZ RD WEST, BRADENTON, FL 34210
Phone: 9417941333

693. THE EYE ASSOCIATES
7915 US HWY 301 N, ELLENTON, FL 34222
Phone: 9417292020

694. MANATEE FAMILY EYECARE
319 SEVENTH ST WEST, PALMETTO, FL 34221
Phone: 9417295516

695. EYE CENTER INC
8312 US HWY 301 NORTH, PARRISH, FL 34219
Phone: 9417765770

696. SPECS EYEWEAR
8432 LOCKWOOD RIDGE RD, SARASOTA, FL 34243
Phone: 9413591105

Marion County

697. RITZ EYE CARE
5215 SE ABSHIER BLVD, BELLEVIEW, FL 34420
Phone: 3522459000

698. LENTSCH EYE CARE
810 NE 25TH AVE, OCALA, FL 34470
Phone: 3527320046

699. RITZ & JOHNSON FASHION EYECARE
150 SE 17TH ST, OCALA, FL 34471
Phone: 3527327900

700. LANGE EYE CARE & ASSOCIATES
42 SOUTH MAGNOLIA AVE, OCALA, FL 34471
Phone: 3522915098

701. MARION OAKS OPTICAL
133 MARION OAKS BLVD, OCALA, FL 34473
Phone: 3523473937

702. GULF COAST OPTOMETRY
2411 SW COLLEGE RD, OCALA, FL 34474
Phone: 3528733937

703. LENS CRAFTERS
2701 SW COLLEGE RD, OCALA, FL 34474
Phone: 3522373788

704. NATIONWIDE INSIDE OF JCPENNEY
3100 SW COLLEGE RD, OCALA, FL 34474
Phone: 3522377001

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FL

705. MYEYEDR

3101 SOUTHWEST COLLEGE RD, OCALA, FL 34474
Phone: 3522373768

706. EYE CARE CENTER OF OCALA

5330 SW COLLEGE RD, OCALA, FL 34474
Phone: 3525120560

707. OPTICAL EXPRESS

600 SW 10TH ST, OCALA, FL 34474
Phone: 3528671888

708. RITZ EYE CARE

6290 SW STATE RD 200, OCALA, FL 34476
Phone: 3522376200

709. MYEYEDR

11100 SW 93RD COURT RD, OCALA, FL 34481
Phone: 3522912000

710. KENNEDY EYE CARE

8075 SW HWY 200, OCALA, FL 34481
Phone: 3523693937

711. FOREST FAMILY EYE CARE CLINIC

15936 E HWY 40, SILVER SPRINGS, FL 34488
Phone: 3526250135

712. LANGE EYE CARE & ASSOCIATES

16770 US HIGHWAY 441 SOUTH, SUMMERFIELD, FL 34491
Phone: 3523073273

713. FIRST IMAGE OPTICAL LLC

17556 SE 109TH TERRACE RD, SUMMERFIELD, FL 34491
Phone: 3527352021

714. MID FLORIDA EYE CENTER PA

17556 SE 109TH TERRACE RD, SUMMERFIELD, FL 34491
Phone: 3527352020

716. OPTICAL WORLD

3054 NW FEDERAL HWY, JENSEN BEACH, FL 34957
Phone: 7726921233

717. OSCEOLA OPTIQUE

3201 NE SKYLINE DR, JENSEN BEACH, FL 34957
Phone: 7723344264

718. LENSRAFTERS

3332 NW FEDERAL HWY, JENSEN BEACH, FL 34957
Phone: 7726929538

719. JCPENNEY OPTICAL

3382 NW FEDERAL HWY, JENSEN BEACH, FL 34957
Phone: 7726924020

720. COHEN'S FASHION OPTICAL

3468 NW FEDERAL HWY, JENSEN BEACH, FL 34957
Phone: 7726922020

721. J S DAVIS LLC

2660 SW IMMANUEL DR, PALM CITY, FL 34990
Phone: 7722831191

722. FLORIDA VISION INSTITUTE

1050 MONTEREY RD, STUART, FL 34994
Phone: 7722832020

723. FLORIDA VISION OPTIQUE

1050 SE MONTEREY RD, STUART, FL 34994
Phone: 7722835020

724. SCHMIDTS OPTICAL

2341 SE FEDERAL HWY, STUART, FL 34994
Phone: 7722832622

725. CHARLES SUIVSKI OD PA

2341 SE FEDERAL HWY, STUART, FL 34994
Phone: 7722838813

726. GULF COAST OPTOMETRY

2600 SE FEDERAL HWY, STUART, FL 34994
Phone: 7724030211

Martin County

715. DAVID A GARFIELD OD

11714 SE FEDERAL HWY, HOBE SOUND, FL 33455
Phone: 7725464116

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FL

727. TREASURE COAST EYE & VISION AS
2626 S E WILLOUGHBY BLVD, STUART, FL 34994
Phone: 7722864878

738. COHENS FASHION OPTICAL
1665 W 49TH ST, HIALEAH, FL 33012
Phone: 3058205869

728. STANTON OPTICAL
2840 NW FEDERAL HWY, STUART, FL 34994
Phone: 7722491038

739. ADVANCED VISION
1770 W 32ND PLACE, HIALEAH, FL 33012
Phone: 3058854477

729. OCEAN OPTICAL PLLC
900 SE OCEAN BLVD, STUART, FL 34994
Phone: 7722872663

740. LENSRAFTERS OPTIQUE
1777 W 49TH ST, HIALEAH, FL 33012
Phone: 3058257227

730. EYEWEAR OF STUART INC
2090 SE OCEAN BLVD, STUART, FL 34996
Phone: 7722833937

741. FOR EYES OPTICAL CO
1780 W 32 PLACE, HIALEAH, FL 33012
Phone: 3058840147

731. STUART EYE INSTITUTE
2090 SE OCEAN BLVD, STUART, FL 34996
Phone: 7722878777

742. AMERICAS BEST
515 W 49TH ST, HIALEAH, FL 33012
Phone: 7868664650

732. EYECARE VISION GROUP
4625 SE DIXIE HWY, STUART, FL 34997
Phone: 7722861090

743. VISION EXPRESS
483 EAST 49TH ST, HIALEAH, FL 33013
Phone: 3058212020

Miami-Dade County

733. SOUTH FLORIDA VISION SERVICES
366 E 4 AVE, HIALEAH, FL 33010
Phone: 3058889910

744. EXPRESS VISION CARE
1550 W 84TH ST, HIALEAH, FL 33014
Phone: 7865589043

734. HIALEAH VISION CENTER
380 E 9 ST, HIALEAH, FL 33010
Phone: 3058885166

745. KERI M POMELLA OD PA
1550 W 84TH STREET, HIALEAH, FL 33014
Phone: 3055566946

735. MY EYELAB
1305 W 49TH ST, HIALEAH, FL 33012
Phone: 7865017017

746. MIAMI LAKES EYES CARE CENTER
15600 NW 67TH AVE, HIALEAH, FL 33014
Phone: 3058252020

736. SEARS OPTICAL
1625 W 49TH ST, HIALEAH, FL 33012
Phone: 3053643879

747. COMPREHENSIVE EYE CARE
7480 FAIRWAY DR, HIALEAH, FL 33014
Phone: 3055588630

737. JCPENNEY OPTICAL
1655 W 49TH ST, HIALEAH, FL 33012
Phone: 3058249890

748. FOR EYES OPTICAL CO
7535 W 4TH AVE, HIALEAH, FL 33014
Phone: 3058213832

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FL

749. AMERICAS BEST

18506 NW 67TH AVE, HIALEAH, FL 33015
Phone: 3059130070

750. MY EYE DOCTOR

18600 NW 87TH AVENUE, HIALEAH, FL 33015
Phone: 3058293937

751. LATIN EYE CARE

6410 NW 186 ST, HIALEAH, FL 33015
Phone: 3058265544

752. LAKES FAMILY EYE CARE

14750 NW 77 CT, HIALEAH, FL 33016
Phone: 3054567313

753. MORAN & MAURI EYE CENTER

15332 NW 79TH CT, HIALEAH, FL 33016
Phone: 3058210304

754. 20 20 EYECARE

8051 W 24TH AVE, HIALEAH, FL 33016
Phone: 3058270038

755. GIANNIE CASTELLANOS OD PA

8060 NW 155 ST, HIALEAH, FL 33016
Phone: 3053643737

756. OPTICA LAND

2800 W 84TH ST, HIALEAH, FL 33018
Phone: 3053623937

757. AMERICAS BEST

7800 W 33RD AVE, HIALEAH, FL 33018
Phone: 7865152027

758. JOANNE KUNDL OD

28 N HOMESTEAD BLVD, HOMESTEAD, FL 33030
Phone: 3052472334

759. EDWARD L BUDD OD

377 N KROME AVE, HOMESTEAD, FL 33030
Phone: 3052473227

760. FURNARI & LOFTON OD

948 N KROME AVE, HOMESTEAD, FL 33030
Phone: 3052472331

761. AMERICAS BEST

2517 NE 10TH CT, HOMESTEAD, FL 33033
Phone: 3052420996

762. MICHAEL L LANDAU OD

260 CRANDON BLVD, KEY BISCAYNE, FL 33149
Phone: 3053617455

763. EYETRUST VISION OF KEY BISCAYN

328 CRANDON BLVD, KEY BISCAYNE, FL 33149
Phone: 3054698080

764. AMERICAS BEST

3144 NORTH MIAMI AVE, MIAMI, FL 33127
Phone: 3055375731

765. MIDTOWN MIAMI EYE CENTER

5524 NW 7TH AVE, MIAMI, FL 33127
Phone: 3055761700

766. FABRICA DE ESPEJUELOS

1100 W FLAGLER ST, MIAMI, FL 33130
Phone: 3055458432

767. RAPHAEL PEREZ OD

1120 SW 8 ST, MIAMI, FL 33130
Phone: 3053793937

768. PROF VISION CONSULTANTS

900 S MIAMI AVE, MIAMI, FL 33130
Phone: 3056031216

769. EYETRUST VISION OF BRICKELL

1201 BRICKELL AVE, MIAMI, FL 33131
Phone: 3055879898

770. ROTH EYE CARE CTR

136 NE SECOND AVE, MIAMI, FL 33132
Phone: 3053745127

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To use your in-network benefits to purchase glasses online visit www.glasses.com.

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FL

771. COCONUT GROVE
3069 GRAND AVE, MIAMI, FL 33133
Phone: 3054698000

772. ENVISION OPTIQUE
2726 PONCE DE LEON BLVD, MIAMI, FL 33134
Phone: 3054449600

773. ISIS RODRIGUEZ OD INC.
3727 SW 8 ST, MIAMI, FL 33134
Phone: 3054483355

774. VERSAILLES DE TORO OPTICAL
5434 SW EIGHTH ST, MIAMI, FL 33134
Phone: 3054448676

775. FUTURA EYE DOCTORS
1846 SW 8 ST, MIAMI, FL 33135
Phone: 3056424300

776. FERNANDO L SILVA
3230 W FLAGLER ST, MIAMI, FL 33135
Phone: 3058585445

777. OCEAN LABS INC
900 NW 17TH ST, MIAMI, FL 33136
Phone: 3053266092

778. BISCAYNE OPTICAL
7901 BISCAYNE BLVD, MIAMI, FL 33138
Phone: 3057541800

779. VISION UNLIMITED
1555 SUNSET DR, MIAMI, FL 33143
Phone: 3056622990

780. MED EYE ASSOCIATES
5858 SW 68TH ST, MIAMI, FL 33143
Phone: 3056618588

781. DR LLOYD E SCHNEIDER
7450 SW 57TH AVE, MIAMI, FL 33143
Phone: 3056629300

782. KENDALL OPTICAL CENTER
8231 SOUTH DIXIE HWY, MIAMI, FL 33143
Phone: 3056706060

783. MARAO I CARCAMO OD
7795 W FLAGLER ST, MIAMI, FL 33144
Phone: 3052628309

784. DR LIANETTE LARIA PA
8220 W FLAGLER ST, MIAMI, FL 33144
Phone: 3052251145

785. AMERICAS BEST
8245 W FLAGLER ST, MIAMI, FL 33144
Phone: 3056037882

786. CHRISTOPHER JUSTIN HOLCOMB
8410 W FLAGLER ST, MIAMI, FL 33144
Phone: 3052207555

787. PROVISION CARE CENTER
920 SW 67TH AVE, MIAMI, FL 33144
Phone: 3052646991

788. CORAL EYES INC
1353 CORAL WAY, MIAMI, FL 33145
Phone: 3058542388

789. NEW LASER EYE CENTER OF MIAMI
1661 SW 37TH AVE, MIAMI, FL 33145
Phone: 3054612400

790. DR GARRY T CHRYCY
1661 SW 37TH AVE, MIAMI, FL 33145
Phone: 3056633265

791. CEPERO EYECARE CENTER INC
1705 CORAL WAY, MIAMI, FL 33145
Phone: 3058584085

792. FOR EYES OPTICAL CO
3542 CORAL WAY, MIAMI, FL 33145
Phone: 3054637886

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To use your in-network benefits to purchase glasses online visit www.glasses.com.

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FL

793. SEARS OPTICAL
3655 CORAL WAY, MIAMI, FL 33145
Phone: 3054603468

794. EDWARD BEINER OPTICAL
370 SAN LORENZO, MIAMI, FL 33146
Phone: 3054611808

795. THE EYEGLASS PLACE INC
430 SOUTH DIXIE HWY, MIAMI, FL 33146
Phone: 3056693890

796. DASSLER EYE CONSULTANTS INC
9543 HARDING AVE, MIAMI, FL 33154
Phone: 3058667247

797. OBERLE OPTICIANS
9552 HARDING AVE, MIAMI, FL 33154
Phone: 3058611010

798. SUAREZ OPTICAL
8100 SW 24TH ST, MIAMI, FL 33155
Phone: 3052657676

799. DEVISTO OPTICAL
8485 SW 40TH ST, MIAMI, FL 33155
Phone: 3052236142

800. AMERICAS BEST
8590 SW 24TH ST, MIAMI, FL 33155
Phone: 3052232880

801. GARY GEGERSON OD
12139 SOUTH DIXIE HWY, MIAMI, FL 33156
Phone: 3052562525

802. JCPENNEY OPTICAL
7201 N KENDALL DR, MIAMI, FL 33156
Phone: 3056651362

803. OPTICAL WORLD
7247 SW 88TH ST, MIAMI, FL 33156
Phone: 3056627774

804. LENSRAFTERS OPTIQUE
7303 SW 88TH ST, MIAMI, FL 33156
Phone: 3056623003

805. COHENS FASHION OPTICAL
7535 N KENDALL DR, MIAMI, FL 33156
Phone: 3056651044

806. LENSRAFTERS
7535 N KENDALL DR, MIAMI, FL 33156
Phone: 3056691335

807. TARGET OPTICAL
7800 SW 104TH ST, MIAMI, FL 33156
Phone: 3052700199

808. DR MEDINAS OPTICAL
8247 SW 124TH ST, MIAMI, FL 33156
Phone: 3052331330

809. ROBERT A GRAND OD
8353 SW 124 ST, MIAMI, FL 33156
Phone: 3052332040

810. KENDALL EYE CENTER
8500 SW 92 STREET, MIAMI, FL 33156
Phone: 3055955311

811. FOR EYES OPTICAL CO
9569 S DIXIE HWY, MIAMI, FL 33156
Phone: 3056653279

812. RAPHAEL PEREZ OD
11466 SW QUAIL ROOST DR, MIAMI, FL 33157
Phone: 3052558559

813. EXCEPTIONAL VISION
9000 SW 152ND ST, MIAMI, FL 33157
Phone: 7862427755

814. MED EYE ASSOCIATES
9299 SW 152 ST, MIAMI, FL 33157
Phone: 3056618588

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To use your in-network benefits to purchase glasses online visit www.glasses.com.

To locate laser vision correction providers, please call 1-877-5LASER6 or visit www.eyemedlasik.com.

FL

815. DR CHRYCY
11077 BISCAYNE BLVD, MIAMI, FL 33161
Phone: 3058939201

816. ARNOLD R MISHCON OD
1175 NE 125TH ST, MIAMI, FL 33161
Phone: 3058687804

817. MY EYELAB
1203 NE 163RD ST, MIAMI, FL 33162
Phone: 7865637019

818. STYLE SITE OPTICIANS INC
1372 NE 163RD ST, MIAMI, FL 33162
Phone: 3059453361

819. G CLEAR VISION
1400 NE 163RD STREET, MIAMI, FL 33162
Phone: 3059486017

820. NSU EYE CARE INSTITUTE NMB
1750 NE 167TH ST, MIAMI, FL 33162
Phone: 9542624200

821. MARC TESCHER OD PA
1825 NE 164TH ST, MIAMI, FL 33162
Phone: 3059457113

822. GREGORY W CHIN OD PA
11423 SW 40 ST, MIAMI, FL 33165
Phone: 3055516200

823. ABC OPTOMETRY INC
8748 SW 40TH ST, MIAMI, FL 33165
Phone: 3052275467

824. DR EDWARD WEISS OD
9844 BIRD RD, MIAMI, FL 33165
Phone: 3052213322

825. BEACON CENTER EYE CARE
3901 NW 79TH AVE, MIAMI, FL 33166
Phone: 3057179995

826. VENETIAN EYECARE CENTER
54 CURTISS PKWY, MIAMI, FL 33166
Phone: 3058831664

827. BUDGET OPTICAL
10954 NW 7TH AVE, MIAMI, FL 33168
Phone: 3057542020

828. LIFETIME VISION AND EYE CARE
20354 NW 2ND AVE, MIAMI, FL 33169
Phone: 3056525277

829. SUNSET EYES OPTICAL
10404 W FLAGLER ST, MIAMI, FL 33172
Phone: 3055593942

830. ABITA EYE GROUP
10676 NW 19TH ST, MIAMI, FL 33172
Phone: 7864654836

831. LENSRAFTERS OPTIQUE
1405 NW 107TH AVE, MIAMI, FL 33172
Phone: 3055946339

832. LENSRAFTERS
1455 NW 107TH AVE, MIAMI, FL 33172
Phone: 3055918072

833. FCPENNEY OPTICAL
1603 NW 107TH AVE, MIAMI, FL 33172
Phone: 3055945865

834. FOR EYES OPTICAL
9231 W FLAGLER ST, MIAMI, FL 33172
Phone: 3057792723

835. SUNSET EYES OPTICAL
7360 SW 107 AVE, MIAMI, FL 33173
Phone: 3054124840

836. TERRY FRIEDMAN OD
9350 SW 72ND ST, MIAMI, FL 33173
Phone: 3052745070

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FL

837. EINHORN EYECARE CTR
9885 SW 72 ST, MIAMI, FL 33173
Phone: 3055952020

848. MY EYELAB
10520 N KENDALL DR, MIAMI, FL 33176
Phone: 7865017085

838. DELUXE OPTICAL
9999 SW 72 ST, MIAMI, FL 33173
Phone: 3055527455

849. FAMILY EYE HEALTH
10521 N KENDALL DR, MIAMI, FL 33176
Phone: 3052792212

839. TARGET OPTICAL
10101 W FLAGLER ST, MIAMI, FL 33174
Phone: 3052273380

850. IDEAL OPTICIANS
11130 SW 88TH ST, MIAMI, FL 33176
Phone: 3052741313

840. LESLYS OPTICAL INC
1407 SOUTHWEST 107 AVENUE, MIAMI, FL 33174
Phone: 3055525595

851. C & K EYE CARE
11654 N KENDALL DR, MIAMI, FL 33176
Phone: 3052711364

841. FRANCISCO COMPANIONI OD PA
1407 SW 107 AVE, MIAMI, FL 33174
Phone: 3055521608

852. BRUCE J CLARIN OD
14429 S DIXIE HWY, MIAMI, FL 33176
Phone: 3052532525

842. FOR EYES OPTICAL CO
9231 WEST FLAGLER STREET, MIAMI, FL 33174
Phone: 3057792721

853. LENSRAFTERS
8888 SW 136TH ST, MIAMI, FL 33176
Phone: 3052328118

843. LEONCIO V GONZALEZ OD PA
11760 BIRD RD, MIAMI, FL 33175
Phone: 3052208333

854. PETER L GOMEZ OD PA
8940 N KENDALL DR, MIAMI, FL 33176
Phone: 3052793400

844. SOUTH FLORIDA VISION OF PALM B
11865 SW 26 ST, MIAMI, FL 33175
Phone: 3054302015

855. RICARDO SILVA OD
9065 SW 87TH AVENUE, MIAMI, FL 33176
Phone: 3052791737

845. SEDONAS OPTICAL
11865A SW 26 ST, MIAMI, FL 33175
Phone: 3052270023

856. LENSRAFTERS OPTIQUE
9100 SW 136TH ST, MIAMI, FL 33176
Phone: 3052783323

846. JADE OPTICAL
13641 SW 26TH ST, MIAMI, FL 33175
Phone: 3055591314

857. EYE N EYE VISION CENTER
12091 SW 152 STREET, MIAMI, FL 33177
Phone: 3052323937

847. OCUVISION EYECARE CENTER INC
13818 SW 56TH ST, MIAMI, FL 33175
Phone: 3053822424

858. DORAL EYE CENTER
10445 NW 41ST ST, MIAMI, FL 33178
Phone: 3054063040

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FL

859. JADE OPTICAL VISION CENTER
9549 NW 41 ST DORAL, MIAMI, FL 33178
Phone: 3055916566

860. FOR EYES OPTICAL CO
9729 NW 41ST ST, MIAMI, FL 33178
Phone: 3056399714

861. ALAN P LEVITT OD
1031 IVES DAIRY RD, MIAMI, FL 33179
Phone: 3056518832

862. OCEAN OPHTHALMOLOGY
1400 NE MIAMI GARDENS DR, MIAMI, FL 33179
Phone: 3059401500

863. AMERICAS BEST
1658 NE MIAMI GARDENS DR, MIAMI, FL 33179
Phone: 3059494221

864. DR JILL L TURNER OPTOMETRIC
1833 NE 185TH ST, MIAMI, FL 33179
Phone: 3059325602

865. ALAN GROSSMAN OD
18557 W DIXIE HWY, MIAMI, FL 33180
Phone: 3054660777

866. FOR EYES OPTICAL CO
18809 BISCAYNE BLVD, MIAMI, FL 33180
Phone: 3057924303

867. STYLE SITE
19013 BISCAYNE BLVD, MIAMI, FL 33180
Phone: 3059335250

868. OAKLEY AVENTURA MALL
19501 BISCAYNE BLVD, MIAMI, FL 33180
Phone: 3056927757

869. JCPENNEY OPTICAL
19525 BISCAYNE BLVD, MIAMI, FL 33180
Phone: 3059370362

870. LENSRAFTERS OPTIQUE
19535 BISCAYNE BLVD, MIAMI, FL 33180
Phone: 3056823493

871. LENSRAFTERS
19575 BISCAYNE BLVD, MIAMI, FL 33180
Phone: 3059313193

872. OPTICAL WORLD
19575 BISCAYNE BLVD, MIAMI, FL 33180
Phone: 3059352999

873. EYE OPTICS OF MIAMI
20335 BISCAYNE BLVD, MIAMI, FL 33180
Phone: 3059322020

874. OCEAN OPHTHALMOLOGY
2627 NE 203RD ST, MIAMI, FL 33180
Phone: 3056827993

875. AMERICAS BEST
12000 BISCAYNE BLVD, MIAMI, FL 33181
Phone: 7862643905

876. EARTH VISION EYE CENTER
5831 SW 137TH AVE, MIAMI, FL 33183
Phone: 3053834211

877. MAYA VISION CENTER MIAMI
5831 SW 137TH AVE, MIAMI, FL 33183
Phone: 3053864645

878. AMERICAS BEST
8430 MILLS DR, MIAMI, FL 33183
Phone: 3052794260

879. FOR EYES OPTICAL CO
12640 N KENDALL DR, MIAMI, FL 33186
Phone: 7867731272

880. JAMES HAGEN OD
12977 SW 112TH ST, MIAMI, FL 33186
Phone: 3053863937

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To use your in-network benefits to purchase glasses online visit www.glasses.com.

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FL

881. PEARLE VISION
13676 N KENDALL DR, MIAMI, FL 33186
Phone: 3053887550

882. VISION UNLIMITED
13852 SW 88TH ST, MIAMI, FL 33186
Phone: 3058779002

883. AMERICAS BEST
14089 SW 88TH ST, MIAMI, FL 33186
Phone: 3053412973

884. JCPENNEY OPTICAL
20505 S DIXIE HWY, MIAMI, FL 33189
Phone: 3052557406

885. AMERICAS BEST
20505 S DIXIE HWY, MIAMI, FL 33189
Phone: 7862310833

886. SEARS OPTICAL
20701 SW 112TH AVE, MIAMI, FL 33189
Phone: 3053785105

887. COMMUNITY HEALTH OF S FLORIDA
10300 SW 216 ST, MIAMI, FL 33190
Phone: 3052535100

888. DR SENIA BUSTILLO-OSBORNE
8765 SW 165 AVE, MIAMI, FL 33193
Phone: 7862121270

889. COLLEGE EYE CARE LLC
11099 S W 10TH ST, MIAMI, FL 33199
Phone: 3053488439

890. SOUTH BEACH VISION
1330 WEST AVE, MIAMI BEACH, FL 33139
Phone: 3058772026

891. FOR EYES OPTICAL CO
1519 ALTON RD, MIAMI BEACH, FL 33139
Phone: 3055311444

892. EYE DESIRE EYE CARE & OPTICAL
1674 ALTON ROAD, MIAMI BEACH, FL 33139
Phone: 3056731211

893. SEE INC
921 LINCOLN RD, MIAMI BEACH, FL 33139
Phone: 3056726622

894. ADINA S GOULD OD PA
523 41ST ST, MIAMI BEACH, FL 33140
Phone: 7864629500

895. ELITE HEALTH EYE CARE
1700 79TH ST CSWY, MIAMI BEACH, FL 33141
Phone: 8668753937

896. SUNNY ISLES EYE CENTER
17100 COLLINS AVE, NORTH MIAMI BEACH, FL 33160
Phone: 3059171037

897. STEVEN WIGDOR OD
17941 BISCAYNE BLVD, NORTH MIAMI BEACH, FL 33160
Phone: 3059310225

898. RIVIERA VISION
18090 COLLINS AVE, NORTH MIAMI BEACH, FL 33160
Phone: 305989950

899. INTRACOASTAL EYECARE PA
3745 NE 163RD ST, NORTH MIAMI BEACH, FL 33160
Phone: 3056907955

900. OPTEX OPTICAL
4500 NW 183RD ST, OPA LOCKA, FL 33055
Phone: 3056203901

901. MIAMI GARDENS EYE CARE
4815 NW 183 ST, OPA LOCKA, FL 33055
Phone: 3056213830

Monroe County

902. TROPICAL OPTICAL
81933 OVERSEAS HWY, ISLAMORADA, FL 33036
Phone: 3056642665

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FL

903. JAMES M GAHAGEN OD
95360 OVERSEAS HWY, KEY LARGO, FL 33037
Phone: 3058527517

904. OPPENHEIMER EYE CLINIC
1708 N ROOSEVELT BLVD, KEY WEST, FL 33040
Phone: 3052945503

905. SEARS OPTICAL
3202 N ROOSEVELT, KEY WEST, FL 33040
Phone: 3052944621

906. THE OPTICAL SHOPPE
2357 OVERSEAS HWY, MARATHON, FL 33050
Phone: 3057436939

907. JOHN P SHELDON OD PA
6400 OVERSEAS HWY, MARATHON, FL 33050
Phone: 3057432020

908. LANDSAW EYE CARE
91284 OVERSEAS HWY, TAVERNIER, FL 33070
Phone: 3058533153

Nassau County

909. LINDA MARKS OD
542069 US HIGHWAY 1, CALLAHAN, FL 32011
Phone: 9048792020

910. JAY CRUMP OD PA
1411 S 14TH ST, FERNANDINA BEACH, FL 32034
Phone: 9043211333

911. EYE ENVY OPT AND SUNGLASSES
1523 SADLER RD, FERNANDINA BEACH, FL 32034
Phone: 9042062632

912. RUSSELL STACKHOUSE MD PA
6 S 14TH ST, FERNANDINA BEACH, FL 32034
Phone: 9042615741

913. COSTAL VISION CENTER
6 SOUTH 14TH ST, FERNANDINA BEACH, FL 32034
Phone: 9042615741

914. EYE ENVY OPTICAL & SUNGLASSES
463867 SR 200, YULEE, FL 32097
Phone: 9042772779

Okaloosa County

915. EYE SITE OF CRESTVIEW PA
1005 S FERDON BLVD, CRESTVIEW, FL 32536
Phone: 8506821859

916. OKALOOSA EYE CARE
207 N MAIN ST, CRESTVIEW, FL 32536
Phone: 8506830221

917. GULF COAST VISION CENTER
2491 S FERDON BLVD, CRESTVIEW, FL 32536
Phone: 8506824014

918. MULLIS EYE INSTITUTE
930 N FERDON BLVD, CRESTVIEW, FL 32536
Phone: 8506825338

919. FLORIDA OPHTHALMIC AFFILIATES
182 E REDSTONE AVE, CRESTVIEW, FL 32539
Phone: 8502667500

920. PEARLE VISION
4418 COMMONS DR E, DESTIN, FL 32541
Phone: 8506543937

921. MICHAEL R RAIM OD PA
501 HARBOR BLVD, DESTIN, FL 32541
Phone: 8508379161

922. EGLIN OPTICAL CENTER
1757 MEMORIAL TRAIL, EGLIN AFB, FL 32542
Phone: 8506511776

923. MICHAEL A FREGGER PA
17 RACETRACK RD NW, FORT WALTON BEACH, FL 32547
Phone: 8508629595

924. SPECIAL EYES VISION CENTER
350 RACETRACK RD NW, FORT WALTON BEACH, FL 32547
Phone: 8502441828

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FL

925. SIGHT AND SUN EYEWORKS

417A RACETRACK RD NORTHWEST, FORT WALTON BEACH, FL 32547
Phone: 8503158861

936. SHALIMAR EYE CARE

1707 OLD FERRY RD, SHALIMAR, FL 32579
Phone: 8506136588

926. GULF COAST OPTOMETRY

778 BEAL PKWY NORTHWEST, FORT WALTON BEACH, FL 32547
Phone: 8505867888

937. SHALIMAR EYE CARE

1201 EGLIN PKWY, SHALIMAR, FL 32579
Phone: 8506136588

927. MILLS EYE + FACIAL SURGERY

348 MIRACLE STRIP PKWY SW, FORT WALTON BEACH, FL 32548
Phone: 8502667500

938. MICHAEL E RAIM OD

1301 B EGLIN PKWY, SHALIMAR, FL 32579
Phone: 8506513006

928. MULLIS EYE INSTITUTE

355 BEAL PKWY NORTHWEST, FORT WALTON BEACH, FL 32548
Phone: 8502443555

Okeechobee County

939. BIG LAKE EYE CARE

606 N PARROTT AVE, OKEECHOBEE, FL 34972
Phone: 8637633937

929. STREETER VISION INC

36 EGLIN PKWY NORTHEAST, FORT WALTON BEACH, FL 32548
Phone: 8502433111

940. DR RICHARD SOLDINGER OD PA

520 S PARROTT AVE, OKEECHOBEE, FL 34974
Phone: 8637634334

930. LENS CRAFTERS

251 MARY ESTHER BLVD, MARY ESTHER, FL 32569
Phone: 8502442020

941. OPTICAL GALLERY

520 SOUTH PARROT AVE, OKEECHOBEE, FL 34974
Phone: 8637634334

931. J M BAZARTE OD

323 PAGE BACON RD, MARY ESTHER, FL 32569
Phone: 8502432020

942. OPTICAL GALLERY

520 SOUTH PARROT AVE, OKEECHOBEE, FL 34974
Phone: 8637633403

932. PALM EYE CARE

1103 JOHN SIMS PARKWAY E, NICEVILLE, FL 32578
Phone: 8502794361

943. FAMILY EYE CARE OF OKEECHOBEE

710 S. PARROTT AVE, OKEECHOBEE, FL 34974
Phone: 8634670595

933. MULLIS EYE INSTITUTE

115 BAILEY DR, NICEVILLE, FL 32578
Phone: 8506785338

Orange County

944. FIRST IMAGE OPTICAL LLC

12 S PARK AVE, APOPKA, FL 32703
Phone: 3527352021

934. EYEWEAR UNLIMITED

1187 JOHN SIMS PKWY, NICEVILLE, FL 32578
Phone: 8506788876

945. MAGRUDER EYE INSTITUTE

2257 E SEMORAN BLVD, APOPKA, FL 32703
Phone: 4078864878

935. DR JAMES D HEMMIG OD

4400 HWY 20 EAST, NICEVILLE, FL 32578
Phone: 8508972020

946. MAGRUDER OPTICAL

2257 E SEMORAN BLVD, APOPKA, FL 32703
Phone: 4078864878

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FL

947. MAGRUDER OPTICAL
2269 E SEMORAN BLVD, APOPKA, FL 32703
Phone: 4078864878

948. OPTICAL EYELAND INC
730 S ORANGE BLOSSOM TRL, APOPKA, FL 32703
Phone: 4078800335

949. THE COHN EYE CENTER
260 LOOKOUT PLACE, MAITLAND, FL 32751
Phone: 4076477227

950. FLORIDA PEDIATRIC ASSOCIATES
790 CONCOURSE PKWY S, MAITLAND, FL 32751
Phone: 4077676411

951. COAN EYE CARE
10101 W COLONIAL DR, OCOEE, FL 34761
Phone: 4074455170

952. FLORIDA EYE CLINIC PA
10131 W COLONIAL DR, OCOEE, FL 34761
Phone: 4072062020

953. ROBERT R MAUGER OD PA
11187 W COLONIAL DR, OCOEE, FL 34761
Phone: 4078777112

954. SHANNON L BOYER
2702 REW CIRCLE, OCOEE, FL 34761
Phone: 4076565505

955. STEVEN J ZORN OD
8889 W COLONIAL DR, OCOEE, FL 34761
Phone: 4072984631

956. GULF COAST OPTOMETRY
9571 W COLONIAL DRIVE, OCOEE, FL 34761
Phone: 4075224705

957. EYEGLOSS WORLD
9571 WEST COLONIAL DR, OCOEE, FL 34761
Phone: 4075224705

958. DAVID C RICE
703 N ORANGE AVE, ORLANDO, FL 32801
Phone: 4072451120

959. MAGRUDER OPTICAL
1911 N MILLS AVE, ORLANDO, FL 32803
Phone: 4078942112

960. MAGRUDER OPTICAL
1911 NORTH MILLS AVE, ORLANDO, FL 32803
Phone: 4078938200

961. MEDICAL CITY EYE CENTER
214 E MARKS ST, ORLANDO, FL 32803
Phone: 4078416220

962. LIFETIME EYECARE
2933 E COLONIAL DR, ORLANDO, FL 32803
Phone: 4078945441

963. NATIONWIDE INSIDE OF JCPENNEY
3115 E COLONIAL DR, ORLANDO, FL 32803
Phone: 4078949369

964. AMERICAS BEST
3226 E COLONIAL DR, ORLANDO, FL 32803
Phone: 4072035801

965. PEARLE VISION
3461A E COLONIAL DR, ORLANDO, FL 32803
Phone: 4078987744

966. GULF COAST OPTOMETRY
3808 EAST COLONIAL DR, ORLANDO, FL 32803
Phone: 4078947533

967. VISION HEALTH INSTITUE
400 N BUMBY AVE, ORLANDO, FL 32803
Phone: 4078936222

968. LENSRAFTERS
4319 E COLONIAL DR, ORLANDO, FL 32803
Phone: 4078944552

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FL

969. EOLA EYES

519 N MILLS AVE, ORLANDO, FL 32803
Phone: 4074477739

970. VISIONMAX

818 E COLONIAL DR, ORLANDO, FL 32803
Phone: 4076490055

971. FLORIDA EYE CLINIC PA

2917 EDGEWATER DR, ORLANDO, FL 32804
Phone: 4074232030

972. COLLEGE PARK EYE CARE

720 RUGBY ST, ORLANDO, FL 32804
Phone: 4072714455

973. RAMIREZ & POULOS MD PA

115 W COLUMBIA ST, ORLANDO, FL 32806
Phone: 4078432020

974. TARGET OPTICAL

120 W GRANT ST, ORLANDO, FL 32806
Phone: 4074205954

975. EYECARE PROF OF ORLANDO

1311 E MICHIGAN ST, ORLANDO, FL 32806
Phone: 4078433533

976. DENNIS M WAGNER OD

2901 CURRY FORD RD, ORLANDO, FL 32806
Phone: 4078949998

977. FLORIDA EYE CLINIC PA

345 W MICHIGAN ST, ORLANDO, FL 32806
Phone: 4078960324

978. BOUTIQUE EYE ORLANDO

415 BRIERCLIFF DR, ORLANDO, FL 32806
Phone: 4078411490

979. 20/20 EYECARE CTR P.A.

5600 WEST COLONIAL DR, ORLANDO, FL 32808
Phone: 4072982020

980. ORLANDO EYE CARE

948 PINE HILLS RD, ORLANDO, FL 32808
Phone: 4072951234

981. DR EDWARD L MATUSIK

1017 WEST OAK RIDGE RD, ORLANDO, FL 32809
Phone: 4078591071

982. PARKER EYE CENTER

5127 S ORANGE AVE, ORLANDO, FL 32809
Phone: 4078411491

983. LENS CRAFTERS AT MACYS

8001 S ORANGE BLOSSOM TRAIL, ORLANDO, FL 32809
Phone: 4072519001

984. NATIONWIDE INSIDE OF JCPENNEY

8001 S ORANGE BLOSSOM TRL, ORLANDO, FL 32809
Phone: 4078519133

985. SEARS OPTICAL

8001 S ORANGE BLOSSOM TRL, ORLANDO, FL 32809
Phone: 4078575125

986. OPTICAL IMAGES

8001 S ORANGE BLOSSOM TRL, ORLANDO, FL 32809
Phone: 4078546969

987. LENS CRAFTERS

8001 S ORANGE BLOSSOM TRL, ORLANDO, FL 32809
Phone: 4074380202

988. COMMUNITY HEALTH CENTERS

7912 FOREST CITY RD, ORLANDO, FL 32810
Phone: 4079058827

989. DV EYE CENTER LLC

4413 HOFFNER AVE, ORLANDO, FL 32812
Phone: 4072075310

990. FREDERICK L L ADKINS OD

4507 CURRY FORD RD, ORLANDO, FL 32812
Phone: 4078982020

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FL

991. HOFFNER EYE CARE
5381 HOFFNER AVE, ORLANDO, FL 32812
Phone: 4072072020

992. STANLEY J HALLOCK OD
5460 CURRY-FORD, ORLANDO, FL 32812
Phone: 4072771140

993. BALDWIN PARK EYE CARE PA
4829 NEW BROAD ST, ORLANDO, FL 32814
Phone: 4076035130

994. BIRD EYE INSTITUTE
895 OUTER ROAD, ORLANDO, FL 32814
Phone: 4076444477

995. EYECARE AND EYEWEAR
10081 UNIVERSITY BLVD, ORLANDO, FL 32817
Phone: 4072081890

996. ADVANCED OPTICAL
2830 N HIAWASSEE RD, ORLANDO, FL 32818
Phone: 4072962020

997. AMERICAS BEST
7459 W COLONIAL DR, ORLANDO, FL 32818
Phone: 4072046800

998. BRENDA DEFORREST OD
5006 DR PHILLIPS BLVD, ORLANDO, FL 32819
Phone: 4072988819

999. PEARLE VISION
5423 INTERNATIONAL DR, ORLANDO, FL 32819
Phone: 4072488334

1000. NELSA CHACON LOSADA OD
6001 VINELAND ROAD, ORLANDO, FL 32819
Phone: 4073706800

1001. BAYHILL EYECARE & EYEWEAR
7051 DR PHILLIPS BLVD, ORLANDO, FL 32819
Phone: 4073513232

1002. SOUTHWEST ORLANDO EYE CARE
7208 SAND LAKE ROAD, ORLANDO, FL 32819
Phone: 4072718931

1003. THE SPECTACLE SHOPPE
7335 W SAND LAKE RD, ORLANDO, FL 32819
Phone: 4074098123

1004. FLORIDA EYE CLINIC PA
7512 DR PHILLIPS BLVD, ORLANDO, FL 32819
Phone: 4073528968

1005. ORLANDO EYE ASSOCIATES
7682 DR PHILLIPS BLVD, ORLANDO, FL 32819
Phone: 4073513880

1006. BAY HILL OCCHAILI
7988 VIA DELLAGIO WAY, ORLANDO, FL 32819
Phone: 4073513232

1007. PREMIER EYE ASSOCIATES
2255 S SEMORAN BLVD, ORLANDO, FL 32822
Phone: 4072081998

1008. FLORIDA EYE CLINIC PA
7975 LAKE UNDERHILL RD, ORLANDO, FL 32822
Phone: 4072810866

1009. DR PAULINE L NGUYEN OD & ASSOC
11602 LAKE UNDERHILL RD, ORLANDO, FL 32825
Phone: 4073817001

1010. EYE INVSION
567 S CHICKASAW TRAIL, ORLANDO, FL 32825
Phone: 4079305566

1011. BOB YIP OD AND ASSOCIATES
3151 N ALFAYA TRAIL, ORLANDO, FL 32826
Phone: 4077378686

1012. COLLEGE OPTICAL EXPRESS
4000 CENTRAL FLORIDA BLVD, ORLANDO, FL 32826
Phone: 4078234020

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FL

1013.MAGRUDER EYE INSTITUTE
13630 SACHS AVE, ORLANDO, FL 32827
Phone: 4078938200

1024.MEDICAL CITY EYE CENTER
13848 NARCOOSSEE ROAD, ORLANDO, FL 32832
Phone: 3219843200

1014.NEX OPTICAL
7151 EARHART DR, ORLANDO, FL 32827
Phone: 4078573550

1025.BIRD EYE INSTITUTE
1603 S HIAWASSEE RD, ORLANDO, FL 32835
Phone: 4072919023

1015.PREMIER EYE ASSOCIATES
9145 NARCOOSSEE ROAD, ORLANDO, FL 32827
Phone: 4077377500

1026.EYE PHYSICIANS OF CENTRAL FL
1781 PARK CENTRAL DR, ORLANDO, FL 32835
Phone: 4073987730

1016.AVALON PARK EYE CARE LLC
12001 AVALON LAKE DR, ORLANDO, FL 32828
Phone: 4075679955

1027.MILLENNIUM EYE CENTER
6601 OLD WINTER GARDEN ROAD, ORLANDO, FL 32835
Phone: 4072929812

1017.TARGET OPTICAL
325 N ALAFAYA TR, ORLANDO, FL 32828
Phone: 4077373580

1028.JOEMIE VISION CARE INC
12187 S ORANGE BLOSSOM TRAIL, ORLANDO, FL 32837
Phone: 4074386682

1018.GULF COAST OPTOMETRY
330 N ALAFAYA TRL, ORLANDO, FL 32828
Phone: 4072081027

1029.ORLANDO EYE CENTER
12554 S JOHN YOUNG PKWY, ORLANDO, FL 32837
Phone: 4078500050

1019.YOU & EYES
425 SOUTH AVALON PARK BLVD, ORLANDO, FL 32828
Phone: 4076586580

1030.TARGET OPTICAL
2155 TOWN CENTER BLVD, ORLANDO, FL 32837
Phone: 4072408012

1020.WATERFORD LAKES EYE CARE
448 S ALAFAYA TRL, ORLANDO, FL 32828
Phone: 4073826011

1031.EYEDEAL VISION CENTER
3948 TOWN CENTER BLVD, ORLANDO, FL 32837
Phone: 4078567000

1021.LENSCRAFTERS
891 N ALAFAYA TRL, ORLANDO, FL 32828
Phone: 4073822133

1032.UPTOWN EYECARE
4101 HUNTERS PARK LN, ORLANDO, FL 32837
Phone: 4078556132

1022.EYE ASSOCIATES OF ORLANDO PA
6431 S CHICKASAW TRL, ORLANDO, FL 32829
Phone: 4074824800

1033.COPELY EYE CLINIC
1455 HOLDEN AVE, ORLANDO, FL 32839
Phone: 4078553100

1023.LAKE NONA EYE CARE
10743 NAVCOOSSEE RD, ORLANDO, FL 32832
Phone: 4076589990

1034.FOR EYES OPTICAL CO
4192 CONROY RD, ORLANDO, FL 32839
Phone: 4072093704

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FL

1035.LENSCRAFTERS
4200 CONROY RD, ORLANDO, FL 32839
Phone: 4079031066

1036.LENSCRAFTERS OPTIQUE
4298 MILLENIA BLVD, ORLANDO, FL 32839
Phone: 4072642373

1037.AMERICAS BEST
4652 MILLENIA PLAZA WAY, ORLANDO, FL 32839
Phone: 4073637833

1038.TARGET OPTICAL
4750 MILLENIA PLAZA WAY, ORLANDO, FL 32839
Phone: 4075410021

1039.FLORIDA EYE CLINIC PA
2875 MAGUIRE RD, WINDERMERE, FL 34786
Phone: 4072998300

1040.THE EYE PLACE
7828 WINTER GARDEN VINELAND RD, WINDERMERE, FL 34786
Phone: 4078761200

1041.MACALI EYE CLINIC
1155 WINTER GARDEN VINELAND RD, WINTER GARDEN, FL 34787
Phone: 4076563755

1042.COMMUNITY HEALTH CENTERS INC
13275 W COLONIAL DR, WINTER GARDEN, FL 34787
Phone: 4079058827

1043.LENSCRAFTERS
3119 DANIELS RD #110, WINTER GARDEN, FL 34787
Phone: 4076546060

1044.AMERICAS BEST
3251 DANIELS RD, WINTER GARDEN, FL 34787
Phone: 4076545116

1045.TARGET OPTICAL
3343 DANIELS RD, WINTER GARDEN, FL 34787
Phone: 4076540181

1046.UONG EYE CARE PA
3698 WINTER GARDEN VINELAND RD, WINTER GARDEN, FL 34787
Phone: 4076566870

1047.PEARLE VISION
110 S ORLANDO AVE, WINTER PARK, FL 32789
Phone: 4075719165

1048.EYES & OPTICS PL
312 PARK AVE N, WINTER PARK, FL 32789
Phone: 4076445156

1049.SEE INC
342 S PARK, WINTER PARK, FL 32789
Phone: 4075995455

1050.WINTER PARK EYEWEAR
1933 ALOMA AVE, WINTER PARK, FL 32792
Phone: 4076778666

1051.WINTER PARK OPHTHALMOLOGY PA
200 BENMORE DR, WINTER PARK, FL 32792
Phone: 4076372033

1052.EYES OF WINTER PARK
2285 ALOMA AVE, WINTER PARK, FL 32792
Phone: 4076722020

Osceola County

1053.CELEBRATION EYE CARE
741 FRONT ST, CELEBRATION, FL 34747
Phone: 4075662020

1054.FLORIDA OPTICAL
1011 W VINE ST, KISSIMMEE, FL 34741
Phone: 4073430567

1055.GULF COAST OPTOMETRY
104 W VINE ST, KISSIMMEE, FL 34741
Phone: 4079444240

1056.EYE FLORIDA
1121 MIRANDA LANE, KISSIMMEE, FL 34741
Phone: 4078912010

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FL

1057.EYE CARE OPTICAL LLC
1124 CYPRESS GLEN CIR, KISSIMMEE, FL 34741
Phone: 4074830328

1058.EYE DEAL OPTICAL LLC
1204 N JOHN PKWY, KISSIMMEE, FL 34741
Phone: 4079332908

1059.EYEDEAL OPTICAL
1204 N JOHN YOUNG PARKWAY, KISSIMMEE, FL 34741
Phone: 4079330082

1060.FLORIDA EYE CLINIC PA
2225 N CENTRAL AVE, KISSIMMEE, FL 34741
Phone: 4079332908

1061.LENSCRAFTERS
3272 N JOHN YOUNG PKWY, KISSIMMEE, FL 34741
Phone: 4075180071

1062.AMERICAS BEST
755 WEST OSCEOLA PKWY, KISSIMMEE, FL 34741
Phone: 4078700043

1063.MELVIN C EVERS OD
910 EMMETT ST, KISSIMMEE, FL 34741
Phone: 4078462277

1064.MAGRUDER OPTICAL
2065 E OSCEOLA PKWY, KISSIMMEE, FL 34743
Phone: 4078864878

1065.MAGRUDER OPTICAL
2065 E OSCEOLA PKWY, KISSIMMEE, FL 34743
Phone: 4073443603

1066.MYEYEDR
1303 E VINE ST, KISSIMMEE, FL 34744
Phone: 4078702020

1067.KISSIMMEE OPTICAL
1338 E VINE ST, KISSIMMEE, FL 34744
Phone: 4078462600

1068.NATIONWIDE VISION CENTER
2376 E IRLO BRONSON MEMORIAL, KISSIMMEE, FL 34744
Phone: 4078470057

1069.PREMIER VISION
703 N MAIN ST, KISSIMMEE, FL 34744
Phone: 4073504342

1070.RAMIREZ & POULOS MD PA
809 EAST OAK STREET, KISSIMMEE, FL 34744
Phone: 4078472020

1071.MEDICAL EYE ASSOCIATES PA
921 N MAIN ST, KISSIMMEE, FL 34744
Phone: 4079337800

1072.TARGET OPTICAL
4795 W IRLO BRONSON MEMORL HWY, KISSIMMEE, FL 34746
Phone: 4075940032

1073.TARGET OPTICAL
3200 ROLLING OAKS BLVD, KISSIMMEE, FL 34747
Phone: 4073968419

1074.CHRISTINE Y BLICK OD PA
502 CELEBRATION AVE, KISSIMMEE, FL 34747
Phone: 4075668505

1075.MYEYEDR
1040 CYPRESS PKWY, KISSIMMEE, FL 34759
Phone: 4079332088

1076.ST. CLOUD OPTICAL
4068 13TH ST, SAINT CLOUD, FL 34769
Phone: 4078924118

1077.ST CLOUD EYE CENTER
4589 HC YATES LN, SAINT CLOUD, FL 34769
Phone: 4078912010

1078.ST CLOUD EYE CARE
2050 OLD HICKORY TREE RD, SAINT CLOUD, FL 34772
Phone: 4075563969

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FL

Palm Beach County

1079.SOUTH FL VISION BELLE GLADE
1200 S MAIN ST, BELLE GLADE, FL 33430
Phone: 5612264922

1080.GLADES EYE CARE INC
309 SE 2ND ST, BELLE GLADE, FL 33430
Phone: 5619965804

1081.FAMILY EYE CENTER
21673 STATE RD 7, BOCA RATON, FL 33428
Phone: 5614702310

1082.NEW U EYEWEAR
9250 GLADES RD, BOCA RATON, FL 33428
Phone: 9545409651

1083.SOUTH SHORE OPTICIANS BOCA INC
1944 NE FIFTH AVE, BOCA RATON, FL 33431
Phone: 5613682878

1084.LAWRENCE SIDER OD PA
2200 GLADES RD, BOCA RATON, FL 33431
Phone: 5612264920

1085.EYECARE ASSOCIATES
2621 N FEDERAL HWY, BOCA RATON, FL 33431
Phone: 5613259699

1086.LAWRENCE SIDER OD PA
3200 N MILITARY TRAIL, BOCA RATON, FL 33431
Phone: 5612264920

1087.LENSCRAFTERS AT MACYS
5700 GLADES RD, BOCA RATON, FL 33431
Phone: 5613475284

1088.LENSCRAFTERS
6000 GLADES RD, BOCA RATON, FL 33431
Phone: 5613670900

1089.WE ARE EYES
698 YAMATO ROAD, BOCA RATON, FL 33431
Phone: 5619123211

1090.NED E ROSENTHAL OD
1944 NE 5TH AVE, BOCA RATON, FL 33432
Phone: 5614470770

1091.VISUAL EYES
333 PLAZA REAL, BOCA RATON, FL 33432
Phone: 5613928383

1092.BOCAVIEW OPTICAL
21126 ST ANDREWS BLVD, BOCA RATON, FL 33433
Phone: 5612216636

1093.STANTON OPTICAL
6100 GLADES RD, BOCA RATON, FL 33433
Phone: 5612883055

1094.STEVEN D SHEINER OD PA
7035 BERACASA WAY, BOCA RATON, FL 33433
Phone: 5613913334

1095.SHARPER VISION OPTICAL
7124 BERACASA WAY, BOCA RATON, FL 33433
Phone: 5617507774

1096.MYEYEDR
3011 YAMATO RD, BOCA RATON, FL 33434
Phone: 5619959600

1097.STANTON OPTICAL
6100 GLADES RD, BOCA RATON, FL 33434
Phone: 5612883055

1098.PREMIER EYE CENTER OF BOCA
7840 GLADES RD, BOCA RATON, FL 33434
Phone: 5614828300

1099.LOOKING SHARP EYEWEAR & CARE
8177 GLADES ROAD, BOCA RATON, FL 33434
Phone: 5614794765

1100.FOR EYES OPTICAL CO
8220 WEST GLADES RD, BOCA RATON, FL 33434
Phone: 5614873340

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FL

1101.LENSCRAFTERS

8903 GLADES RD, BOCA RATON, FL 33434
Phone: 5614773354

1102.AMERICAS BEST

9054 GLADES RD, BOCA RATON, FL 33434
Phone: 5614875168

1103.EYE SITE VISION CENTER III

9874 YAMATO ROAD, BOCA RATON, FL 33434
Phone: 5614791411

1104.EARTH VISION EYE CARE

5499 N FEDERAL HWY, BOCA RATON, FL 33487
Phone: 5619880300

1105.BOCA FAMILY EYE CARE

9858 CLINT MOORE RD, BOCA RATON, FL 33496
Phone: 5614790521

1106.IMPERIAL VISION CENTER

19605 STATE RD 7, BOCA RATON, FL 33498
Phone: 5614510524

1107.MYEYEDR

20449 STATE ROAD 7, BOCA RATON, FL 33498
Phone: 5614872777

1108.JOEL N HERSCH OD

2216 N CONGRESS AVE, BOYNTON BEACH, FL 33426
Phone: 5617380777

1109.DR L DAVID RICHARDS

2300 S CONGRESS AVE SUITE 102, BOYNTON BEACH, FL 33426
Phone: 5617421944

1110.AMERICAS BEST

366 N CONGRESS AVE, BOYNTON BEACH, FL 33426
Phone: 5618539322

1111.PALM BEACH EYES BOYNTON BEACH

640 W BOYNTON BEACH BLVD, BOYNTON BEACH, FL 33426
Phone: 5617328088

1112.TARGET OPTICAL

650 N CONGRESS AVE, BOYNTON BEACH, FL 33426
Phone: 5617529779

1113.LENSCRAFTERS

706 W BOYNTON BEACH BLVD, BOYNTON BEACH, FL 33426
Phone: 5617325665

1114.JCPENNEY OPTICAL

801 N CONGRESS AVE, BOYNTON BEACH, FL 33426
Phone: 5617427646

1115.EYE & EAR

514 E WOOLBRIGHT RD, BOYNTON BEACH, FL 33435
Phone: 5617342972

1116.ELITE VISION CARE

3615 WOOLBRIGHT RD, BOYNTON BEACH, FL 33436
Phone: 5617341887

1117.MYEYEDR

9804 S MILITARY TRL, BOYNTON BEACH, FL 33436
Phone: 5617385997

1118.SOUTH FLORIDA VISION CTRS

9851 S MILITARY TRL, BOYNTON BEACH, FL 33436
Phone: 5617428701

1119.TARGET OPTICAL

10201 HAGEN RANCH RD, BOYNTON BEACH, FL 33437
Phone: 5617359314

1120.EYESITE OF BOYNTON

6641 W BOYNTON BEACH BLVD, BOYNTON BEACH, FL 33437
Phone: 5617380112

1121.ISEE VISION CARE

6651 WOOLBRIGHT RD, BOYNTON BEACH, FL 33437
Phone: 5617339008

1122.CLYDE A CHAPMAN OD

1100 LINTON BLVD, DELRAY BEACH, FL 33444
Phone: 5612781116

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FL

1123.MICHAEL SANDLER OD
217 GEORGE BUSH BLVD, DELRAY BEACH, FL 33444
Phone: 5612762800

1134.BRUCE SEGAL MD
5258 LINTON BLVD, DELRAY BEACH, FL 33484
Phone: 5614983664

1124.LENSCRAFTERS
571 LINTON BLVD, DELRAY BEACH, FL 33444
Phone: 5612780157

1135.GOLDEN EYE & EAR
5869 W ATLANTIC AVE, DELRAY BEACH, FL 33484
Phone: 5613031173

1125.VISUAL EYES AT DELRAY MRKTPLECE
14917 LYONS RD, DELRAY BEACH, FL 33446
Phone: 5615015346

1136.SPECS & WINKS
175 TONEY PENNA DR, JUPITER, FL 33458
Phone: 5617456464

1126.EVERYTHING EYES
16950 JOG RD, DELRAY BEACH, FL 33446
Phone: 5614992055

1137.STEVEN L SCHNELL MD
210 JUPITER LAKES BLVD, JUPITER, FL 33458
Phone: 5617474994

1127.SOUTH FLORIDA VISION CTRS
6618 W ATLANTIC AVE, DELRAY BEACH, FL 33446
Phone: 5614985007

1138.DRS KELSO & KELSO
2205 W INDIANTOWN RD, JUPITER, FL 33458
Phone: 5617432020

1128.SEACREST OPTICAL
7263 W ATLANTIC AVE, DELRAY BEACH, FL 33446
Phone: 5614962020

1139.CHRISTOPHER J MILLER
250 S CENTRAL BLVD, JUPITER, FL 33458
Phone: 5617456463

1129.ESTERMAN EYE INSTITUTE INC
1674 S FEDERAL HWY, DELRAY BEACH, FL 33483
Phone: 5612797799

1140.ADVANCED VISION CARE INC
3893 MILITARY TRAIL, JUPITER, FL 33458
Phone: 5614298753

1130.SEAVIEW OPTOMETRIST LLC
1705 S FEDERAL HWY, DELRAY BEACH, FL 33483
Phone: 5612765099

1141.DEBRA A SHIM OD
451 UNIVERSITY BLVD, JUPITER, FL 33458
Phone: 5616254380

1131.FOR EYES OPTICAL
400 E LINTON BLVD, DELRAY BEACH, FL 33483
Phone: 5619000242

1142.LEAL VISION CENTER
600 HERTIAGE DR, JUPITER, FL 33458
Phone: 5616269300

1132.OCEAN OPTICS
900 E ATLANTIC AVE, DELRAY BEACH, FL 33483
Phone: 5612652020

1143.FLORIDA VISION INSTITUTE
600 UNIVERSITY BLVD, JUPITER, FL 33458
Phone: 5618392780

1133.GOLDEN EYE & EAR
5068 W ATLANTIC AVE, DELRAY BEACH, FL 33484
Phone: 5614988884

1144.MITTLEMAN EYE CENTER
601 UNIVERSITY BLVD, JUPITER, FL 33458
Phone: 5615002020

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FL

1145.EYE & EAR OF CHASEWOOD LLC
6380 W INDIANTOWN RD, JUPITER, FL 33458
Phone: 5618422020

1146.STANTON OPTICAL
903 W INDIANTOWN RD, JUPITER, FL 33458
Phone: 5615294263

1147.EYES OF JUPITER JOEL HERSCH OD
935 MILITARY TRL, JUPITER, FL 33458
Phone: 5615754616

1148.PRIVATE EYES OPTICAL
253 US HIGHWAY 1, JUPITER, FL 33469
Phone: 5617465088

1149.INLET OPTICAL EYE CARE CENTER
103 S US HWY ONE, JUPITER, FL 33477
Phone: 5617465910

1150.FAMILY VISION CENTER PA
3175 STATE ROAD 7, LAKE WORTH, FL 33449
Phone: 5614392020

1151.PALM BEACH EYE CANTER
3319 SOUTH STATE ROAD 7, LAKE WORTH, FL 33449
Phone: 5617984455

1152.TARGET OPTICAL
5900 STATE RD 7, LAKE WORTH, FL 33449
Phone: 5619674548

1153.EYE & EAR OF PALM SPRINGS
1742 S CONGRESS AVE, LAKE WORTH, FL 33461
Phone: 5619641333

1154.OPTICAL INSIGHT OF PALM SPRING
3015 S CONGRESS AVE, LAKE WORTH, FL 33461
Phone: 5619674355

1155.GULF COAST OPTOMETRY
3345 S CONGRESS AVE, LAKE WORTH, FL 33461
Phone: 5619640220

1156.STANTON OPTICAL
3801 S CONGRESS AVE, LAKE WORTH, FL 33461
Phone: 5612752020

1157.PALM BEACH EYE CENTER INC
5057 S CONGRESS, LAKE WORTH, FL 33461
Phone: 5614335200

1158.EYECARE PROFESSIONALS
1280 LANTANA RD, LAKE WORTH, FL 33462
Phone: 5615823383

1159.SOUTH FLORIDA VISION
6266 S CONGRESS AVE, LAKE WORTH, FL 33462
Phone: 5619669000

1160.COMMUNITY EYECARE
5493 10TH AVE NORTH, LAKE WORTH, FL 33463
Phone: 5614390075

1161.PLANET VISION EYECARE CO
5875 LAKE WORTH RD, LAKE WORTH, FL 33463
Phone: 5619657600

1162.JEFFREY L MORER OD
6338 57 LANTANA RD, LAKE WORTH, FL 33463
Phone: 5619699995

1163.CRYSTAL CLEAR OPTICAL
6338-57 LANTANA RD, LAKE WORTH, FL 33463
Phone: 5619630099

1164.ARONSON OPTOMETRY PA
6486 LAKE WORTH RD, LAKE WORTH, FL 33463
Phone: 5612962762

1165.ARONSON OPTOMETRY PA
3967 S JOG ROAD, LAKE WORTH, FL 33467
Phone: 5612206272

1166.EYE WONDERS OPTICAL
6169 JOG ROAD, LAKE WORTH, FL 33467
Phone: 5613041234

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FL

1167.FOXS OPTICAL
6201 SOUTH JOG ROAD, LAKE WORTH, FL 33467
Phone: 5619671888

1168.JASON BC BINNING OD
6626 HYPOLUXO RD, LAKE WORTH, FL 33467
Phone: 5619663808

1169.NELSON OPTICAL
7322 LAKE WORTH RD, LAKE WORTH, FL 33467
Phone: 5619699521

1170.PAUL D ROSENBLUM MD PA
840 US HWY 1, NORTH PALM BEACH, FL 33408
Phone: 5616276333

1171.QUALITY CARE OPTICAL
840 US HWY 1, NORTH PALM BEACH, FL 33408
Phone: 5616272115

1172.EYES ON THE ISLAND
209 ROYAL POINCIANA WAY, PALM BEACH, FL 33480
Phone: 5618026266

1173.EYES OF WELLINGTON
10300 W FOREST HILL BLVD, WELLINGTON, FL 33414
Phone: 5617989001

1174.LENSCRAFTERS
10300 W FOREST HILL BLVD, WELLINGTON, FL 33414
Phone: 5617929133

1175.JCPENNEY OPTICAL
10308 FOREST HILL BLVD, WELLINGTON, FL 33414
Phone: 5617934494

1176.LENSCRAFTERS OPTIQUE
10316 FORESTHILL BLVD, WELLINGTON, FL 33414
Phone: 5614932135

1177.A L HARRELL III OD PA
11924 W FOREST HILL BLVD, WELLINGTON, FL 33414
Phone: 5617988282

1178.PROFESSIONAL FAMILY EYECARE
137 S STATE RD 7, WELLINGTON, FL 33414
Phone: 5617987432

1179.EYES OF WELLINGTON
13860-3 WELLINGTON TR, WELLINGTON, FL 33414
Phone: 5617951268

1180.FOR EYES OPTICAL CO
2205 STATE RD 7, WELLINGTON, FL 33414
Phone: 5617923387

1181.SEA VIEW EYECARE
2545 S STATE RD 7, WELLINGTON, FL 33414
Phone: 5617907290

1182.AMERICAS BEST
370 S STATE ROAD 7, WELLINGTON, FL 33414
Phone: 5615305284

1183.FLORIDA VISION INSTITUTE
1515 N FLAGLER DR, WEST PALM BEACH, FL 33401
Phone: 5616599700

1184.GULF COAST OPTOMETRY
3180 NORTHLAKE BLVD, WEST PALM BEACH, FL 33403
Phone: 5618448685

1185.ADVANCED EYECARE SPECIALISTS
319 BELVEDERE RD, WEST PALM BEACH, FL 33405
Phone: 5618320677

1186.PREMIER EYE CTR OF WEST PALM
3650 FOREST HILL BLVD, WEST PALM BEACH, FL 33406
Phone: 5619641359

1187.LENSCRAFTERS
1937 N MILITARY TRL, WEST PALM BEACH, FL 33409
Phone: 5614710888

1188.MITTLEMAN EYE CENTER
2000 PALM BEACH LAKES BLVD, WEST PALM BEACH, FL 33409
Phone: 5614782015

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FL

1189.AMERICAS BEST
2505 OKEECHOBEE BLVD, WEST PALM BEACH, FL 33409
Phone: 5615305219

1190.ADVANCED VISION
2532 OKEECHOBEE BLVD, WEST PALM BEACH, FL 33409
Phone: 5617127888

1191.ADVANCED VISION
2532 OKEECHOBEE BLVD, WEST PALM BEACH, FL 33409
Phone: 5616871414

1192.SOUTH FLORIDA VISION CTRS
2905 N MILITARY TRL, WEST PALM BEACH, FL 33409
Phone: 5616845548

1193.FOR EYES OPTICAL
771 VILLAGE BLVD, WEST PALM BEACH, FL 33409
Phone: 5614712888

1194.GARDENS VISION BOUTIQUE
10887 NORTH MILITARY TRAIL, WEST PALM BEACH, FL 33410
Phone: 5617992461

1195.PAUL D ROSENBLUM MD PA
11020 RCA CENTER DRIVE, WEST PALM BEACH, FL 33410
Phone: 5617477000

1196.FOR EYES OPTICAL
11345 LEGACY AVE, WEST PALM BEACH, FL 33410
Phone: 5616148362

1197.MARCIANO FAMILY VISION ASSOC
11380 PROSPERITY FARMS RD, WEST PALM BEACH, FL 33410
Phone: 5616271114

1198.LENSCRAFTERS
3101 PGA BLVD, WEST PALM BEACH, FL 33410
Phone: 5617752020

1199.SEARS OPTICAL
3103 PGA BLVD, WEST PALM BEACH, FL 33410
Phone: 5617758439

1200.LENSCRAFTERS OPTIQUE
3107 PGA BLVD, WEST PALM BEACH, FL 33410
Phone: 5616252828

1201.ELITE VISION CARE
4252 N LAKE BLVD, WEST PALM BEACH, FL 33410
Phone: 5613558788

1202.SOUTH FLORIDA VISION CENTERS
9091 N MILITARY TRAIL, WEST PALM BEACH, FL 33410
Phone: 5617764154

1203.GARDENS EYECARE
9123 N MILITARY TRL, WEST PALM BEACH, FL 33410
Phone: 5616228200

1204.MYEYEDR
9810 ALTERNATE A1A, WEST PALM BEACH, FL 33410
Phone: 5616942239

1205.TARGET OPTICAL
10155 OKEECHOBEE BLVD, WEST PALM BEACH, FL 33411
Phone: 5617939156

1206.EWING OPTICAL CORP
11388 OKEECHOBEE BLVD, WEST PALM BEACH, FL 33411
Phone: 5617958833

1207.MARCIANO FAMILY OPTOMETRIC
1788 NORTH JOG ROAD, WEST PALM BEACH, FL 33411
Phone: 5612421200

1208.FOREST HILL EYEGLASSES
9304 FOREST HILL BLVD, WEST PALM BEACH, FL 33411
Phone: 5619672020

1209.STANTON OPTICAL
1747 S MILITARY TRL, WEST PALM BEACH, FL 33415
Phone: 5612494022

1210.MONTAS ROJAS VISION CENTER
2070 S MILITARY TRL, WEST PALM BEACH, FL 33415
Phone: 5619320728

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FL

1211.DR BRYAN ALING OD PA
2601 S MILITARY TRAIL, WEST PALM BEACH, FL 33415
Phone: 5614338448

1212.BENTZ EYE CTR
4820 OKEECHOBEE BLVD, WEST PALM BEACH, FL 33417
Phone: 5616895500

1213.JOHN H MEREY MD
5405 OKEECHOBEE BLVD, WEST PALM BEACH, FL 33417
Phone: 5616868202

1214.ICONIC EYE CARE
4871 PGA BLVD, WEST PALM BEACH, FL 33418
Phone: 5613360733

1215.EYE EXPRESIONS
7100 FAIRWAY DR, WEST PALM BEACH, FL 33418
Phone: 5617939156

Pasco County

1216.DADE CITY OPTICAL
13930 7TH ST, DADE CITY, FL 33525
Phone: 3525678989

1217.HOMETOWN SPECS EMPORIUM INC
13940 7TH STREET, DADE CITY, FL 33525
Phone: 3525213011

1218.PASSARO EYECARE
13720 LITTLE RD, HUDSON, FL 34667
Phone: 7278482020

1219.SUNCOAST EYE CENTER PA
14003 LAKESHORE BLVD, HUDSON, FL 34667
Phone: 7278689442

1220.LAND OLAKES OPTICAL
19455 SHUMARD OAK DR, LAND O LAKES, FL 34638
Phone: 8139097281

1221.FLORIDA MEDICAL CLINIC PA
2100 VIA BELLA BLVD, LAND O LAKES, FL 34639
Phone: 8136794444

1222.EYE WORKS OF LAND O LAKES
21517 VILLAGE LKS SHOPPING CTR, LAND O LAKES, FL 34639
Phone: 8139490421

1223.INFINITY EYECARE CENTER
5420 LAND O LAKES BLVD, LAND O LAKES, FL 34639
Phone: 8138034515

1224.TARGET OPTICAL
1040 DALE MABRY HWY, LUTZ, FL 33548
Phone: 8139493909

1225.TAMPA EYE CLINIC
1001 N DALE MABRY HWY, LUTZ, FL 33558
Phone: 8138772020

1226.ROGIENSKI EYECARE
16541 POINTE VILLAGE DR, LUTZ, FL 33558
Phone: 8138520000

1227.NATIONWIDE VISION CENTER
18915 STATE ROAD 54, LUTZ, FL 33558
Phone: 8139090554

1228.NATIONWIDE VISION CENTER
2225 SUN VISTA DR, LUTZ, FL 33559
Phone: 8136072730

1229.THE EYECARE PROF OF TAMPA BAY
24412 STATE ROAD 54, LUTZ, FL 33559
Phone: 8139497274

1230.WALESBY VISION CENTER NORTH
24444 STATE RD 54, LUTZ, FL 33559
Phone: 8133458544

1231.INFINITY EYECARE CENTER
24444 STATE ROAD 54, LUTZ, FL 33559
Phone: 8139097200

1232.PEARLE VISION
25434 SIERRA CENTER BLVD, LUTZ, FL 33559
Phone: 9999999999

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FL

1233.EYESAVERS OPTICAL
4126 US HWY 19 NORTH, NEW PORT RICHEY, FL 34652
Phone: 7278460823

1244.SCHULZ EYE CARE INC
4107 LITTLE ROAD, NEW PORT RICHEY, FL 34655
Phone: 7273763131

1234.ROWAN EYE CENTER
5305 GRAND BLVD, NEW PORT RICHEY, FL 34652
Phone: 7278470889

1245.THE EYE DOCTORS OF TRINITY
7813 MITCHELLE BLVD, NEW PORT RICHEY, FL 34655
Phone: 7273722020

1235.HEALTHY VISION
5413 US 19, NEW PORT RICHEY, FL 34652
Phone: 7277385900

1246.AZZUE OPTOMETRY
8603 EASTHAVEN CT, NEW PORT RICHEY, FL 34655
Phone: 7278443223

1236.GILBERT G JANNELLI OD
5620 GRAND BLVD, NEW PORT RICHEY, FL 34652
Phone: 7278492112

1247.OPTIMART
10041A US HWY 19 NORTH, PORT RICHEY, FL 34668
Phone: 7278680780

1237.EYE CARE INC
4156 ROWAN RD, NEW PORT RICHEY, FL 34653
Phone: 7273768055

1248.TRUE FOCUS EYE CARE
8319 EMBASSY BLVD, PORT RICHEY, FL 34668
Phone: 7278190440

1238.PASSARO EYECARE INC
6847 STATE RD 54, NEW PORT RICHEY, FL 34653
Phone: 7278482020

1249.LINSEY EYECARE
8936 US HWY 19, PORT RICHEY, FL 34668
Phone: 7278443400

1239.CAUSEY EYECARE
9948 GROVE DR, NEW PORT RICHEY, FL 34654
Phone: 7278689898

1250.LENSCRAFTERS
9409 US HIGHWAY 19, PORT RICHEY, FL 34668
Phone: 7278423733

1240.TRINITY OPTICAL
10710 STATE RD 54, NEW PORT RICHEY, FL 34655
Phone: 7273758442

1251.AMERICAS BEST
9624 US HWY 19, PORT RICHEY, FL 34668
Phone: 7272322949

1241.THE EYE DOCTORS
2740 SEVEN SPRINGS BLVD, NEW PORT RICHEY, FL 34655
Phone: 7273722020

1252.EYE SITE OF TAMPA BAY
2031 LITTLE RD, TRINITY, FL 34655
Phone: 7273750300

1242.FAMILY EYE CARE
2740 SEVEN SPRINGS BLVD, NEW PORT RICHEY, FL 34655
Phone: 7273720414

1253.TARGET OPTICAL
1201 BRUCE B DOWNS BLVD, WESLEY CHAPEL, FL 33544
Phone: 8139942614

1243.NATIONWIDE VISION CENTER
3238 LITTLE RD, NEW PORT RICHEY, FL 34655
Phone: 7272368797

1254.KAUFMAN EYE INSTITUTE
2145 CYPRESS RIDGE BLVD, WESLEY CHAPEL, FL 33544
Phone: 8139731133

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FL

1255.WIREGRASS OPTICAL LLC
2533 WINDGUARD CIRCLE, WESLEY CHAPEL, FL 33544
Phone: 8139916060

1256.INSIGHT FAMILY EYECARE
27607 STATE ROAD 56, WESLEY CHAPEL, FL 33544
Phone: 8134064993

1257.GULF COAST OPTOMETRY
27835 WESLEY CHAPEL BLVD, WESLEY CHAPEL, FL 33544
Phone: 8139079122

1258.WESLEY CHAPEL EYECARE
33913 STATE RD 54, WESLEY CHAPEL, FL 33544
Phone: 8136770229

1259.FLORIDA MEDICAL CLINIC PA
38101 MARKET SQ, ZEPHYRHILLS, FL 33542
Phone: 8137150195

1260.STUART J KAUFMAN MD & ASSOCIAT
6329 GALL BLVD, ZEPHYRHILLS, FL 33542
Phone: 8137887616

1261.THE EYE CLINIC OF FLORIDA
6739 GALL BLVD, ZEPHYRHILLS, FL 33542
Phone: 8137793338

1262.LUCKEY EYE CARE
27340 CASHFORD CIR, ZEPHYRHILLS, FL 33543
Phone: 8138664004

1263.LENSCRAFTERS
28330 PASEO DR, ZEPHYRHILLS, FL 33543
Phone: 8139731594

1264.THE EYECARE PROF OF TAMPA BAY
29154 CHAPEL PARK DR, ZEPHYRHILLS, FL 33543
Phone: 8139497274

Pinellas County

1265.CUSTOMER EYES INC
1269 S MISSOURI AVE, CLEARWATER, FL 33756
Phone: 7274434011

1266.N T ANDERSON OD PA
1269 S MISSOURI AVE, CLEARWATER, FL 33756
Phone: 7276239000

1267.DR GILBERT G JANNELLI
909 S FORT HARRISON AVE, CLEARWATER, FL 33756
Phone: 7274612020

1268.MYEYEDR
2643 GULF TO BAY BLVD, CLEARWATER, FL 33759
Phone: 7277993937

1269.GULF COAST OPTOMETRY
2660 GULF TO BAY BLVD, CLEARWATER, FL 33759
Phone: 7276837207

1270.PEARLE VISION
2670 GULF TO BAY BLVD, CLEARWATER, FL 33759
Phone: 7277774546

1271.NATIONWIDE VISION CENTER
2679 GULF TO BAY BLVD, CLEARWATER, FL 33759
Phone: 7276692831

1272.TARGET OPTICAL
2747 GULF TO BAY BLVD, CLEARWATER, FL 33759
Phone: 7274310234

1273.NORTHWOOD VISION
2518 MCMULLEN BOOTH RD, CLEARWATER, FL 33761
Phone: 727255558

1274.JAY D ROSENFELD OD
2541 COUNTRYSIDE BLVD, CLEARWATER, FL 33761
Phone: 7277994500

1275.LENSCRAFTERS
27001 US HIGHWAY 19 NORTH, CLEARWATER, FL 33761
Phone: 7276696400

1276.NATIONWIDE INSIDE OF JCPENNEY
27001 US HWY 19 NORTH, CLEARWATER, FL 33761
Phone: 727250780

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FL

*1277.*GULF COAST OPTOMETRY
30323 US 19 NORTH, CLEARWATER, FL 33761
Phone: 7273733030

*1288.*OPTICAL FACTORY & SHOWROOM
800 E BAY DR, LARGO, FL 33770
Phone: 7275858521

*1278.*THE EYE INSTITUTE OF WEST FL
3165 MCMULLEN BOOTH RD, CLEARWATER, FL 33761
Phone: 7275818706

*1289.*LENSCRAFTERS
10500 ULMERTON RD, LARGO, FL 33771
Phone: 7275858600

*1279.*DR NORA GINDI REED
1831 N BELCHER RD, CLEARWATER, FL 33765
Phone: 7275316956

*1290.*AMERICAS BEST
10500 ULMERTON RD, LARGO, FL 33771
Phone: 7274440901

*1280.*LENSCRAFTERS
23902 US HIGHWAY 19 NORTH, CLEARWATER, FL 33765
Phone: 7277261300

*1291.*FRANCIS A BARREIRO OD
1915 EAST BAY DR, LARGO, FL 33771
Phone: 7275841508

*1281.*EYE SITE OF TAMPA BAY
2560 GULF TO BAY BLVD, CLEARWATER, FL 33765
Phone: 7277993772

*1292.*SHETTLE OPTICAL SOLUTIONS
670 N CLEARWATER LARGO RD, LARGO, FL 33771
Phone: 7275861260

*1282.*ALAN ROPHIE OD
1228 COUNTY RD 1, DUNEDIN, FL 34698
Phone: 7277330443

*1293.*LEE SHETTLE DO PA
13113 66TH STREET NORTH, LARGO, FL 33773
Phone: 7276742500

*1283.*ACCU VISION OPTICAL
2161 MAIN ST, DUNEDIN, FL 34698
Phone: 7277348843

*1294.*EYE ASSOCIATES OF PINELLAS
6585 126TH AVE NORTH, LARGO, FL 33773
Phone: 7275414469

*1284.*ST MICHAELS EYE & LASER INS
1030 WEST BAY DR, LARGO, FL 33770
Phone: 7275852200

*1295.*MILLIGAN OPTICAL
6585 126TH AVE NORTH, LARGO, FL 33773
Phone: 7275414469

*1285.*DIAGNOSTIC CLINIC MEDICAL GRP
1301 2ND AVE SOUTHWEST, LARGO, FL 33770
Phone: 7275818767

*1296.*MYEYEDR
10785 102ND AVE, LARGO, FL 33778
Phone: 7272093937

*1286.*THE EYE INSTITUTE OF WEST FL
148 13TH ST SOUTH WEST, LARGO, FL 33770
Phone: 7275818706

*1297.*GULF COAST OPTOMETRY
13002 SEMINOLE BLVD, LARGO, FL 33778
Phone: 7273334100

*1287.*RONALD G TUCKER OD
800 E BAY DR, LARGO, FL 33770
Phone: 7275841893

*1298.*THE EYE CENTER
3155 CURLEW RD, OLDSMAR, FL 34677
Phone: 7272162020

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To use your in-network benefits to purchase contact lenses online visit www.contactsdirect.com.

To use your in-network benefits to purchase glasses online visit www.glasses.com.

To locate laser vision correction providers, please call 1-877-5LASER6 or visit www.eyemedlasik.com.

FL

*1299.*GULF COAST EYE CARE
2650 TAMPA RD, PALM HARBOR, FL 34684
Phone: 7277854419

*1300.*FOR EYES OPTICAL CO
33330 US HWY 19 NORTH, PALM HARBOR, FL 34684
Phone: 7277890443

*1301.*EYEDOC OPTICAL
3384 TAMPA RD, PALM HARBOR, FL 34684
Phone: 7274913786

*1302.*MYEYEDR
36021 US HWY 19 NORTH, PALM HARBOR, FL 34684
Phone: 7277721000

*1303.*EAST LAKE EYECARE
3434 EAST LAKE RD, PALM HARBOR, FL 34685
Phone: 7277817922

*1304.*AMERICAS BEST
4010 PARK BLVD NORTH, PINELLAS PARK, FL 33781
Phone: 7273694290

*1305.*GULFCOAST EYE CARE
6036 PARK BLVD, PINELLAS PARK, FL 33781
Phone: 7275492105

*1306.*TOTAL VISION CARE
7211 US HWY 19 NORTH, PINELLAS PARK, FL 33781
Phone: 7275212020

*1307.*EYE ASSOCIATES OF PINELLAS
9375 66TH ST NORTH, PINELLAS PARK, FL 33782
Phone: 7275414469

*1308.*SAFETY HARBOR OPTICAL
330 MAIN ST, SAFETY HARBOR, FL 34695
Phone: 7277916000

*1309.*SAFETY HARBOR OPTICAL
330 MAIN ST, SAFETY HARBOR, FL 34695
Phone: 7277911233

*1310.*PEARLE VISION
1350 4TH ST NORTH, SAINT PETERSBURG, FL 33701
Phone: 7274985117

*1311.*MYEYEDR
8501 4TH ST NORTH, SAINT PETERSBURG, FL 33702
Phone: 7275782020

*1312.*SHETTLE FAMILY EYECARE & EYEWE
4200 4TH ST NORTH, SAINT PETERSBURG, FL 33703
Phone: 7275282015

*1313.*EYE INSTITUTE OPTICAL
955 54TH AVE NORTH, SAINT PETERSBURG, FL 33703
Phone: 7275254700

*1314.*VIP EYE CARE AND EYE WEAR
2201 4TH ST NORTH, SAINT PETERSBURG, FL 33704
Phone: 7278940500

*1315.*ALLENDALE EYECARE
3322 NINTH ST NORTH, SAINT PETERSBURG, FL 33704
Phone: 7278953443

*1316.*GULF COAST OPTOMETRY
3520 4TH ST NORTH, SAINT PETERSBURG, FL 33704
Phone: 7273690043

*1317.*GULFCOAST EYE CARE
1515 9TH AVE N, SAINT PETERSBURG, FL 33705
Phone: 7278952020

*1318.*OPTICAL SHOP INC
620 10TH ST NORTH, SAINT PETERSBURG, FL 33705
Phone: 7278247134

*1319.*SAINT PETERSBURG EYE CARE SPEC
929 FIRST AVE N, SAINT PETERSBURG, FL 33705
Phone: 7278983155

*1320.*DEBORAH C FLANAGAN OD PA
4940 CENTRAL AVE, SAINT PETERSBURG, FL 33707
Phone: 7273216600

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To use your in-network benefits to purchase glasses online visit www.glasses.com.

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FL

1321.RICHARD E SORKIN OD
5100 CENTRAL AVE, SAINT PETERSBURG, FL 33707
Phone: 7273211101

1322.RYCZEK EYE ASSOC
5412 CENTRAL AVE, SAINT PETERSBURG, FL 33707
Phone: 7273278855

1323.MYEYEDR
1450 66TH ST NORTH, SAINT PETERSBURG, FL 33710
Phone: 7273813937

1324.LIFETIME VISION CARE
1903 TYRONE BLVD, SAINT PETERSBURG, FL 33710
Phone: 7273454035

1325.FOR EYES OPTICAL CO
2000 66TH ST NORTH, SAINT PETERSBURG, FL 33710
Phone: 7273473937

1326.GULF COAST OPTOMETRY
2109 66TH ST NORTH, SAINT PETERSBURG, FL 33710
Phone: 7273452372

1327.EYE DESIGNS OPTICAL & VISION
2875 TYRONE BLVD, SAINT PETERSBURG, FL 33710
Phone: 7273442020

1328.FRANK D HURD OD
3275 66TH ST N, SAINT PETERSBURG, FL 33710
Phone: 7273412020

1329.DISSTON OPTICAL
3435 49TH ST N, SAINT PETERSBURG, FL 33710
Phone: 7275228423

1330.MASON EYE CLINIC
5712 5TH AVENUE NORTH, SAINT PETERSBURG, FL 33710
Phone: 7273440800

1331.THE EYE INSTITUTE OF WEST FL
6133 CENTRAL AVE, SAINT PETERSBURG, FL 33710
Phone: 7275818706

1332.LENSCRAFTERS AT MACYS
6901 22ND AVE NORTH, SAINT PETERSBURG, FL 33710
Phone: 7273020492

1333.LENSCRAFTERS
6951 TYRONE SQUARE, SAINT PETERSBURG, FL 33710
Phone: 7273441707

1334.NATIONWIDE INSIDE OF JCPENNEY
7000 TYRONE SQ, SAINT PETERSBURG, FL 33710
Phone: 7273452372

1335.DR ANDREW DIACZYK
4887 34 ST SOUTH, SAINT PETERSBURG, FL 33711
Phone: 7278644047

1336.EYE ASSOCIATES OF PINELLAS
1915 34TH ST NORTH, SAINT PETERSBURG, FL 33713
Phone: 7275414469

1337.OPTIMART INC
4359 35TH ST NORTH, SAINT PETERSBURG, FL 33714
Phone: 7275253959

1338.VIP EYE CARE OPTICAL BOUTIQUE
12425 28TH STREET NORTH, SAINT PETERSBURG, FL 33716
Phone: 7278940500

1339.OPTIMART INC
10755 PARK BLVD, SEMINOLE, FL 33772
Phone: 7273920907

1340.PEARLE VISION
7855 113TH ST, SEMINOLE, FL 33772
Phone: 7273176174

1341.BARRY M GOOTSON OD PA
9009 PARK BLVD, SEMINOLE, FL 33777
Phone: 7273930500

1342.SANDRA STROUD OD
41272 US HWY 19 NORTH, TARPON SPRINGS, FL 34689
Phone: 7279376551

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To locate laser vision correction providers, please call 1-877-5LASER6 or visit www.eyemedlasik.com.

FL

Polk County

1343.EYE SPECIALISTS OF MID FLORIDA
202 MAGNOLIA AVE, AUBURNDALE, FL 33823
Phone: 8632943504

1344.THE VISION CENTER IN WAL-MART
1050 VAN FLEET DR, BARTOW, FL 33830
Phone: 8635335400

1345.EYE EXPRESS INC
1214 N BROADWAY, BARTOW, FL 33830
Phone: 8635342020

1346.MYEYEDR
1695 NORTH BROADWAY, BARTOW, FL 33830
Phone: 8635342020

1347.VEINTE 20 VISION CTR & OPTICAL
2402 SANDMINE RD, DAVENPORT, FL 33897
Phone: 3522432724

1348.EYE SPECIALISTS OF MID FLORIDA
100 PATTERSON RD, HAINES CITY, FL 33844
Phone: 8634224429

1349.MYEYEDR
119 PATTERSON RD, HAINES CITY, FL 33844
Phone: 8634212700

1350.MYEYEDR
1611 SR 60, LAKE WALES, FL 33853
Phone: 8636762020

1351.SCENIC OPTICAL
254 E STUART AVE, LAKE WALES, FL 33853
Phone: 8636762020

1352.EYE SPECIALISTS OF MID FLORIDA
2800 A RIDGE WAY, LAKE WALES, FL 33859
Phone: 8636762008

1353.PEARLE VISION
1371 TOWN CENTER DR, LAKELAND, FL 33803
Phone: 8634130200

1354.EYE SPECIALISTS OF MID FLORIDA
2025 E EDGEWOOD DR, LAKELAND, FL 33803
Phone: 8636654515

1355.LENSCRAFTERS
3408 S FLORIDA AVE, LAKELAND, FL 33803
Phone: 8636462707

1356.AMERICAS BEST
3615 SOUTH FLORIDA AVE, LAKELAND, FL 33803
Phone: 8639402091

1357.GERARD HUBBELL OD
924 S FLORIDA AVE, LAKELAND, FL 33803
Phone: 8636886197

1358.LAKELAND EYE CLINIC
1247 LAKELAND HILLS BLVD, LAKELAND, FL 33805
Phone: 8636885604

1359.MYEYEDR
1251 LAKELAND HILLS BLVD, LAKELAND, FL 33805
Phone: 8636872260

1360.GULF COAST OPTOMETRY
3635 US 98, LAKELAND, FL 33809
Phone: 8638597100

1361.LENSCRAFTERS
3730 HWY 98 N, LAKELAND, FL 33809
Phone: 8638590110

1362.MYEYEDR
5528 US HWY 98 NORTH, LAKELAND, FL 33809
Phone: 8638532020

1363.LAKELAND EYE CLINIC
6743 US HWY 98 N, LAKELAND, FL 33809
Phone: 8638582020

1364.AMERICAS BEST
919 LAKELAND PARK CENTER DRIVE, LAKELAND, FL 33809
Phone: 8638596500

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FL

1365.EYE SPECIALISTS OF MID FLORIDA
2004 CR 540-A, LAKE LAND, FL 33813
Phone: 8639374515

1366.MYEYEDR
4337 S FLORIDA AVE, LAKE LAND, FL 33813
Phone: 8636192700

1367.EYE EXPRESS
4337 S FLORIDA AVE, LAKE LAND, FL 33813
Phone: 8636192700

1368.LAKE LAND EYE CLINIC
4708 S FLORIDA AVE, LAKE LAND, FL 33813
Phone: 8636446455

1369.FAMILY EYE CENTER SOUTH LLC
5125 S LAKE LAND DR, LAKE LAND, FL 33813
Phone: 8636447773

1370.AMERICAS BEST
341 343 CYPRESS GARDENS BLVD, WINTER HAVEN, FL 33880
Phone: 8638371085

1371.EYE SPECIALISTS OF MID FLORIDA
407 AVE K SOUTHEAST, WINTER HAVEN, FL 33880
Phone: 8632943504

1372.FAMILY EYECARE
410 E CENTRAL AVE, WINTER HAVEN, FL 33880
Phone: 8632930276

1373.MYEYEDR
215 1ST ST N, WINTER HAVEN, FL 33881
Phone: 8632998908

1374.WILLIAM E STERLING JR OD
3630 HAVENDALE BLVD, WINTER HAVEN, FL 33881
Phone: 8639670668

Putnam County

1375.ST JOHNS EYE CARE INC
2504 CRILL AVE, PALATKA, FL 32177
Phone: 3863285141

1376.PALATKA VISION CENTER
3506 ST JOHNS AVE, PALATKA, FL 32177
Phone: 3863284456

1377.THE OPTICAL SHOP RX LAB
3710 ST JOHNS AVE, PALATKA, FL 32177
Phone: 3863288386

1378.AZALEA EYECARE CENTER
514 S PALM AVE, PALATKA, FL 32177
Phone: 3863288387

Santa Rosa County

1379.FLORIDA OPHTHALMIC AFFILIATES
1300 SHORELINE DR, GULF BREEZE, FL 32561
Phone: 8559892020

1380.SIGHT AND SUN EYEWORKS GULF BR
876 GULF BREEZE PKWY, GULF BREEZE, FL 32561
Phone: 8509324184

1381.CENTER FOR SIGHT OF NW FL
3577 GULF BREEZE PKWY, GULF BREEZE, FL 32563
Phone: 8509341954

1382.CENTER FOR SIGHT
3577 GULF BREEZE PKWY, GULF BREEZE, FL 32563
Phone: 8509341954

1383.JAY VISION CENTER
14088 ALABAMA ST, JAY, FL 32565
Phone: 8506750625

1384.GULF COAST VISION CENTER
5560 STEWART ST, MILTON, FL 32570
Phone: 8506232545

1385.GENE TERREZZA OD & ASSOCIATES
5593 STEWART ST, MILTON, FL 32570
Phone: 8506230319

1386.SIGHT AND SUN EYEWORKS LLC
6096 BERRYHILL RD, MILTON, FL 32570
Phone: 8506234444

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FL

1387.MILLS EYE + FACIAL SURGERY
3754 HIGHWAY 90, MILTON, FL 32571
Phone: 8502667500

1398.SEEPOR OPTOMETRY
4381 AIDEN LN, NORTH PORT, FL 34287
Phone: 9418764400

1388.GULF COAST VISION CENTER
4377 WOODBINE RD, MILTON, FL 32571
Phone: 8509954555

1399.FAMILY EYE CARE & VISION
694 SOUTH TAMIAMI TRAIL, OSPREY, FL 34229
Phone: 9419666700

1389.CENTER FOR SIGHT OF NW FL
4427 HIGHWAY 90, MILTON, FL 32571
Phone: 8509948400

1400.PEARLE VISION
4006 S TAMIAMI TR, SARASOTA, FL 34231
Phone: 9419214473

1390.CENTER FOR SIGHT
4427 HWY 90, MILTON, FL 32571
Phone: 8509948400

1401.EYE CENTER SOUTH
2020 CATTLEMEN RD, SARASOTA, FL 34232
Phone: 9413783937

1391.THE EYE GUY
4630 WOODBINE RD, MILTON, FL 32571
Phone: 8508894146

1402.DONNA L SHOTWELL OD PA
4934 FRUITVILLE ROAD, SARASOTA, FL 34232
Phone: 9413717644

1392.WOODBINE EYE CARE
5389 WOODBINE RD, MILTON, FL 32571
Phone: 8509953232

1403.RICK BILLINGS OD
3900 CLARK RD, SARASOTA, FL 34233
Phone: 9419231119

1393.SIGHT AND SUN EYEWORKS NAVARRE
8050 NAVARRE PKWY, NAVARRE, FL 32566
Phone: 8509393459

1404.BEE RIDGE VISION CENTER
3920 BEE RIDGE RD, SARASOTA, FL 34233
Phone: 9419233411

Sarasota County

1394.COMMUNITY EYE CENTER
1331 S SUMTER BLVD, NORTH PORT, FL 34286
Phone: 9416251325

1405.RONALD DOCTOR OD PA
5872 BEE RIDGE RD, SARASOTA, FL 34233
Phone: 9419277805

1395.COMMUNITY EYE CENTER
1331 S SUMTER BLVD, NORTH PORT, FL 34287
Phone: 9414238137

1406.DRS SINCLAIR & CAMP
615 S ORANGE AVE, SARASOTA, FL 34236
Phone: 9413662892

1396.CENTER FOR SIGHT
14844 S TAMIAMI TRAIL, NORTH PORT, FL 34287
Phone: 9414269521

1407.LENSCRAFTERS
8201 S TAMIAMI TR, SARASOTA, FL 34238
Phone: 9419214300

1397.AMERICAS BEST
18467 SOUTH TAMIAMI TRAIL, NORTH PORT, FL 34287
Phone: 9414234648

1408.NATIONWIDE INSIDE OF JCPENNEY
8201 S TAMIAMI TRL, SARASOTA, FL 34238
Phone: 9419230178

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To use your in-network benefits to purchase glasses online visit www.glasses.com.

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FL

1409.CENTER FOR SIGHT
8224 S TAMIAMI TRAIL, SARASOTA, FL 34238
Phone: 9419234594

1420.LENSCRAFTERS
140 UNIVERSITY TOWN CENTER DR, SARASOTA, FL 34243
Phone: 9417029907

1410.EYE SPECIALISTS
1428 S TAMIAMI TRL, SARASOTA, FL 34239
Phone: 9419574987

1421.UNIVERSITY EYE CARE
2936 UNIVERSITY PKWY, SARASOTA, FL 34243
Phone: 9413512218

1411.CENTER FOR SIGHT
1800 SIESTA DR, SARASOTA, FL 34239
Phone: 9413302200

1422.GULF COAST OPTOMETRY
77 N CATTLEMAN RD, SARASOTA, FL 34243
Phone: 9418936109

1412.THE EYE ASSOCIATES
2111 BEE RIDGE RD, SARASOTA, FL 34239
Phone: 9413600837

1423.CENTER FOR SIGHT
1360 E VENICE AVE, VENICE, FL 34285
Phone: 9414882020

1413.THOMAS E BLOM OD PA
2450 BEE RIDGE RD, SARASOTA, FL 34239
Phone: 9419253937

1424.EYES ON YOU LLC
140 W VENICE AVE, VENICE, FL 34285
Phone: 9412449054

1414.CENTER FOR SIGHT
2601 SOUTH TAMIAMI TRAIL, SARASOTA, FL 34239
Phone: 9419252020

1425.EYE ASSOCIATES OF MANATEE LLP
250 S TAMIAMI TRL, VENICE, FL 34285
Phone: 9417922020

1415.FREDERICK E SOTO JR OD
2650 S TAMIAMI TRL, SARASOTA, FL 34239
Phone: 9419533111

1426.MARK JOHNSON MD PA
811 RIDGEWOOD AVE, VENICE, FL 34285
Phone: 9414800600

1416.GULF COAST EYE CENTER
2940 S TAMIAMI TRI, SARASOTA, FL 34239
Phone: 9419212020

1427.CENTER FOR SIGHT
1236 JACARANDA BLVD, VENICE, FL 34292
Phone: 9414964444

1417.LENSCRAFTERS
302 SOUTHGATE PLAZA, SARASOTA, FL 34239
Phone: 9419541993

1428.SUNCOAST EYE HEALTH PA
1435 E VENICE AVE, VENICE, FL 34292
Phone: 9414854868

1418.TARGET OPTICAL
101 CATTLEMAN RD, SARASOTA, FL 34243
Phone: 9413511806

1429.COMMUNITY EYE CENTER
1988 TAMIAMI TRAIL SOUTH, VENICE, FL 34293
Phone: 9414080145

1419.SEE INC
140 UNIVERSITY TOWN CENTER DR, SARASOTA, FL 34243
Phone: 9418666588

1430.PEARLE VISION
2165 TAMIAMI TR S, VENICE, FL 34293
Phone: 9414938787

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FL

Seminole County

1431.FLORIDA EYE CLINIC PA
160 BOSTON AVE, ALTAMONTE SPRINGS, FL 32701
Phone: 4078347776

1432.AMERICAS BEST
303 E ALTAMONTE DR, ALTAMONTE SPRINGS, FL 32701
Phone: 4075510285

1433.NATIONWIDE INSIDE OF JCPENNEY
451 E ALTAMONTE DR, ALTAMONTE SPRINGS, FL 32701
Phone: 4073320644

1434.LENSCRAFTERS
451 E ALTAMONTE DR, ALTAMONTE SPRINGS, FL 32701
Phone: 4078307448

1435.PRECISION EYE CARE CENTER
104 MARCIA DR, ALTAMONTE SPRINGS, FL 32714
Phone: 4078627234

1436.LENSCRAFTERS
520 W HIGHWAY 436, ALTAMONTE SPRINGS, FL 32714
Phone: 4077882929

1437.OPTOMETRIC PHYSICIANS OF FL
685 DOUGLAS AVE, ALTAMONTE SPRINGS, FL 32714
Phone: 4078307442

1438.GULF COAST OPTOMETRY
706 W SR 436, ALTAMONTE SPRINGS, FL 32714
Phone: 4077741318

1439.ADVANCED VISION INSTITUTE
773 DOUGLAS AVE, ALTAMONTE SPRINGS, FL 32714
Phone: 4073890800

1440.TARGET OPTICAL
886 W STATE RD, ALTAMONTE SPRINGS, FL 32714
Phone: 4076181211

1441.ALTAMONTE EYE CARE INC
931 N STATE RD 434, ALTAMONTE SPRINGS, FL 32714
Phone: 4076712020

1442.LENSCRAFTERS
1415 SR 436, CASSELBERRY, FL 32707
Phone: 4076798080

1443.AMERICAS BEST
1455 SEMORAN BLVD, CASSELBERRY, FL 32707
Phone: 4079602689

1444.FOR EYES OPTICAL CO
3405 US HIGHWAY 17-92 SOUTH, CASSELBERRY, FL 32707
Phone: 4073391784

1445.LAKE MARY EYE CARE
1331 S INTERNATIONAL PKWY, LAKE MARY, FL 32746
Phone: 4073231130

1446.MARTIN A KANSOL OD
3098 W LAKE MARY BLVD, LAKE MARY, FL 32746
Phone: 4073216434

1447.THE EYES HAVE IT
440 SAINT CHARLES CT, LAKE MARY, FL 32746
Phone: 4073332740

1448.LOGAN EYE CARE LLC
560 RINEHART ROAD, LAKE MARY, FL 32746
Phone: 4073337333

1449.KENNETH C HUNT OD
938 WILLISTON PARK POINT, LAKE MARY, FL 32746
Phone: 4074444911

1450.MARC H SHERMAN OD PA
1495 W STATE RT 434, LONGWOOD, FL 32750
Phone: 4073328255

1451.EYECARE OF LONGWOOD
983 W STATE RD 434, LONGWOOD, FL 32750
Phone: 4072610505

1452.SABAL EYE CARE
105 E LAKE BRANTLEY DR, LONGWOOD, FL 32779
Phone: 4078694733

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FL

1453.LAKE HOWELL EYE ASSOCIATES
2008 LAKE HOWELL LANE, MAITLAND, FL 32751
Phone: 4076473937

1464.TARGET OPTICAL
1201 WP BALL BLVD, SANFORD, FL 32771
Phone: 4075470010

1454.FISHER EYE ASSOCIATES
1020 LOCKWOOD BLVD, OVIEDO, FL 32765
Phone: 4079711001

1465.LENSCRAFTERS
156 TOWNE CENTER CIR, SANFORD, FL 32771
Phone: 4073232505

1455.AMERICAS BEST
1115 VIDINA PL, OVIEDO, FL 32765
Phone: 4073650616

1466.FRUTCHEY EYE CARE
157 TOWN CENTER BLVD, SANFORD, FL 32771
Phone: 4073024480

1456.CENTRAL FLORIDA EYES
1327 W BROADWAY ST, OVIEDO, FL 32765
Phone: 4073598016

1467.AMERICAS BEST
2053 WP BALL BLVD, SANFORD, FL 32771
Phone: 4073229176

1457.SEARS OPTICAL
1360 OVIEDO MKTPLACE BLVD, OVIEDO, FL 32765
Phone: 4073663603

1468.ADVANCED EYECARE OF CENTRAL FL
5680 WAYSIDE DR, SANFORD, FL 32771
Phone: 4073333937

1458.ROBERT S WEBSTER
171 S CENTRAL AVE, OVIEDO, FL 32765
Phone: 4073657475

1469.DESCHENEUX EYECARE
601 E 25TH ST, SANFORD, FL 32771
Phone: 4073228899

1459.DESCHENEUX EYECARE
2984 N ALAFAYA TR, OVIEDO, FL 32765
Phone: 4073654040

1470.BAYHEAD EYE CENTRE
820 W LAKE MARY BLVD, SANFORD, FL 32773
Phone: 4073222230

1460.STEWART FAMILY EYE CARE
2990 BLISS COVE, OVIEDO, FL 32765
Phone: 4078909507

1471.EYE ASSOCIATES OF WINTER PARK
1928 HOWELL BRANCH RD, WINTER PARK, FL 32792
Phone: 4076715445

1461.TRINITY EYE ASSOCIATES
3635 SR 426, OVIEDO, FL 32765
Phone: 4076789151

1472.JAMES A PODSCHUN A.D.
1935 STATE ROAD, WINTER PARK, FL 32792
Phone: 4076710960

1462.TARGET OPTICAL
820 OVIEDO MALL BLVD, OVIEDO, FL 32765
Phone: 3213483026

1473.UNIVERSITY EYE CARE INC
4270 ALOMA AVE, WINTER PARK, FL 32792
Phone: 3214222695

1463.OVIEDO VISION CENTER PA
875 CLARK ST, OVIEDO, FL 32765
Phone: 4073667655

1474.MACDONALD FAMILY EYECARE
1122 E STATE ROAD 434, WINTER SPRINGS, FL 32708
Phone: 4073270455

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FL

1475.DAVID E HANKINS OD
1340 TUSKAWILLA RD, WINTER SPRINGS, FL 32708
Phone: 4076994000

1476.NATIONWIDE VISION CENTER
5687 RED BUG LAKE RD, WINTER SPRINGS, FL 32708
Phone: 3219260940

1477.FLORIDA EYE CLINIC PA
5727 CANTON COVE, WINTER SPRINGS, FL 32708
Phone: 4076952020

St. Johns County

1478.ST JOHNS EYE ASSOCIATES
100 MARKETPLACE AVE, PONTE VEDRA, FL 32081
Phone: 9048254525

1479.BARNHORST EYE ASSOCIATES
190 MARKETSIDE AVE, PONTE VEDRA, FL 32081
Phone: 9042493937

1480.BOWMAN OPTOMETRY
120 A1A NORTH, PONTE VEDRA BEACH, FL 32082
Phone: 9042809000

1481.PONTE VEDRA EYE ASSOC
150 PROFESSIONAL DR, PONTE VEDRA BEACH, FL 32082
Phone: 9042858448

1482.VISION EXPRESS
880 A1A NORTH, PONTE VEDRA BEACH, FL 32082
Phone: 9046861386

1483.ROWE FAMILY EYECARE
1100 S PONCE DE LEON BLVD, SAINT AUGUSTINE, FL 32084
Phone: 9048240212

1484.EYE CENTER OF ST AUGUSTINE
1400 US HWY 1 SOUTH, SAINT AUGUSTINE, FL 32084
Phone: 9048292286

1485.TARGET OPTICAL
1440 US HWY 1 S, SAINT AUGUSTINE, FL 32084
Phone: 9044950627

1486.LENSCRAFTERS
135 JENKINS ST, SAINT AUGUSTINE, FL 32086
Phone: 9048199251

1487.MYEYEDR
212 STATE RD 312, SAINT AUGUSTINE, FL 32086
Phone: 9048242021

1488.ST AUGUSTINE VISION
25 DELTONA BLVD, SAINT AUGUSTINE, FL 32086
Phone: 9047975760

1489.VISIONARY EYECARE AT MURABELLA
124 TUSCAN WAY, SAINT AUGUSTINE, FL 32092
Phone: 9045472691

1490.ST JOHNS EYE ASSOCIATES
161-3 HAMPTON POINT DR, SAINT AUGUSTINE, FL 32092
Phone: 9042879137

1491.EYE CENTER OF ST AUGUSTINE
319 W TOWN PALCE, SAINT AUGUSTINE, FL 32092
Phone: 9049409200

1492.DAU FAMILY EYE CARE
132 EVEREST LN, SAINT JOHNS, FL 32259
Phone: 9047132020

1493.JULINGTON CREEK VISION CENTER
1631 RACE TRACK RD, SAINT JOHNS, FL 32259
Phone: 9042961980

1494.MYEYEDR
450 STATE RD 13 107, SAINT JOHNS, FL 32259
Phone: 9042873678

1495.COMplete FAMILY EYE CARE
651 STATE RD 13 ST, SAINT JOHNS, FL 32259
Phone: 9042874567

St. Lucie County

1496.CTR FOR EYECARE & SURGERY
2504 ACORN ST, FORT PIERCE, FL 34947
Phone: 7724665146

Visit www.humana.com for current provider information.

To use your in-network benefits to purchase contact lenses online visit www.contactsdirect.com.

To use your in-network benefits to purchase glasses online visit www.glasses.com.

To locate laser vision correction providers, please call 1-877-5LASER6 or visit www.eyemedlasik.com.

FL

1497.TAYLOR CREEK OPTICAL
104 N 2ND STREET, FORT PIERCE, FL 34950
Phone: 7724662385

1498.ST LUCIE EYE ASSOCIATES
2201 S 10TH ST, FORT PIERCE, FL 34950
Phone: 7724615660

1499.ST LUCIE EYE ASSOC MD PA
2201 S 10TH ST, FORT PIERCE, FL 34950
Phone: 7724615660

1500.PAUL B MOLL OD
828 SOUTH US HIGHWAY 1, FORT PIERCE, FL 34950
Phone: 7724662070

1501.WILLIAM A OLIVOS OD PA
4976 S 25TH ST, FORT PIERCE, FL 34981
Phone: 7724608487

1502.CR LAIT OPTICAL
2305 OLEANDER BLVD, FORT PIERCE, FL 34982
Phone: 7724656616

1503.SOUTH FLORIDA VISION CTRS
10077 S FEDERAL HWY, PORT SAINT LUCIE, FL 34952
Phone: 7723983244

1504.ALAN SIEGEL OD
10692 S US HWY 1, PORT SAINT LUCIE, FL 34952
Phone: 7723355006

1505.TREASURE COAST OPTICAL INC
1331 SE PORT ST LUCIE BLVD, PORT SAINT LUCIE, FL 34952
Phone: 7723984500

1506.FLORIDA VISION INSTITUTE
1715 SE TIFFANY AVE, PORT SAINT LUCIE, FL 34952
Phone: 7723372020

1507.ST LUCIE EYE ASSOCIATES
1715 SE TIFFANY AVE, PORT SAINT LUCIE, FL 34952
Phone: 7723353939

1508.ST. LUCIE EYE ASSOC MD PA
1715 SE TIFFANY AVENUE, PORT SAINT LUCIE, FL 34952
Phone: 7723353939

1509.FAMILY EYE CARE
1821 SE PORT ST LUCIE BLVD, PORT SAINT LUCIE, FL 34952
Phone: 7723375332

1510.HILLMOOR OPTICAL
8958 S US HIGHWAY 1, PORT SAINT LUCIE, FL 34952
Phone: 7723376377

1511.LC ERBE OD PA
1721 SW GATLIN BLVD, PORT SAINT LUCIE, FL 34953
Phone: 7728730037

1512.ADVANCED EYECARE CENTER
2710 SW PORT ST LUCIE BLVD, PORT SAINT LUCIE, FL 34953
Phone: 7728781414

1513.ST LUCIE EYE ASSOCIATES
1302 SW ST LUCIE WEST BLVD, PORT SAINT LUCIE, FL 34986
Phone: 7723402929

1514.ST. LUCIE EYE ASSOC MD PA
1302 SW ST. LUCIE WEST BLVD, PORT SAINT LUCIE, FL 34986
Phone: 7723402929

1515.GULF COAST OPTOMETRY
1477 SAINT LUCIE WEST BLVD, PORT SAINT LUCIE, FL 34986
Phone: 7724468715

1516.AMERICAS BEST
1707 NW ST LUCIE WEST BLVD, PORT SAINT LUCIE, FL 34986
Phone: 7729243700

1517.ENVISION EYE CARE & OPTIQUE
300 NW BETHANY DR, PORT SAINT LUCIE, FL 34986
Phone: 7726218777

1518.FLORIDA VISION INSTITUTE
10050 INNOVATION WAY, PORT SAINT LUCIE, FL 34987
Phone: 7723451500

Visit www.humana.com for current provider information.

To use your in-network benefits to purchase contact lenses online visit www.contactsdirect.com.

To use your in-network benefits to purchase glasses online visit www.glasses.com.

To locate laser vision correction providers, please call 1-877-5LASER6 or visit www.eyemedlasik.com.

FL

1519.FLORIDA VISION OPTIQUE INC
10050 SW INNOVATION WAY, PORT SAINT LUCIE, FL 34987
Phone: 7723455050

Sumter County

1520.STUART J KAUFMAN MD & ASSOCIAT
1814 WEST CR 48, BUSHNELL, FL 33513
Phone: 3525680600

1521.EYEWEAR BOUTIQUE
13940 N US HWY 441, LADY LAKE, FL 32159
Phone: 3523972821

1522.LAKE EYE ASSOCIATES
1400 US HWY 441 N, LADY LAKE, FL 32159
Phone: 3527502020

1523.DR DANIEL D RICHARDSON OD
2405 CR 526 E, SUMTERVILLE, FL 33585
Phone: 3527932512

1524.LANGE EYE CARE & ASSOCIATES
11834 COUNTY ROAD 101, THE VILLAGES, FL 32162
Phone: 3527534014

1525.MID FLORIDA EYE CENTER PA
5743 WILLIAMSBURG LN, WILDWOOD, FL 34785
Phone: 3527352020

Suwannee County

1526.COLUMBIA EYE ASSOCIATES
105 GRAND ST, LIVE OAK, FL 32064
Phone: 3863645677

1527.NORTH FLORIDA EYE CARE
522 S OHIO AVE, LIVE OAK, FL 32064
Phone: 3863625055

Taylor County

1528.MYEYEDR
404 E ASH ST, PERRY, FL 32347
Phone: 8505842200

Volusia County

1529.FIRST EYE INSTITUTE
1201 S RIDGEWOOD AVE, DAYTONA BEACH, FL 32114
Phone: 3864927718

1530.NATIONWIDE INSIDE OF JCPENNEY
1700 W INTERNATIONAL SPEEDWAY, DAYTONA BEACH, FL 32114
Phone: 3862536376

1531.LENSCRAFTERS
1700 W INTL SPEEDWAY, DAYTONA BEACH, FL 32114
Phone: 3862551800

1532.FOR EYES OPTICAL CO
1808 W INT'L SPEEDWAY BLVD, DAYTONA BEACH, FL 32114
Phone: 3862551541

1533.GULF COAST OPTOMETRY
2254 W INTL SPEEDWAY BLVD, DAYTONA BEACH, FL 32114
Phone: 3862523639

1534.LENSCRAFTERS
2475 INTL SPEEDWAY BLVD, DAYTONA BEACH, FL 32114
Phone: 3862538000

1535.AMERICAS BEST
2500 W INTERNATIONAL SPEEDWAY, DAYTONA BEACH, FL 32114
Phone: 3862367771

1536.DAYTONA EYE CENTER
701 S RIDGEWOOD AVE, DAYTONA BEACH, FL 32114
Phone: 3862535999

1537.VISION ONE INC
1900 MASON AVENUE, DAYTONA BEACH, FL 32117
Phone: 3862745525

1538.TOTAL VISION
2836 ENTERPRISE RD, DEBARY, FL 32713
Phone: 3866688885

1539.DEBARY OPTICAL
38 N US HWY 17-92, DEBARY, FL 32713
Phone: 3866680600

1540.VISION ONE CORP
801 N STONE ST, DELAND, FL 32720
Phone: 3867344431

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To use your in-network benefits to purchase glasses online visit www.glasses.com.

To locate laser vision correction providers, please call 1-877-5LASER6 or visit www.eyemedlasik.com.

FL

1541.TOTAL VISION

840 N STONE ST, DELAND, FL 32720
Phone: 3867341766

1542.JAY ANANTHAN-NAIR OD PA

1308 E NORMANDY BLVD, DELTONA, FL 32725
Phone: 3868603812

1543.OREST M KRAJNYK MD PA

2568 RIDGEWOOD AVE, EDGEWATER, FL 32141
Phone: 3864241422

1544.DR DONNA BELCHER

2968 S RIDGEWOOD AVE, EDGEWATER, FL 32141
Phone: 3864282088

1545.BEACH VISION CENTER

103 FAULKNER ST, NEW SMYRNA BEACH, FL 32168
Phone: 3864237788

1546.TOTAL VISION

524 CANAL ST, NEW SMYRNA BEACH, FL 32168
Phone: 3864235190

1547.EYE SAVERS

2564 ENTERPRISE RD, ORANGE CITY, FL 32763
Phone: 3867747242

1548.FLORIDA EYE CLINIC PA

787 HEALTH CARE DR, ORANGE CITY, FL 32763
Phone: 3866684332

1549.FLORIDA EYE CLINIC PA

1089 W GRANADA BLVD, ORMOND BEACH, FL 32174
Phone: 3866761300

1550.ELITE EYECARE

1185 W GRANADA BLVD, ORMOND BEACH, FL 32174
Phone: 3866763937

1551.2020 VISION CENTER

1425 HAND AVE, ORMOND BEACH, FL 32174
Phone: 3866732020

1552.EYE SAVERS

1474 W GRANADA BLVD, ORMOND BEACH, FL 32174
Phone: 3866733301

1553.INTERNATIONAL EYE ASSOC PA

1545 HAND AVE, ORMOND BEACH, FL 32174
Phone: 3866733939

1554.TOMOKA EYE ASSOCIATES

345 CLYDE MORRIS BLVD, ORMOND BEACH, FL 32174
Phone: 3866724244

1555.DR JASON IANNARELLI PA

900 W GRANADA BLVD, ORMOND BEACH, FL 32174
Phone: 3868723111

1556.TARGET OPTICAL

1771 DUNLAWTON AVENUE, PORT ORANGE, FL 32127
Phone: 3863047360

1557.VISION ONE INC

3820 S NOVA RD, PORT ORANGE, FL 32127
Phone: 3867670068

1558.TOMOKA EYE ASSOCIATES

790 DUNLAWTON AVE, PORT ORANGE, FL 32127
Phone: 3867670053

1559.EYE DESIGN EYECARE

1633 TAYLOR RD, PORT ORANGE, FL 32128
Phone: 3862563510

1560.DR JASON IANNARELLI PA

1633 TAYLOR RD, PORT ORANGE, FL 32128
Phone: 3862651970

1561.TOTAL VISION OF PORT ORANGE

5820 S WILLIAMSON BLVD, PORT ORANGE, FL 32128
Phone: 3867674449

1562.BLAHNIK EYE CARE INC

3740 S RIDGEWOOD AVE, PORT ORANGE, FL 32129
Phone: 3864926999

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To use your in-network benefits to purchase glasses online visit www.glasses.com.

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FL

1563.EYE SAVERS
3781 S NOVA RD, PORT ORANGE, FL 32129
Phone: 3867608626

Wakulla County

1564.MYEYEDR
2140 CRAWFORDVILLE HWY, CRAWFORDVILLE, FL 32327
Phone: 8509269213

Walton County

1565.MULLIS EYE INSTITUTE
746 BALDWIN AVE, DEFUNIAK SPRINGS, FL 32435
Phone: 8508926100

1566.CHUCK STEVENSON OD
770 HWY 331 SOUTH, DEFUNIAK SPRINGS, FL 32435
Phone: 8508925514

1567.MOLLEGA EYE CARE
13346 EMERALD COAST PKWY, DESTIN, FL 32550
Phone: 8502693937

1568.MARX COASTAL OPTICAL
271 STATE HWY 20 EAST, FREEPORT, FL 32439
Phone: 8508806778

Washington County

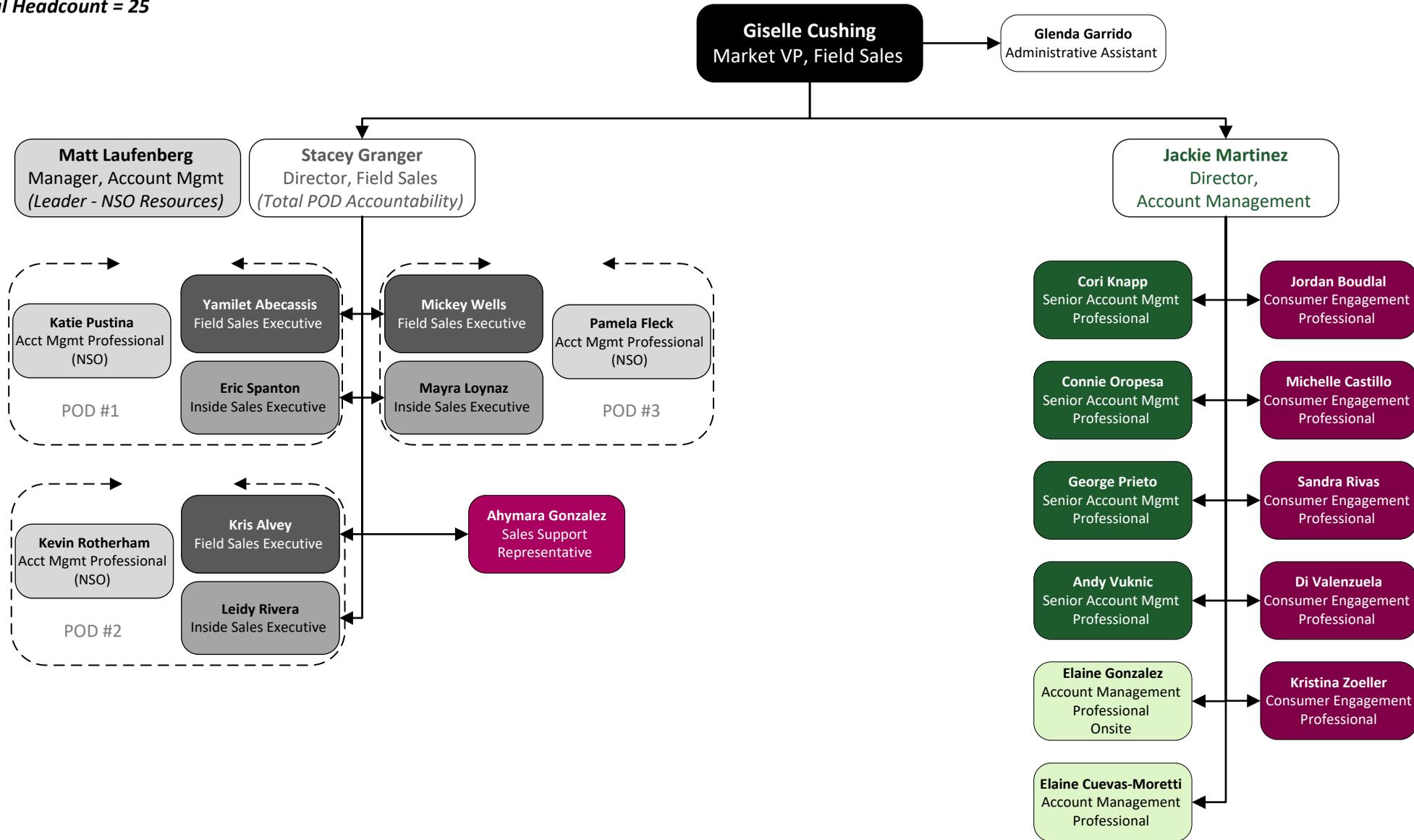
1569.EYE CENTER OF NORTH FLORIDA
1400 MAIN STREET, CHIPLEY, FL 32428
Phone: 8506387333

1570.MULLIS EYE INSTITUTE
1691 MAIN ST, CHIPLEY, FL 32428
Phone: 8506387220

South Florida

Last Update: 4/15/2019

Total Market Headcount = 22
 Total NSO Aligned Headcount = 3
Overall Total Headcount = 25





Connie Oropesa

Senior Account Management Professional

Connie is responsible for major account services as well as providing support to the broker and consultant community, with an emphasis on public sector accounts. She joined Humana in 1997 as an account executive and is responsible for the servicing of the public sector accounts. She has over 22 years of experience in the insurance field. Connie has been in the employee benefits field since 1995. Prior to joining Humana, Connie served as the client relations coordinator for a brokerage firm. Connie is a state licensed health and life insurance agent.

Contact Info:

Phone: 305-626-5241

Email:

coropesa3@humana.com

Humana Specialty Service Guide

Contact Information
Service Expectations
Online Resources and Billing



Specialty Support Professional (SSP)

Service Expectations



What is the Specialty Support Professional(SSP)?

Your Specialty Support Professional is assigned to provide a **DEDICATED** contact for day-to-day service related inquiries.

Who can contact the SSP?

As a Benefit Administrator, designated HR Representative or Agent/Broker, you can contact your SSP directly.

Members and providers should be directed to Member/Provider phone numbers listed on the back of the member's ID Card.

What level of service can I expect from my SSP?

- Commitment to excellence in service and support
- Prompt research and initial response (initial acknowledgement within 24 hours)
- Friendly and knowledgeable assistance
- Thorough feedback and attention to detail

What types of issues can my SSP assist with?

- Billing
- Enrollment issues – Access to Care
- Claims escalations (further assistance needed beyond member support)
- Web
- ID cards

Introducing your Specialty Support Professional (SSP)

At Humana, we're committed to serving our employer groups and agents, and now we're taking that commitment a step further. We're providing you with a dedicated Humana representative, only one person to contact – one number to call for assistance.

We know healthcare can be complex and even confusing at times, and we're here to help. When you work with a dedicated representative, we can get to know you even better, and provide a more simplified approach to managing your dental, vision and life plans.



Gina Kloehn

Gina joined Humana in November 2007. She has spent 11 years in Humana's Business-to-Business segment assisting Agents and Sales with their Medical and Specialty service needs. She was most recently a single-point-of-contact for our Small Business (2-99) Agents. She is skilled in Medical, Dental and Vision claims and benefits as well as Billing and Enrollment building strong relationships with both internal and external partners along the way.

Contact Information



Specialty Support Professional (SSP)

Name: Gina Kloehn
Phone: 502-710-7660

Email: gkloehn@humana.com

What happens when I'm away?

My backup, another SSP, will be available on my behalf while I am out of the office. My Out of Office message will contain the alternate contact information.

What your Humana Sales Team will continue to support:

- Provides support and consultation with member engagement and education
- Strategic consultant for renewals, benefit changes, and other group setup changes
- Reporting needs
- Marketing Materials

Additional important Phone numbers:

- | | |
|-------------------------------------|--------------|
| • Dental member customer service: | 800-233-4013 |
| • Dental provider customer service: | 800-833-2223 |
| • Vision member customer service: | 877-398-2980 |
| • Vision provider customer service: | 877-398-2682 |
| • Enrollment Fax: | 866-584-9140 |

Online Resources



Employer Portal Training and Registration Tips

If you have not already registered, you will need to complete the following registration process prior to initial log-in to the Humana Employer Portal, :

1. Go to Humana.com and click on “log in or register”
2. Click “Register as a new user”
3. Contact the Employer Portal Web Team at 888-666-5733 for step by step walk through to complete the registration.
4. Our Online benefits administration guide gets you started with self-service tools to manage your plan online. [Click here to access.](#)
5. We also have training sessions available so you can learn how to use our online self-help tools. To register: Please email WebTraining@humana.com. You’ll receive a link to access the webcast.

Steps to Access Online Bill

1. Log in to your employer portal at www.humana.com
2. On the upper left side of your screen click on the “Billing” link
3. Under the Billing heading, select the “View Invoice Summary” link
4. Using the “Select Billing ID” box, press the down arrow and select the account number you wish to view (you may only have one to choose from)
5. Press “Go”

We're going beyond insurance
to become your partner in health.

Thank you for choosing
Humana.

Humana.



[Humana.com](https://www.humana.com)



Elaine Cuevas-Moretti

Account Management Professional – Service Client Advisor

Elaine Cuevas-Moretti is the single point of contact for jumbo specialty clients representing approximately 18,000 dental and vision members. Elaine has been employed with Humana for over 14 years in the commercial market segment of South Florida. She has a diverse background in the areas of medical, dental, vision, wellness benefits, and Medicare.

In her current role, her responsibilities are to grow membership within existing accounts and to directly manage business relationships with key clients. She develops relationships with employers and brokers and serves as a liaison to support senior account managers with general service and escalated issues. In addition, Elaine conducts Humana Resources Benefits Administrator training to her assigned benefit administrators, as well as educating members on their dental and vision benefits.

She also offers support to Humana's clients for their health and wellness employee benefit meetings held throughout the year. Prior to her present role, Elaine was a consumer wellness consultant. In this capacity, she provided support, guidance, member education and engagement in the Go365 wellness program (formerly HumanaVitality).

Elaine enjoys volunteering as a partner with the South Florida Hispanic Chamber of Commerce for the non-profit organization Centro Mater in Miami-Dade. She also supports the Broward County community in volunteering at numerous events, such as: Women in Distress, Susan G. Komen for the Cure organization.

Contact Info:

Phone: 305-626-5382

Email:

Ecuevasmoretti@humana.com





Laura K. Nolan
Sales Executive

Contact Info:
Phone: 904-376-2798
Email: Lnolan@humana.com

Laura is a health and benefit expert who has proudly worked at Humana for over 17 years. Laura is responsible for introducing bold and innovative health and well-being solutions in the workforce. She has been recognized as a market leader who has gained success by using innovative techniques to combine sales, marketing and business development expertise.

Laura's unique knowledge and skill set have contributed to her proven track record of success. She has led Humana's nationwide growth as a top producer with the highest membership sales. She brings a thoughtful approach to each opportunity by building strategies specific to the needs and culture of the prospect, and by leveraging her understanding of Humana's infrastructure, solutions and business model to provide integrated value-add solutions.

Laura is known for her knowledge in the industry and her creative solutions that showcase her passion for health solutions. She has unique expertise for developing cost-control measures and integrating wellness initiatives in the public sector and national account markets. Laura has been a keynote speaker at many events sharing her insight and experience in the industry.

Laura's tenure at Humana has been one of leadership and focus. Laura provides leadership through a combination of a broad vision and a critical eye for internal operations. This has given her the opportunity to create unique solutions for high-performing organizations. In addition to her current position, Laura has succeeded in her previous roles as director of sales, market leader for Central and North Florida and public sector business development executive.

Laura is passionate about the health and well-being of Florida and co-chairs the North Florida Bold Goal Initiative. The Bold Goal is to help make the communities we serve 20 percent healthier by 2020 by making it easy for people to achieve their best health. Laura graduated from Florida State University with a bachelor's degree in business communication. She graduated from University of Phoenix with a Master's in Business, focusing on Healthcare Administration.

SUCCESS SNAPSHOT

Expertise: Medical, Pharmacy, Behavioral, Dental, Vision, and Wellness solutions

- Career successes:
 - President's Club winner
 - Top 40 under 40 Jacksonville Business Journal
 - Performance Initiative Project National Award Winner
- Leadership Training
- Dardis Communications Training
- Sales Culture Liaison
- Chair of Humana's Bold Goal initiative
- Social Selling Influencer



Jackie Martinez Sancho

*Director of Client Management & Wellness
Engagement*

Director of Client Management & Wellness Engagement for Humana's South Florida Employer Group Segment, Jackie has over twenty years of experience in the benefits and marketing fields for both public and private sector. She joined Humana/CompBenefits in 1996 and was responsible for the retention and growth of the company's largest dental and vision accounts and for key client implementations. In 2002, Jackie was promoted by Humana Specialty Benefits to Director of Account Management for the Southeast Region and managed a team servicing over 2 million members.

Contact Info:

Phone: 305-626-5606

Email:

jmartinez15@humana.com

Today, Jackie's scope of responsibility includes leading Humana's South Florida Client Management and Wellness Engagement team to collaborate strategically with our clients and internal partners to develop and execute health solutions for the well-being of our members. She also serves on the Board of Directors for The Education Fund, helping to promote innovative initiatives for our communities. She is a state licensed health insurance agent and an active member of the National Association of Health Underwriters. Jackie attained her Bachelors of Business Administration degrees in Marketing and International Business from Florida International University and earned her MBA degree with honors in 2001 from Nova Southeastern University.





Giselle Cushing

*Market Vice President, South Florida
Group Segment*

Giselle Cushing brings 26 years of experience in group insurance sales, account management and operations in the Healthcare industry. Giselle is recognized as a thought leader who has proudly worked at Humana for over 9 years. Giselle's strategic focus and drive have contributed to her proven track record with strong market membership growth and financial performance.

Giselle's tenure at Humana has been one of leadership and focus. In addition to her current position, Giselle has succeeded in her previous roles as small business practice leader for the South Florida Market and statewide responsibilities. She led Humana's South Florida Small Group Business segment to new heights in 2013 with the highest membership sales and led her sales team to qualify for President's Council four years in a row.

Today Giselle brings a strategic focus around championing a culture of well-being and aligning Humana's Bold Goal by creating partnerships within the community that help drive change and test solutions that make health easier. Her accomplishments and awards are listed below:

- 2018 Hispanic Leadership Award in the Healthcare Category
- Nominee for the Woman's in Leadership Program/WIL in 2012
- Active Member of the WNRG and HNRG/UNIDOS
- President's Council qualifier in 2013-2016
- #2 PIP Team Winner in 2014
- Vice Chairman on the Board for Broward Bold Moves

Contact Info:

Phone: 305-370-6108

Email:

gcushing@humana.com



Humana Vision Plan

Clearly simple



Dear Employee,

Thank you for considering a Humana Vision Plan. We're committed to providing you with benefits that promote good vision health — which impacts your overall health.

Please review the enclosed plan information and learn more about us. With Humana Vision, you'll get:

- Plans that are easy to use and understand
- Access to one of the largest networks in the United States
- Retail frame and contact lens allowance
- Web resources where you can view benefits, check eligibility and use other automated services
- Discounts on Lasik and photorefractive keratectomy (PRK) procedures

Please complete the enrollment form and return it to your benefits administrator. If you have questions about your benefits, contact your administrator.

Again, thanks for considering Humana Dental. We look forward to the opportunity to serve you.

Sincerely,

Tami Quiram
Segment VP and President

Enclosures

Humana group dental plans are offered by Humana Insurance Company, Humana Dental Insurance Company, Humana Insurance Company of New York, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc. or DentiCare, Inc. (d/b/a CompBenefits).

Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Exam with dilation as necessary • Retinal imaging ¹	\$10 Up to \$39	Up to \$30 Not covered
Contact lens exam options ² • Standard contact lens fit and follow-up • Premium contact lens fit and follow-up	Up to \$55 10% off retail	Not covered Not covered
Frames ³	\$120 allowance 20% off balance over \$120	\$65 allowance
Standard plastic lenses ⁴ • Single vision • Bifocal • Trifocal • Lenticular	\$15 \$15 \$15 \$15	Up to \$25 Up to \$40 Up to \$60 Up to \$100
Covered lens options ⁴ • UV coating • Tint (solid and gradient) • Standard scratch-resistance • Standard polycarbonate - adults • Standard polycarbonate - children <19 • Standard anti-reflective coating • Premium anti-reflective coating - Tier 1 - Tier 2 - Tier 3 • Standard progressive (add-on to bifocal) • Premium progressive - Tier 1 - Tier 2 - Tier 3 - Tier 4 • Photochromatic / plastic transitions • Polarized	\$15 \$15 \$15 \$40 \$40 \$45 Premium anti-reflective coatings as follows: \$57 \$68 80% of charge \$15 Premium progressives as follows: \$110 \$120 \$135 \$90 copay, 80% of charge less \$120 allowance \$75 20% off retail	Not covered Not covered Not covered Not covered Not covered Not covered Premium anti-reflective coatings as follows: Not covered Not covered Not covered Up to \$40 Premium progressives as follows: Not covered Not covered Not covered Not covered Not covered Not covered
Contact lenses ⁵ (applies to materials only) • Conventional • Disposable • Medically necessary	\$125 allowance, 15% off balance over \$125 \$125 allowance \$0	\$104 allowance \$104 allowance \$200 allowance

Humana Vision 130

Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Frequency		
<ul style="list-style-type: none"> • 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
Diabetic Eye Care: care and testing for diabetic members		
<ul style="list-style-type: none"> • Examination - Up to (2) services per year 	\$0	Up to \$77
<ul style="list-style-type: none"> • Retinal Imaging - Up to (2) services per year 	\$0	Up to \$50
<ul style="list-style-type: none"> • Extended Ophthalmoscopy - Up to (2) services per year 	\$0	Up to \$15
<ul style="list-style-type: none"> • Gonioscopy - Up to (2) services per year 	\$0	Up to \$15
<ul style="list-style-type: none"> • Scanning Laser - Up to (2) services per year 	\$0	Up to \$33

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, unless you have the Eye Glass and Contact Lens Rider.

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.

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.

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.



¹ Thompson Media Inc.

Questions

Check out Humana.com

Call 1-877-398-2980 even days a week: 8 a.m. to 6 p.m. Eastern Time Monday through Saturday, and 11 a.m. to 8 p.m. Sunday.

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.

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.



Manage your plan at MyHumana

Use MyHumana to manage your plan, understand your benefits, and take charge of your vision health.

As a Humana Vision member, you can:

- Find network providers
- View coverage details
- View or print your identification card
- Exchange secure messages with Humana
- Check claims history and status
- Review plan benefit details
- View estimates for services

Registration is simple

Have your Humana Vision identification number ready and go to **Humana.com**. Click on “Register,” then follow the instructions.

We're here to help

Call **1-800-979-4760 (TTY: 711)**,
for Customer Care.



MyHumana Mobile app

Manage your healthcare — wherever you are

Access your health information anytime, anywhere

Whether you prefer downloading a mobile application, using your mobile device or receiving text messages, you have the ability to manage your healthcare needs virtually anywhere, anytime.

Use the MyHumana Mobile app to:

- View your plans and coverage details
- View medical, dental and pharmacy claims
- View, fax or save medical, dental and pharmacy ID cards
- View vision coverage information or ID cards
- Find a doctor, pharmacy, dentist, hospital, urgent care center or retail clinic in your network
- Research drug prices

Additional tools available on **Humana.com** include:

- View your Go365™ Dashboard†
- Refill your Humana Pharmacy® prescriptions‡

Download the Mobile app:

Download the MyHumana Mobile app from your app store. Search “MyHumana” in the Google Play® or App Store®.

†Available to Go365 members only. ‡Available to members who use Humana Pharmacy only.

*Message and data rates may apply.



From your mobile device's browser:

You can visit MyHumana from your mobile device's browser. To get started, go to **Humana.com** and sign in.

Sign up for text message alerts* on **Humana.com**

1. Register or sign in (have your Humana ID or Social Security number available)
2. Click on “Account & settings” under My Profile
3. Select “Edit your preferences”
4. Select “Mobile” from the tab
5. Register and verify your mobile number
6. Select the alerts you want to receive

Humana®

Humana.com

How to view a copy of your vision identification (ID) card

What do I do if I need to visit my provider and I haven't received my Humana member ID card?

You will have access to view and print your vision ID card via the website.

Here's how

- Go to **Humana.com** and sign in/register for MyHumana. Have your Humana member ID card or Social Security number available.
- Click "Access your ID Card" under "Tools & Forms" in the lower right of your MyHumana home page or in the page's footer under "Tools & Resources."
- A new window will appear with links to the ID card or proof of coverage.
- Print if desired.

The screenshot shows the MyHumana website interface. At the top, there's a navigation bar with 'MyHumana', 'Go365', 'Caregiving', 'Welcome, Samantha', 'My Profile', and 'Contact Us'. Below this is a search bar and a main navigation bar with 'Home', 'Coverage, Claims & Spending', 'My Health', and 'Get Healthy'. A banner for 'Go365 is here!' is displayed. The main content area shows 'Samantha's Gold Plus HMO (Humana, Inc.)' with a 'View ID card' link. Below this are sections for 'Medical claims', 'Deductibles & maximums', and 'In your network'. At the bottom, there are three promotional tiles: 'Sign up for Medicare today', 'Experience HumanaVitality', and 'Just sleep on it'. The footer contains a grid of links under 'Humana', including 'Account & Settings', 'Health and wellness', 'Tools & Resources', and 'Member support'. The 'Tools & Resources' section includes a link for 'Access Your ID card'.

Call Member Services at
1-877-398-2980 for
assistance or more information

Humana®

Humana.com

Member/Patient Services: (877) 398-2980

HUMANA INSIGHT NETWORK

Humana Vision Plan

OH6V0202

SUSAN SAMPLE

Member ID: 123456

Group #: 1003955

Effective: 11/01/2017

Humana®

Humana.com

Member/Patient Services: (877) 398-2980

HUMANA INSIGHT NETWORK

Humana Vision Plan

OH6V0202

SUSAN SAMPLE

Member ID: 123456

Group #: 1003955

Effective: 11/01/2017

NOTE: Cards are printed with the subscriber's name only. All eligible dependents can also use one of the attached cards. Need additional cards? Please visit the website on the front of your card to view or print a copy of your ID card. Please verify the provider accepts your plan when scheduling an appointment.

EYEHUM1

EYEHUM1

Professional Providers Near You

SHIVALI P DESAI O.D.
WILLIAM M JAMISON O.D.
GEORGE S MIFFLETON O.D.
MYEYEDR
7808 S TYRON ST STE D & E
CHARLOTTE NC 28273
(704) 522-8000

FREDERICK M HORNACK O.D.
JCPENNEY OPTICAL
11017 CAROLINA PLACE PKWY
PINEVILLE NC 28134
(704) 341-7577

JOHN S MINCEY O.D.
DIANE E MINCEY O.D.
EYECARECENTER
8700 PINEVILLE-MATTHEWS RD STE 540
CHARLOTTE NC 28226
(704) 541-8448

KEITH A PAWLISH O.D.
SEARS OPTICAL
11033 CAROLINA PLACE PKWY
PINEVILLE NC 28134
(704) 541-2402

VANDANA R MINNAL M.D.
SARAH H BELL O.D.
KALA B BREWER O.D.
HORIZON EYE CARE
10520 PARK RD
CHARLOTTE NC 28210
(704) 541-6127

SARA L SUTTLES O.D.
ROBERT L GAZDECK O.D.
RASHELE M SHARKEY O.D.
AMERICAS BEST
10420 CENTRUM PKWY STE A
PINEVILLE NC 28134
(704) 540-2811

MATTHEW B CARPENTER O.D.
CARPENTER EYE ASSOCIATES
8429 PINEVILLE MATTHEWS ROAD
CHARLOTTE NC 28226
(704) 542-0501

TONIMARIE VINCENT O.D.
SHERELLE M MORRISON O.D.
JEFFREY I MUSLER O.D.
LENSCRAFTERS
11025 CAROLINA PLACE PKWY
PINEVILLE NC 28134
(704) 541-8895

SHEMEEKA L MCFADDEN O.D.
SITA PATEL O.D.
MICHAEL D BALDINGER O.D.
EYECARECENTER OD PA
6311 CARMEL RD
CHARLOTTE NC 28226
(704) 392-2020

TONIMARIE VINCENT O.D.
STEVEN M CRESS O.D.
GARY S MILLER O.D.
LENSCRAFTERS
4400 SHARON RD
CHARLOTTE NC 28211
(704) 364-8725

- Locations subject to change. For the most current provider listing, log on to Humana.com or call (877) 398-2980
- When making your appointment, please confirm all discounts and services are offered.

* Participating Doctors of Optometry located at or next to LensCrafters, Pearle Vision, Sears Optical and Target Optical are independent of, and not employed by, optical dispensary.

VISION CARE BENEFIT

Service Type	Allowed Frequency - Adults	Allowed Frequency - Kids	
Exam	Once every year from the date of service	Once every year from the date of service	
Lenses	Once every year from the date of service	Once every year from the date of service	
Frames	Once every 2 years from the date of service	Once every 2 years from the date of service	
Contact Lenses	Once every year from the date of service	Once every year from the date of service	
(Plan allows the member to receive either contacts and frame, or frame and lens services)			
Vision Care Services	Member Cost In-Network		Out-of-Network Member Reimbursement
Exam Services			
Exam with Dilation as Necessary	\$10 Copay		Up to \$30
Retinal Imaging	Up to \$39		
Contact Lens Fit and Follow-Up			
Fit and Follow-up Standard	Up to \$40		
Fit and Follow-up Prem	10% off Retail Price		
Frames			
Frame	\$0 Copay; 20% off balance over \$130 Allowance		Up to \$65
Lenses			
Single Vision	\$15 Copay		Up to \$25
Bifocal	\$15 Copay		Up to \$40
Trifocal	\$15 Copay		Up to \$60
Lenticular	\$15 Copay		Up to \$100
Progressive Standard	\$30 Copay		Up to \$40
Progressive Prem Tier 1 - 3	\$110 - 135 Copay		Up to \$40
Progressive Prem Tier 4	\$90 Copay; 20% off Retail Price less \$120 Allowance		Up to \$40
Lens Options			
Anti Reflective Coating Standard	\$45		
Anti Reflective Coating Prem Tier 1 - 2	\$57 - 68		
Anti Reflective Coating Prem Tier 3	20% off Retail Price		
Photochromic Plastic	\$75		
Polycarbonate Standard	\$40		
Scratch Coating Standard Plastic	\$15		
Tint Solid or Gradient	\$15		
UV Treatment	\$15		
All Other Lens Options	20% off Retail Price		
Contact Lenses			
Contacts Conventional	\$0 Copay; 15% off balance over \$130 Allowance		Up to \$104
Contacts Disposable	\$0 Copay; 100% of balance over \$130 Allowance		Up to \$104
Contacts Medically Necessary	\$0 Copay		Up to \$200
Lasik or PRK From U.S. Laser Network	15% off retail or 5% off promo price; call 1-800-988-4221		

No benefits will be paid for services or materials connected with or charges arising from: The Diabetic Benefit covers diabetic eyecare evaluation services only. The following services and benefits are excluded: Costs associated with securing frames, lenses, or any other materials orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; Orthoptics or vision training and any associated supplemental testing medical and/or surgical treatment of the eye, eyes or supporting structures; Surgical procedures, including laser or any other form of refractive surgery, and any pre or post-operative services services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; Pathological treatment of any type for any condition any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; Any eye examination required by an employer as a condition of employment plano (non-prescription) lenses; Insulin or any medications or supplies of any type non-prescription sunglasses; Services and/or materials not included in this Rider two pair of glasses in lieu of bifocals; services or materials provided by any other group benefit plan providing vision care; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products The Plan reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time. Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the Policy. Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.

0241465-1-1-110817

Humana®



SUSAN SAMPLE
PO BOX 000
GARDNER MA 01440-1807



Additional Information

Members may also receive a 40% discount off complete pair eyeglass purchases and may receive a 15% discount off conventional contact lenses once the funded benefit has been used.

Members may receive a 15% discount off the retail price or may receive 5% off any promotional price of LASIK or PRK laser vision correction procedures. LASIK and PRK correction procedures are provided by the U.S. Laser Network, owned by LCA-Vision. Please note that since LASIK or PRK Vision Correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location, so members should first call 1-877-5LASER6 for the nearest facility and to receive authorization for the discount.

Notice of Privacy Practice: Your Notice of Privacy Practice can be obtained at any time by calling the phone number listed on your ID card or by visiting Humana.com.

Members present this card to the Humana provider of your choice. To find a provider, visit your member website or call the number on the front of the card.



Humana network doctors/providers only:

Visit eyemed.com, or call 1-877-398-2682 to receive plan information and verification.

Insured or offered by Humana Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, Inc.

Please detach carefully at perforation and keep card in your wallet.

Members present this card to the Humana provider of your choice. To find a provider, visit your member website or call the number on the front of the card.



Humana network doctors/providers only:

Visit eyemed.com, or call 1-877-398-2682 to receive plan information and verification.

Insured or offered by Humana Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, Inc.

Please detach carefully at perforation and keep card in your wallet.

It's easy to start using your benefits

With a Humana Vision plan, you have access to one of the largest vision networks in the United States, with more than 35,000 participating provider locations. You'll be able to use your benefits at some of the top names in eye care, including LensCrafters®, Pearle Vision®, Sears® Optical, and Target® Optical in addition to the many independent optometrists and ophthalmologists. And, you'll pay the same cost for frames no matter where you go with fixed pricing on the most popular lenses and lens options.

At home or on the road, find a provider with convenient hours and locations:

- To locate a participating in-network provider, visit the member website or call the number on the front of your ID card.
- Schedule an appointment by phone or stop by one of the many providers that accept walk-in visits.
- Present your Humana Vision ID card when you arrive.

The Humana Vision provider will take care of the rest!



Vision health impacts overall health, too

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.*

Humana®

Contact us

- Call the Customer Care Center seven days a week: 7:30 a.m. – 11 p.m. Eastern time Monday – Saturday, and 11 a.m. – 8 p.m. Sunday
- Locate providers, view benefits, check eligibility and use other automated services by visiting the member website listed on the front of your ID card.

*Thompson Media Inc.



Humana Vision

Good eye health starts with an affordable and easy-to-use vision plan

Humana®

HELP YOUR EMPLOYEES FOCUS ON GOOD EYE HEALTH

Our affordable vision plans are an easy add to your employee benefits program which helps your employees not only care for their eyes, but their overall health. Preventive care services are included along with specialized care for things like diabetes.

Vision plans include:

- **\$0 – \$10 routine eye exams**
- **Additional diabetic eye exam, care and testing** – to help manage diabetes and help lower overall diabetes care cost
- **Low-cost add to employee benefits** – you can choose to fund a portion or opt for 100% employee-paid
- **Go365® Points just for getting an eye exam** – members with Humana medical automatically earn points they can redeem for rewards like Amazon® and Target® gift cards



PREVENTION AND EARLY TREATMENT ARE KEY TO BETTER OVERALL HEALTH

- An eye exam may help detect high blood pressure, high cholesterol or diabetes¹
- 80% of employees enrolled in a vision plan when offered²
- 70% of Millennials and 63% of Gen Xers reported eye strain³

FEATURES AND BENEFITS OF HUMANA VISION PLANS

Vision plans are available for all group sizes with access to a nationwide network of independent practitioners and retail locations.

Included in all plans:	
Routine eye care	<ul style="list-style-type: none"> • No more than \$10 per annual visit in-network • Exam with dilation
Diabetic eye care	<ul style="list-style-type: none"> • Specialized care and testing for members with diabetes • Two times per year • Included at no additional cost • Not available with Exam Plus and Materials Only plans
Nationwide network	<p>More than 70,000 eye doctors in the Humana Insight Network:</p> <ul style="list-style-type: none"> • More than 24,000 locations • Private practitioners • Retail locations including  OPTICAL  LENS CRAFTERS  PEARLE VISION 
Link to Go365®	Members earn Go365 Points for getting a vision exam if they have a Humana medical plan
Plan add-ons & discounts	
12-month frame benefit	Members can get new frames annually instead of every two years
Retinal imaging⁴	\$0 in-network and up to \$39 out-of-network
Polycarbonate lens for children (under age 19)	Optional benefit provides standard polycarbonate lens at a \$0 copay when a member sees a network provider
LASIK & PRK⁵	<ul style="list-style-type: none"> • Option pays \$250 per eye (in- or out-of-network) • Additional discounts of 15% off retail price or 5% off promotional price
Eye glass & contact lens benefits⁶	Members can get frames, lenses, and contacts in the same plan year – base plan only includes frames/lenses OR contacts
Safety glasses	Members can get prescription safety glasses through Industrial Eyes at little or no cost to them when visiting a LensCrafters, Sears Optical, or a participating Pearle Vision provider

¹<http://yoursightmatters.com/7-health-problems-eye-exams-can-detect/>

²<https://www.benefitspro.com/2017/04/24/employees-see-vision-benefits-as-important-part-of/>

³<https://www.rebuildyourvision.com/blog/vision-conditions/computer-vision-syndrome/vision-problems-of-the-millennial-generation/>

⁴\$0 in-network and up to \$20 for out-of-network benefits (except in Maryland up to \$39); does not cross apply. Covered with Exam Plus up to \$39 in-network. Not covered on Materials Only 130 and 160.

⁵12-month waiting period applies. Not covered on Materials Only 130 and 160.

⁶Not available for groups <100

AVAILABLE HUMANA VISION PLANS

	EXAM PLUS	MATERIALS ONLY	VISION PLANS
	Low-cost starter plan that offers one eye exam per year plus discounted services. This 100% employer-funded plan can be offered alongside another Humana vision plan.	Plan covers only frames, lenses, and contacts – no exam. Pairs well with medical plans with embedded vision exams to provide employees with a more complete vision benefit.	Our most comprehensive plan that covers routine eye exam, diabetic eye care, frames, lenses, or contacts. This popular plan provides complete eye care coverage.
Routine eye exams	✓	✗	✓
Diabetic eye care	✗	✗	✓
National network of retail and private practice locations	✓	✓	✓
Go365® Points for exams	✓	✓	✓



EMPLOYEES MAY SAVE UP TO \$706

For example, Jason's vision expenses were about \$809 a year. After signing up for a Humana Vision plan, **he saved close to 87%**.

	COST WITHOUT HUMANA VISION	COST WITH HUMANA VISION	SAVINGS
Exam	\$70	\$10	\$70
Frames and lenses			
• Safilo USA, Liz Claiborne, or metal frames	\$189	\$0	\$189
• Varilux Physio® progressive lenses	\$425	\$70	\$355
• Crizal Alizé UV™ (No-Glare / smudge resistance)	\$125	\$33	\$92
TOTAL	\$809	\$103	\$706

*Product availability varies by market.

*Data is based on the Humana Vision 200 plan. Example is for illustration only, and individual results may vary.

LEARN MORE NOW

Ask your Humana agent to quote a vision plan for your business.
See how our budget-friendly rates can make a difference in your employee benefits program.

Humana®

Go365 is not an insurance product.

Humana group vision plans are offered by Humana Insurance Company, Humana Health Benefit Plan of Louisiana, Humana Insurance Company of New York, or The Dental Concern, Inc.

GCHK7JWEN 818



Employees have 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 friends

In-network now means online

We're changing the way benefits work - because online purchases of prescription glasses is projected to increase by 15% over the next 10 years.¹ And now that Glasses.com is in our network, members can go online to buy glasses anytime, from anywhere. And the best part is that they can use their in-network benefits.

It's easy:

- Members can find a pair they love from thousands of name-brand frames
- Snap and send a picture of the prescription – or have Glasses.com call the provider for it
- Lenses available for most prescriptions (including progressives and multifocals)
- Orders fulfilled and shipped the following day – and it's free!
- All supported by the award winning² photorealistic and geometrically accurate 3D virtual "try-on" app for iPad and iPhone

Try glasses on at home

Risk Free



We'll send members frames they like in their prescription



They can wear them for 15 days



They can keep them – or send them back – all with free shipping

See how our vision is changing reality

Download the app or visit Glasses.com today

¹Estin & Co, 2013 estimates and analysis; Essilor International

²2014 Cannes Lions Festival, Bronze Award for "Creative Use of Technology"



It's an easy ordering process:

1

Members will go to contactsdirect.com

2

They'll select their lenses from a wide selection of top selling brands

3

In-network vision benefits instantly apply to their purchase price

4

Contact lenses will ship as soon as the prescription is verified- most even ship that same day

Members can now use their contact lens allowance online

We know that even though employees are busy, they always have a mobile device ready or a computer nearby. That's why they can order contact lenses online using ContactsDirect when they need to - without leaving their homes. And the best part is that they can use their in-network benefits to make sure they're getting the best price around.

Plus, members can be sure that they can find what they need because ContactsDirect stocks the best-selling brands. The site also offers a best-in-class user experience that allows users to view their eligibility and available allowance (with application directly in their shopping cart). All with fast, free shipping!

And don't worry, for members who still prefer to visit their eye doctor in person to purchase contacts lenses, nothing has changed. ContactsDirect is just one more way we're helping employees see life to the fullest.

73% of brokers agree that online, in-network options are of high value for their clients. **

Check out this new, online in-network benefit that you can offer to employees, visit us at www.contactsdirect.com

*ContactsDirect will abide by state laws that pertain to contact lens. **EyeMed internal research study, 2014

*** Members whose prescriptions are more than a year old will need an updated prescription to make an online or in-person purchase using their benefits.

Employer Group Application (all group sizes)



FLORIDA

Humana.com

The offering company(ies) listed below, severally or collectively, as the content may require, are referred to in this Employer Group Application as “Humana”, “We”, “Us”, or “Our”.

PPO and Indemnity medical plans insured by Humana Health Insurance Company of Florida, Inc. POS, HMO and National POS plans offered by Humana Medical Plan, Inc. Prepaid dental plans offered and administered by CompBenefits Company. All other Dental plans, Vision and Life plans insured or administered by Humana Insurance Company.

1. GROUP INFORMATION - Please type or print clearly in black ink

Group number:

Group name:				Requested effective date __/__/__	
Corporate/Situs location street address:		City:	State:	ZIP code:	County:
Date company established (MM/DD/YYYY):	Federal Tax ID:	Nature of business/SIC code:	Phone number:		
Benefit Administrator/management contact name:					
Phone number:			Email address:		
Billing contact name:					
Billing address (N/A if same as street address):		City:	State:	ZIP code:	
Phone number:		Email address:			
Are separate divisions/classes required for billing or reporting? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain. Attach additional signed and dated sheets, if necessary.					
Wellness Program contact name:					
Phone number:			Email address:		

2. ELIGIBILITY REQUIREMENTS

Average total number of employees	<input type="checkbox"/>	This means the average number of employees for the preceding calendar year. An employee is typically any person for which the company issues a W-2, regardless of full-time, part-time or seasonal status or whether or not they have medical coverage.			
Average number of full-time equivalent employees	<input type="checkbox"/>	For all employees included in the average total number of employees (above), calculate the average number of full-time equivalents for the preceding calendar year. The monthly full-time equivalents are calculated as follows: <ul style="list-style-type: none"> • number of full-time employees (who worked 25 hours or more per week on average); plus • total number of hours worked by part-time employees during the month capped at 120 hours, divided by 120. 			
Eligible employee count (including those employees who waive coverage):	Medical	Dental	Vision	Life	
Are you offering coverage to retirees (Non-Community Rated Medical, Dental and Vision)? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Required age (minimum 50):		Minimum years of service:			
Number of retirees to be covered:	Medical:	Dental:	Vision:		
Does this company have any subsidiaries or affiliates, or are there any other associated entities that are eligible to file a federal or state combined tax return? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, enter information below:					
Company name				Total employees	
Probationary waiting period for eligible employees: <input type="checkbox"/> 0 days <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> Other: _____ If you prefer months, please select “Other” and specify the number of months. Medical probationary waiting period must not exceed 90 days. HMO plans requiring referrals must not exceed 60 days.					
Employee effective provision (the employee termination date coincides with the effective date provision): <input type="checkbox"/> First of the month following probationary waiting period (required for HMO plans requiring referrals) <input type="checkbox"/> Immediately following probationary waiting period (required for 90 day probationary waiting period)					

Do you want to exclude a class of employees? No Yes
 If yes, check class to exclude:
 Union Non-union Hourly Salary Management Non-management Other:

Is this a Collectively Bargained Plan? No Yes Name of plan _____
 Plan number (assigned by employer for use in filing IRS form 5500): _____

Has this Group been insured by Humana within the last three years? No Yes
 If yes, provide prior Group number: _____ Termination date: _____

Do you wish to offer Domestic Partner coverage? No Yes

3. COBRA/STATE CONTINUATION

Is your Group subject to: COBRA No Yes State Continuation No Yes

Are any present or former employees/dependent currently on or eligible to elect COBRA/State Continuation? No Yes
 If yes, enter information below. Attach additional signed and dated sheets (found at the end of this form), if necessary.

Name of applicant	Qualifying event (e.g. termination of employment, divorce, etc)	Indicate if the applicant is currently on COBRA or State Continuation	COBRA/State Continuation			Lines of coverage (select all that apply)		
			Qualifying event date	Start date	End date	Medical	Dental	Vision
		<input type="checkbox"/> COBRA <input type="checkbox"/> State Continuation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> COBRA <input type="checkbox"/> State Continuation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> COBRA <input type="checkbox"/> State Continuation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> COBRA <input type="checkbox"/> State Continuation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan Selection – Please review the Regulatory Pre-enrollment Disclosure Guide with your agent, broker or producer. Complete the quote number and reference number (if applicable) to indicate the plans elected.

4. MEDICAL PLAN SELECTION Electing Not electing

As an authorized representative of the Group, by signing this Employer Group Application, you hereby attest and acknowledge on behalf of the Group that you have agreed to deliver and have delivered to all participants of the Humana medical plan(s) the Summary of Benefits and Coverage (SBC) document(s) prior to the desired plan(s) effective date. For information on the SBC regulations and distribution requirements, please review the regulations at the HHS website: <https://www.cms.gov/ccio/programs-and-initiatives/consumer-support-and-information/summary-of-benefits-and-coverage-and-uniform-glossary.html>

Do you wish to extend coverage for your dependent adult child(ren) up to age 30? No Yes

Sold quote number: _____

Plan 1 name _____ / Reference # _____

Plan 2 name _____ / Reference # _____

Plan 3 name _____ / Reference # _____

Plan 4 name _____ / Reference # _____

Attach additional signed and dated sheets (found at the end of this form), if necessary.

Enhanced Mammography Benefit Rider No Yes

Additional Product Selections (available for all group sizes). Employer election form must be completed.
 Health Care Flexible Spending Account (FSA) Dependent Care Flexible Spending Account (DCFSA) Health Savings Account (HSA)
 Health Reimbursement Arrangement (HRA)

Do you offer a supplemental medical plan that partially or completely subsidizes any member cost-sharing including, but not limited to, deductible, coinsurance, or co-pays and/or have purchased or created a funding mechanism which will fund an Employee Spending Account at a level that exceeds 30% of the plan deductible? No Yes If yes, indicate amount funded \$ _____

EMPLOYER CONTRIBUTION (Percentage or dollar amount): Minimum employer contribution toward employee premium is [0]% or \$[0].
 Employee: _____ Employee/Spouse: _____ Employee/Child: _____ Family: _____

Participation – Available to employers with one or more enrolled employees and • Non-contributory - 100 % • Contributory - 25%	Number of employees waiving with other qualifying coverage:	Number of employees waiving without other qualifying coverage:	Number of employees enrolled:

Small Employer Participation Requirement

If the Group is a partnership as defined under state law, medical coverage is available if the Group has at least one common law employee who will be enrolled in the medical coverage or one bona fide partner who provides services on behalf of the partnership who will be enrolled in the medical coverage.

If the Group is not a partnership as defined under state law and the Group is considered to be wholly owned by one individual or one individual and his or her spouse, medical coverage is available only if the Group has at least one common law employee who is not the owner or a legally recognized spouse of the owner who will be enrolled in the medical coverage.

By signing this Employer Group Application, you, the authorized representative of the Group, understand, agree and represent:

1. You have read this Small Employer Participation Requirement and the Group satisfies the participation requirement stated above, which can be substantiated by the Group's records.
2. For the Group to remain eligible for medical coverage, the Group must satisfy the participation requirement stated above at all times. If at any time the Group does not satisfy the participation requirement, Humana may terminate the Group's medical coverage.

5. HEALTH QUESTIONNAIRE (for Non-Community Rated groups):

1. Are there any disabled dependents over the age of 26 to be covered in this Group? If yes, please provide on a separate sheet of paper (found at the end of this form): name of employee, dependent name, statement of disability/ diagnosis from attending physician, dependency statement from employee and the name of the current group carrier insuring the dependent.	<input type="checkbox"/> No <input type="checkbox"/> Yes																
2. Has any employee been unable to work 10 or more consecutive days in the past 12 months due to an illness or injury?	<input type="checkbox"/> No <input type="checkbox"/> Yes																
3. Is any employee presently not performing his or her duties on a full-time basis due to an illness or injury?	<input type="checkbox"/> No <input type="checkbox"/> Yes																
4. To the best of your knowledge, is there any employee, individual in a retiree class, dependent (spouse or child), COBRA beneficiary, or individual within their COBRA/State Continuation election period: <ul style="list-style-type: none"> • confined at home, in a hospital or in a treatment facility • who incurred more than \$25,000 of medical expenses in the past 12 months • who has been advised within the last 90 days to have surgery or be hospitalized • who is eligible for and/or covered by Medicare related to a disability or End-Stage Renal Disease 	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes																
5. To the best of your knowledge, is there any employee, individual in a retiree class, dependent (spouse or child), COBRA beneficiary, or individual within their COBRA/State Continuation election period who received treatment, had treatment recommended, or had medication prescribed by a doctor, psychiatrist, psychologist or other licensed medical provider within the past 24 months for any of the following:																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">Coronary artery disease, chest pain, heart surgery, or any disease of the arteries, or blood disorders; hemophilia</td> <td style="width: 10%; padding: 5px;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> <td style="width: 40%; padding: 5px;">Diabetes or any disease or disorder of the kidneys, liver or lungs</td> <td style="width: 10%; padding: 5px;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> </tr> <tr> <td style="padding: 5px;">Stroke; Transient Ischemic Attack (TIA)</td> <td style="padding: 5px;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> <td style="padding: 5px;">Systemic disease including, but not limited to Lupus, Multiple Sclerosis or Multiple Dystrophy</td> <td style="padding: 5px;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> </tr> <tr> <td style="padding: 5px;">Cancer, and/or cancerous tumor; including skin cancer</td> <td style="padding: 5px;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> <td style="padding: 5px;">Alcohol or drug abuse or dependence, or psychological disorder</td> <td style="padding: 5px;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> </tr> <tr> <td style="padding: 5px;">Stomach, gall bladder, digestive, intestinal, or colon disorders</td> <td style="padding: 5px;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> <td style="padding: 5px;">Organ transplant (other than corneal)</td> <td style="padding: 5px;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> </tr> </table>	Coronary artery disease, chest pain, heart surgery, or any disease of the arteries, or blood disorders; hemophilia	<input type="checkbox"/> No <input type="checkbox"/> Yes	Diabetes or any disease or disorder of the kidneys, liver or lungs	<input type="checkbox"/> No <input type="checkbox"/> Yes	Stroke; Transient Ischemic Attack (TIA)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Systemic disease including, but not limited to Lupus, Multiple Sclerosis or Multiple Dystrophy	<input type="checkbox"/> No <input type="checkbox"/> Yes	Cancer, and/or cancerous tumor; including skin cancer	<input type="checkbox"/> No <input type="checkbox"/> Yes	Alcohol or drug abuse or dependence, or psychological disorder	<input type="checkbox"/> No <input type="checkbox"/> Yes	Stomach, gall bladder, digestive, intestinal, or colon disorders	<input type="checkbox"/> No <input type="checkbox"/> Yes	Organ transplant (other than corneal)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Coronary artery disease, chest pain, heart surgery, or any disease of the arteries, or blood disorders; hemophilia	<input type="checkbox"/> No <input type="checkbox"/> Yes	Diabetes or any disease or disorder of the kidneys, liver or lungs	<input type="checkbox"/> No <input type="checkbox"/> Yes														
Stroke; Transient Ischemic Attack (TIA)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Systemic disease including, but not limited to Lupus, Multiple Sclerosis or Multiple Dystrophy	<input type="checkbox"/> No <input type="checkbox"/> Yes														
Cancer, and/or cancerous tumor; including skin cancer	<input type="checkbox"/> No <input type="checkbox"/> Yes	Alcohol or drug abuse or dependence, or psychological disorder	<input type="checkbox"/> No <input type="checkbox"/> Yes														
Stomach, gall bladder, digestive, intestinal, or colon disorders	<input type="checkbox"/> No <input type="checkbox"/> Yes	Organ transplant (other than corneal)	<input type="checkbox"/> No <input type="checkbox"/> Yes														
6. To the best of your knowledge, is there any employee, individual in a retiree class, dependent (spouse or child), COBRA beneficiary, or individual within their COBRA/State Continuation election period who tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection?	<input type="checkbox"/> No <input type="checkbox"/> Yes																
7. Does your company currently sponsor short or long term disability? If yes, are any employees currently receiving benefits? Please indicate:	<input type="checkbox"/> No <input type="checkbox"/> Yes																

Excluding HIV/AIDS/ARC, if you answered yes to questions 2-6 above, please indicate the question number and explanation. Attach additional signed and dated sheets (found at the end of this form), if necessary.

Question #	Member status*	Age	Medical condition/Diagnosis	Date(s) of treatment	Medication name/ Dosage	Scheduled treatment

*Member Status: E=Employee D=Dependent C=COBRA R=Retiree

6. DENTAL PLAN SELECTION Electing Not electing

Sold quote number: _____

Plan 1 name _____ / Reference # _____

Plan 2 name _____ / Reference # _____

Plan 3 name _____ / Reference # _____

Attach additional signed and dated sheets (found at the end of this form), if necessary.

EMPLOYER CONTRIBUTION (Percentage or dollar amount): Minimum employer contribution toward employee premium is [0]% or \$[0].
 Employee: _____ Employee/Spouse: _____ Employee/Child: _____ Family: _____

Participation - Available to employers with 1 or more enrolled employees and <ul style="list-style-type: none"> • Non-Contributory plan - 100% • Contributory plan - 50% • Voluntary plan - minimum of 2 enrolled 	Number of employees waiving with other qualifying coverage:	Number of employees waiving without other qualifying coverage:	Number of employees enrolled:

CURRENT CARRIER
 Is this Group transferring group dental coverage from another group carrier? No Yes
 Does prior coverage include orthodontia? No Yes
 If yes, provide carrier name: _____ Proposed termination date: _____

7. VISION PLAN SELECTION Electing Not electing

Sold quote number: _____

Plan 1 name _____ / Reference # _____

Plan 2 name _____ / Reference # _____

Dual choice arrangements are subject to underwriting review.

EMPLOYER CONTRIBUTION (Percentage or dollar amount): Minimum employer contribution toward employee premium is [0]% or \$[0].
 Employee: _____ Employee/Spouse: _____ Employee/Child: _____ Family: _____

Participation - Available to employers with: <ul style="list-style-type: none"> • 1 or more enrolled employees when sold with medical and/or dental; • 5 or more enrolled when standalone; and • Non-Contributory plan - 100% • Contributory plan - 50% • Voluntary plan - minimum of 5 enrolled 	Number of employees waiving with other qualifying coverage:	Number of employees waiving without other qualifying coverage:	Number of employees enrolled:

8. LIFE PLAN SELECTION

Sold quote number: _____ Reference # _____

Basic Life and AD&D: Electing Not electing

EMPLOYER CONTRIBUTION (Percentage or dollar amount) for **BASIC** Employee and Dependent Life **ONLY**: Minimum employer contribution toward employee premium is 100%.
 Employee: _____ Employee/Spouse: _____ Employee/Child: _____ Family: _____

Participation Requirement - Available to employers with two or more enrolled employees.
 • Non-contributory plan - 100% • Contributory plan - 50%

Number of hours worked per week to be eligible (select between 20 and 40 hours): _____

CURRENT CARRIER
 Is this Group transferring group life coverage from another group carrier?: No Yes
 If yes, provide carrier name: _____ Proposed termination date: _____

Life only: Is this a replacement of your current/prior group life coverage? No Yes

As of the date of this application, list any employees currently disabled and not actively at work (attach additional signed and dated pages, if necessary): _____

Rate Guarantee: 2 Year 3 Year
 Age Reduction Schedule: Schedule 1 Schedule 2 Schedule 3
 Flat amount \$ _____
 Salary plan – options are 1x to 7x salary (in .5 increments), rounded to the next highest \$1,000
 Salary level: _____ x salary Maximum benefit: \$ _____
 Class schedule – no more than 2.5x between classes and 10x between the lowest and highest class. Complete the table below.

Class	Description	Flat amount or Salary level
1		
2		
3		
4		

Basic Dependent Life: Electing Not electing
 If yes, indicate volume amount \$20,000/ \$5,000 \$10,000/ \$2,500 \$5,000/\$1,000

Voluntary Employee Life: Electing Not electing Reference # _____
 Available to employers with five or more or 25% of the eligible employees enrolled, whichever is greater.
 A waiver of premium may be available for a covered person who is totally disabled for a period of at least six months.

Do you want AD&D? No Yes
 Rate Guarantee: 2 Year 3 Year
 Age Reduction Schedule (Basic and Voluntary Age Reduction Schedules must match): Schedule 1 Schedule 2 Schedule 3
 Minimum amount \$ _____ Maximum benefit \$ _____

Voluntary Dependent Life (only available if Employee Voluntary Life is elected) No Yes
Dependent Child Voluntary Amount \$5,000 \$10,000

9. THE FOLLOWING APPLIES TO ALL GROUPS SUBJECT TO ERISA

As claims administrator with authority to make claim determinations as described in Section 503 of the Employee Retirement Income Security Act (ERISA), We make final decisions under the Policy or Group Plan with respect to determining eligibility for coverage and paying claims for benefits, including deciding appeals of denied claims. As claims administrator, We shall have full and exclusive discretionary authority to: 1) interpret Policy or Group Plan provisions; 2) make decisions regarding eligibility for coverage and benefits; and 3) resolve factual questions relating to coverage and benefits.

You, the participating employer, policyholder, contract holder, or Certificate sponsor, intend to establish, sponsor, plan sponsor and endorse an employee benefit plan which will be governed by ERISA. You are the ERISA plan administrator.

10. THE FOLLOWING APPLIES TO ALL GROUPS

The Group is only eligible if a bona fide business entity exists.

If you fail to pay premium when due, coverage may be subject to termination as specified under the terms of the Policy. You understand and agree that your coverage is continued monthly subject to timely payment of premium. We reserve the right to change the premium rates on any premium due date, as permitted by applicable law. You will receive advance written notice.

You will provide information or records upon request that We determine are relevant to this Employer Group Application and group coverage for inspection by Us or Our representative. For you to remain eligible you must meet the eligibility, participation and contribution requirements for each respective coverage at all times.

We have the right to use information provided by you to determine whether this Employer Group Application will be accepted or declined and to establish appropriate premiums.

For Non-Community Rated medical plans, Humana reserves the right to recalculate the rates if final enrollment/participation due to demographic changes which are due to age, sex, coverage type, geographic area, that, in the aggregate, would impact premium more than 5%. For all other plans, Humana reserves the right to recalculate the rates based on final enrollment/participation.

11. AGREEMENT AND SIGNATURE – Review your policy/certificate carefully

You, the authorized representative of the Group named herein, understand, agree and represent: You have read this Employer Group Application and the information you provided is accurate and complete and can be substantiated by your records. You have received and reviewed the applicable regulatory information and the Humana issued proposal. You referred to the proposal to select the benefit plan(s) applied for in this Employer Group Application and confirmed your selection from the Humana issued proposal before signing below. By executing this Employer Group Application, you agree to its terms and represent and warrant that you shall comply with the terms of the Policy and all applicable laws. An act of fraud or an intentional misrepresentation of a material fact may void or terminate an individual's or Group's coverage as specified under the terms of the Policy or Certificate. We shall rely on your representations and any information submitted by you or on your behalf. Providing incomplete, inaccurate or untimely information may reduce an individual's or Group's coverage or may increase past premium.

Coverage is not in effect unless and until you receive written notification from Us. The Employer Group Application will form part of any contract or coverage issued. Neither you nor the agent has the authority to waive a complete answer to any question, determine coverage or insurability, alter any contract, bind Us by making any promise or representation, or waive any of Our other rights or requirements. No waiver or change will bind Us unless signed by an authorized officer of Our company.

DO NOT CANCEL ANY CURRENT GROUP COVERAGE UNTIL YOU RECEIVE WRITTEN NOTICE FROM US THAT WE HAVE ISSUED COVERAGE.

Dated on: _____ by: _____
 (month, day, year) (Printed name of authorized representative of Group)

Any person who knowingly and 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.

Signature: _____ Title: _____

12. AGENT INFORMATION

Agency of Record (for commissions and correspondence)	Agent/Agency of Record (for split commissions)
Name (print or type)	Name (print or type)
Tax ID/Social Security Number/Humana Agent Number	Tax ID/Social Security Number/Humana Agent Number
Florida License Identification Number	Florida License Identification Number
Commission split <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, percentage: _____ (equals 100%)	Commission split <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, percentage: _____ (equals 100%)
Writing Agent/Broker Producer	Agent/Agency of Record
Name (print or type)	Name (print or type)
Tax ID/Social Security Number/Humana Agent Number	Tax ID/Social Security Number/Humana Agent Number
Florida License Identification Number	Florida License Identification Number
Commission split <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, percentage: _____ (equals 100%)	Commission split <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, percentage: _____ (equals 100%)

General Agency (Complete only if agency involved in sale)

General agency information pertains to: <input type="checkbox"/> Agency of Record <input type="checkbox"/> Writing Agent	
Name (print or type)	Tax ID/Social Security Number/Humana Agent Number

Agent replacement question:

Will this policy replace or change any existing life insurance policy(s) and/or annuity(s)? No Yes

As the Agent, I acknowledge that I am responsible to meet with the Group submitting this Employer Group Application in order to fully and accurately represent the terms and conditions of the plans and services of the offering or insuring entity, or one of its subsidiaries. These provisions are available to me and the Group in the Regulatory Pre-enrollment Disclosure Guide or other plan literature. Additionally, I acknowledge that I am responsible for providing the Group a copy of their completed and signed Employer Group Application.

Writing Agent signature: _____ Date: _____

Employer Group Application



COBRA/STATE CONTINUATION ADDITIONAL INFORMATION

Please complete this form and return for additional COBRA/State Continuation information.

Humana.com

Name of applicant	Qualifying event (e.g. termination of employment, divorce, etc)	Indicate if the applicant is currently on COBRA or State Continuation	COBRA/State Continuation			Lines of coverage (select all that apply)		
			Qualifying event date	Start date	End date	Medical	Dental	Vision
		<input type="checkbox"/> COBRA <input type="checkbox"/> State Continuation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> COBRA <input type="checkbox"/> State Continuation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> COBRA <input type="checkbox"/> State Continuation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> COBRA <input type="checkbox"/> State Continuation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> COBRA <input type="checkbox"/> State Continuation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> COBRA <input type="checkbox"/> State Continuation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> COBRA <input type="checkbox"/> State Continuation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> COBRA <input type="checkbox"/> State Continuation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> COBRA <input type="checkbox"/> State Continuation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> COBRA <input type="checkbox"/> State Continuation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> COBRA <input type="checkbox"/> State Continuation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> COBRA <input type="checkbox"/> State Continuation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> COBRA <input type="checkbox"/> State Continuation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> COBRA <input type="checkbox"/> State Continuation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> COBRA <input type="checkbox"/> State Continuation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> COBRA <input type="checkbox"/> State Continuation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> COBRA <input type="checkbox"/> State Continuation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By _____ (Signature) _____ (Date)
 Group authorized representative (Printed name)

PPO and Indemnity medical plans insured by Humana Health Insurance Company of Florida, Inc. POS, HMO and National POS plans offered by Humana Medical Plan, Inc. Prepaid dental plans offered and administered by CompBenefits Company. All other Dental plans, Vision and Life plans insured or administered by Humana Insurance Company.

Administrative Office:
1100 Employers Boulevard
Green Bay, Wisconsin 54344

Group Vision Insurance Policy Humana Insurance Company

Group Policy Number: 621075
Issued To: CITY OF CORAL GABLES
Effective Date: 10/01/2018

Terms printed in italic type in this *policy* have the meaning as indicated in the “Definitions” section of the *certificate*. Defined terms are printed in italic type whenever found in this *policy*.

This *policy* is delivered in and governed by the laws of: **Florida**.

Humana Insurance Company agrees, subject to all terms and provisions of this *policy*, to pay benefits as described in the Certificate of Insurance, incorporated by reference herein with respect to each *covered person* under this *policy*. Humana Insurance Company and the *policyholder* have agreed to all of the terms of this *policy*.

This *policy* is issued in consideration of the *policyholder's* application, incorporated by reference herein, and such *policyholder's* payment of premiums as provided under this *policy*.

This *policy* and the insurance it provides become effective at 12:01 A.M. (Standard Time) of the effective date stated above. This *policy* and the insurance it provides terminates at 12:00 A.M. (Standard Time) of the date of termination. The provisions stated above and on the following pages are part of this *policy*.

IN WITNESS WHEREOF Humana Insurance Company has caused this *policy* to be issued at the address of the *policyholder*, as of the *policy* effective date.



Bruce Broussard
President

This is not a *policy* of Workers' Compensation insurance. The *employer* does not become a subscriber to the Workers' Compensation system by purchasing this *policy*, and if the *employer* is a non-subscriber, the *employer* will not be provided those benefits which would otherwise accrue under the Workers' Compensation laws. The *employer* must comply with the Workers' Compensation law as it pertains to non-subscribers and the required notifications that must be filed and posted.

This is not a *policy* of Long Term Care insurance.

Subsidiaries or Affiliates

Any *employer* which is a subsidiary or affiliate of the *policyholder* is eligible under the *policyholder's* group vision plan provided under the *policy* if the following conditions are met:

- The subsidiary or affiliate is listed in the Employer Group Application of the *policyholder*, or in any amendment thereto.
- The *policyholder* and the subsidiary or affiliate are members of the same controlled group of corporations or trades or business under common control, as described for employee benefits taxation purposes in the Internal Revenue Code; and
- The subsidiary or affiliate has been approved for coverage under this *policy*, in writing or by electronic mail, by both the *policyholder* and *us*.

For the purposes of this *policy*, an *employee* of such a subsidiary or affiliate of the *policyholder* shall be considered to be an *employee* of the *policyholder*.

A subsidiary or affiliate of the *policyholder* shall cease to be eligible in the *policyholder's* group vision plan provided under this *policy* on the earliest of the following:

- The date the *policyholder* and the subsidiary or affiliate are no longer members of the same controlled group of corporations or trades or business under common control, as described for employee benefits taxation purposes in the Internal Revenue Code;
- The date the *policyholder's* written notice of its intent to terminate the participation of the subsidiary or affiliate is received by *us*, or on any later date as may be stated in such notice; or
- The date the *policy* terminates.

The insurance of any *employee* of a subsidiary or affiliate of the *policyholder*, and the insurance of such *employee's* covered *dependents*, shall immediately terminate on the date the subsidiary or affiliate ceases participation in the *policyholder's* group vision plan.

Requirements for Insurance Coverage

Eligibility

A *policyholder* must indicate on the Employer Group Application the eligible classes of *employees* under this *policy*, if applicable, as defined below:

- An eligible class includes regular full-time *employees* in *active status*, if paid a salary or wage by the *employer* that meets State or Federal minimum wage requirements.

The eligible class may also include sole proprietors, partners, corporate officers if:

- The *employer* is a sole proprietorship, partnership or corporation; and
 - The sole proprietor, partner or corporate officer is actively performing activities relating to the business, gains a livelihood from the sole proprietorship, partnership or corporation and meets the definition of *employee* as defined in the Certificate of Insurance.
- The *policyholder's* group insurance plan may also provide coverage for retired *employees* and their *dependents*. The Retiree Class will be eligible only if the *policyholder* requests such coverage, and it is approved by *us*. No part-time or temporarily employed person may be included in an eligible class, unless the *policyholder's* Employer Group Application makes specific reference that part-time or temporarily employed persons are included and is approved by *us*.
 - Part-time *employees* and their *dependents* may be an eligible class only if the *policyholder* makes specific reference that part-time *employees* be included, and it is approved by *us*.
 - The spouse or child of an *employee* may be included in an eligible class as a *dependent* of the *employee* only if the *employee* is covered under this *policy*.

Date eligible

Each *policyholder's* group insurance plan may provide one of the following as the *eligibility date* for *employees*, or *employees* and *dependents* as provided by this *policy*. The *eligibility date* must be elected by the *policyholder* in the Employer's Group Application. *Eligibility date* options include immediate or first of the month as outlined below.

Immediate eligibility

Each *employee* included in an *eligible class* on, or after, the date the *employer* becomes a *policyholder* will be eligible under this *policy* on that date, provided the employee has completed the required *waiting period*, if any, indicated on the Employer Group Application.

First of the month eligibility

Each *employee* included in an *eligible class* after the date the *employer* becomes a *policyholder* will be eligible under this *policy* on the first day of the next following calendar month, or the first day of the next following calendar month after the completion of the *waiting period*, if any, or as otherwise agreed to by the *policyholder* and *us*.

Note: Any *employee* who voluntarily terminates his or her insurance must satisfy a new *waiting period* in order to become insured again under the *policyholder's* plan. However, if a person's insurance terminated because he or she was no longer considered to be in an *eligible class*, that person is not required to satisfy a new *waiting period* if he or she again becomes a member of an *eligible class* within one year from the date his or her insurance terminated.

Participation Requirements

The *policyholder* is required to maintain *our* minimum underwriting, participation and contribution requirements, as specified on the Employer Group Application.

We reserve the right to waive or modify the underwriting, participation and contribution requirements. Any such waiver shall not be construed as a waiver of any of the other requirements of this *policy* and shall not obligate *us* to provide any future waivers including any for underwriting, participation or contribution requirements.

Renewal and Termination Privilege

Right to not renew or terminate this policy

The *policyholder* may terminate this policy by giving written or *electronic* notice to *us* no later than 45 days prior to the desired termination date.

The *policyholder* may terminate the insurance provided under any provision of this *policy*, with *our* consent, by giving written or electronic notice to *us* as of a date mutually agreeable to the *policyholder* and *us*.

The *policyholder* may terminate an eligible class of *covered persons*, if applicable, from the *policyholder's* group insurance plan, with *our* consent, as of a date mutually agreeable to the *policyholder* and *us*. Termination will occur only with respect to *covered persons* included in the terminated class.

We may terminate this *policy*, as allowed by applicable law, by giving written notice to the *policyholder*. Written notice will be mailed no later than 45 days prior to the termination date, except as otherwise outlined under this provision.

We may refuse to renew or *we* may terminate the *policy* as follows:

- The *policyholder* fails to remit premium when due, except that coverage continues during the grace period applicable to the due but unpaid premium. The *policyholder* is responsible for premium during the grace period. If payment is not remitted by the end of the grace period, the *policy* will terminate at 12:00 a.m. on the day the grace period ends.
- The *policyholder* has failed to comply with *our* minimum underwriting, participation and/or contribution requirements, as specified on the Employer Group Application.
- The *policyholder* has performed an act or practice that constitutes fraud or made an intentional misrepresentation of material fact. *We* may terminate the *policy* immediately, by giving written or *electronic* notice to the *policyholder* for instances of fraud or intentional misrepresentation of a material fact.
- If *we* decide to discontinue offering a particular group vision *policy*:
 - The *policyholder* and the *employees* will be notified of such discontinuation at least 90 days prior to the date of discontinuation of such coverage; and
 - The *policyholder* will be given the option to purchase any other group policy providing vision benefits that are being offered by *us* at such time.
- *We* cease to do business in the group vision insurance market, as applicable and as allowed by the state requirements. If *we* cease doing business in the group vision market, the *policyholder* and the *employees* covered by such policies will be notified of such discontinuation at least 180 days prior to the date of discontinuation of such coverage.

Renewal and Termination Privilege

Effect of termination of this agreement

Upon termination of this *policy*, it is the *policyholder's* obligation to notify all *employees* insured under this *policy* of such termination, except for the specific situations outlined in the “Right to Not Renew or Terminate This Policy” provision. If the *policyholder* requires a contribution from the *employees* to offset a portion of the premiums, it is the responsibility of the *policyholder* to refund to those *employees* the portion of the contribution, if any, which the *policyholder* may have collected for any period of time following the termination of this *policy*.

Our obligation to offer continuation coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA) to *covered persons* ends on the date the *policy* terminates. *Our* obligation to offer continuation coverage to *covered persons* under any other applicable law ends on the date this *policy* terminates or on such date as may be required under the applicable continuation of coverage law. It shall be the responsibility of the *policyholder* to secure continuation of coverage for *covered persons* whose continuation rights run beyond the termination of this *policy*.

Termination of insurance

Unless otherwise agreed to by the *policyholder* and *us*, termination of insurance will occur following any of the events listed below:

- The date this *policy* terminates in accordance with its terms and conditions;
- The termination date according to the “Right to not renew or terminate this policy” provision;
- The date the *policyholder*, acting with *our* knowledge and consent, deletes an optional benefit under this *policy*; termination under this paragraph will occur only with respect to such deleted optional benefit coverage;
- The date the *policyholder*, acting with *our* knowledge and consent, deletes an eligible class of *employees*, if applicable, from the *policyholder's* group insurance plan; termination under this paragraph will occur only with respect to *covered persons* included in the terminated class; or
- The date the *policyholder*, acting with *our* knowledge and written consent, terminates any provision of this *policy*; termination under this paragraph will occur on a date mutually agreeable to the *policyholder* and *us*.

Retroactive terminations are not permitted under this *policy*. The *policyholder* will be required to pay premium through the actual date *we* are notified of the termination of a *covered person* or this *policy*.

Reinstatement

If the *policy* terminates, it may be reinstated at *our* option. Reinstatement requests must be submitted in writing or *electronically* by the *policyholder*, are subject to *our* approval and are not guaranteed.

Any premium accepted in connection with a reinstatement will be applied to the period for which the premium was not previously paid.

A *policyholder* that requests reinstatement will be assessed a Reinstatement Fee.

Premiums

Payment of premiums

Unless otherwise agreed to by *us*, the first premium is due on the *policyholder's* effective date under this *policy* and subsequent premiums are due the first of each calendar month thereafter.

The required premium due on each premium due date is the sum of the premium for all *employees* in the *policyholder's group* health plan. The premiums due will be determined by applying the premium rates then in effect for each type of insurance provided by this *policy* to the amount of insurance in force.

Premium rate change

Premium rates for this *policy* will be calculated as specified in the "Payment of Premiums" provision. *We* reserve the right to change any premium rate, including on retrospective basis when:

- Terms of the *policy* are changed; or
- Our liability has been altered, in our opinion, because of:
 - A change in state of federal law; or
 - A substantive change in the composition of the *group*; or
 - Fraud or misrepresentation of a material fact by the *policyholder*, *employee* or an *employee's dependent*; or
- The *policyholder* changes the terms of this *policy* with *our* written or *electronically* transmitted consent; or
- *We* provide 45 days written or *electronic* notice to the *policyholder* that rates will change, as permitted by applicable law. Such notice shall include the effective date of the change in premium rates.

We reserve the right to rescind this *policy* or reduce insurance coverage or increase past premium, unless prohibited by applicable law. This action may be applied to one or all *covered persons* when *we* have been provided incomplete or inaccurate or untimely information on any enrollment form, Employer Group Application or any other eligibility form, if such intentional misrepresentation materially affected the acceptance of the group, the individual, or the risk.

If on the date coverage is rescinded or reduced, no claims have been paid under this *policy*, *we* will return to the *policyholder* all premiums paid for such coverage.

If on the date coverage is rescinded or reduced, claims have been paid under this *policy*, *we* reserve the right to deduct an amount equal to the amount of such claims paid from the premiums to be returned to the *policyholder*. The *policyholder* is responsible for any amount of claims in excess of premium.

Premium charges for benefit changes or a modification of an individual's coverage

If the group vision plan benefits or an individual's insurance coverage are modified other than on a premium due date, any applicable change in premium resulting from the modification will become effective as follows:

Premiums

For groups with 51 or more *employees* the change in premium will be effective on the date the change in coverage becomes effective.

- If the change is effective on or before the 15th of the month, the change in premium will be effective on the first of the month during which the change in coverage is effective;
- If the change is effective after the 15th of the month, the change in premium will be effective on the first of the month following the effective date of change in coverage.

The effective date of a change in premium will only vary from the above upon mutual written agreement between the *policyholder* and *us*.

Grace period

While this *policy* continues in force, a grace period of 31 days will be allowed to the *policyholder* following the premium due date, for the payment of each required premium due. This *policy* will remain in force during the grace period. If the required premium is not paid by the end of the 31 day period, this *policy* will terminate.

Unpaid premium

If the required premium is not paid by the end of the 31 day grace period, *we* reserve the right to collect the premium for the grace period.

Administrative Office:
1100 Employers Boulevard
Green Bay, Wisconsin 54344

Group Vision Certificate of Insurance Humana Insurance Company

Policyholder: CITY OF CORAL GABLES
Policy Number: 621075
Effective Date: 10/01/2018
Product Name: FL HUMANA VISION 10039VOLUNTARY

In accordance with the terms of the *policy* issued to the *policyholder*, Humana Insurance Company certifies that a *covered person* is insured for the benefits described in this *certificate*. This *certificate* becomes the Certificate of Insurance and replaces any and all certificates and certificate riders previously issued.



Bruce Broussard
President

The insurance *policy* under which this *certificate* is issued is not a policy of Workers' Compensation insurance. *You should consult your employer to determine whether your employer is a subscriber to the Workers' Compensation system.*

This is not a policy of Long Term Care insurance.

**>> This Benefit Plan Document is
a summary of *your*
Humana coverage**

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How your plan works

As *you* read through this *certificate*, *you* will notice that certain words and phrases are printed in italics. An italicized word may have a different meaning in the context of this *certificate* than it does in general usage. Please check the “Definitions” section for the definitions of italicized words, so *you* can understand their meaning as it relates to *your* insurance coverage.

How to use this certificate

This *certificate* provides *you* with detailed information regarding *your* coverage. It explains what is covered and what is not covered. It also identifies *your* duties and how much *you* must pay when obtaining services. Although *your* coverage is broad in scope, it is important to remember that *your* coverage has limitations. Be sure to read *your* certificate carefully before using *your* benefits.

Please note the provisions and conditions of this *certificate* apply to *you* and to each of *your* covered dependents.

Contact Information

To obtain more information about *your* coverage or to receive assistance in resolving complaints, please feel free to contact our Customer Service Department at:

Humana Insurance Company
1100 Employers Blvd
Green Bay, WI 54344
1-800-233-4013

Entire contract

The entire contract is made up of the *policy*, the application of the *policyholder*, incorporated by reference herein, and the application of the *employees*, if any. Absent of fraud, all statements made by the Policyholder or by any Member will be deemed representations and not warranties. No statement made by the Policyholder or by any Member can be contested unless it is in written form and signed by the Policyholder or Member. A copy of the form must then be given to the Policyholder or Member or their beneficiary.

General benefit payments

We pay *benefits* for *covered expenses*, as stated in the Schedule of Benefits and *your* “Vision Benefits” sections, and according to any riders that are part of *your policy*. Paid *benefits* are subject to the conditions, limitations and exclusions of this *policy*.

After *you* receive a *service*, *we* will determine if it qualifies as a *covered service*. If *we* determine it is a *covered service*, *we* will pay *benefits* as follows:

1. *We* will determine the total *covered expense*.
2. *We* will review the *covered expense* against any *reimbursement limit* that may apply.

Benefit maximums

The amount *we* pay for *services* are limited to a *reimbursement limit*. *We* will not make *benefit* payments that are more than the *reimbursement limit* for the *covered services* shown in the Schedule of Benefits.

How to find a preferred provider

An online directory of network providers will be made available to *you* and accessible via the internet on our website at **Humana.com** at the time of *your* enrollment. This directory is subject to change. Due to the possibility of *preferred providers* changing status, please check the online directory of *preferred*

Claims

providers prior to obtaining services. If *you* do not have access to the online directory, *you* may telephone *our* customer service center prior to service being rendered or to request a directory.

Our relationship with providers

Preferred providers and *non-preferred providers* are not *our* agents, employees or partners. *Preferred providers* are independent contractors. *We* do not endorse or control the clinical judgment or treatment recommendation made by *preferred providers* or *non-preferred providers*.

Nothing contained in the *policy* or any agreement or reimbursement document shall, nor is it intended to, interfere with communication between *you* and *vision providers* regarding *your* condition or treatment options. When ordering services, *vision providers* and other providers are acting on *your* behalf. All decisions related to patient care are the responsibility of the patient and the treating *vision provider*, regardless of any coverage determination(s) *we* have made or will make. *We* are not responsible for any misstatements made by any provider with regard to the scope of *covered expenses* and/or *non-covered expenses* under your *certificate*. If *you* have any questions concerning *your* coverage, please call the customer service number on the back of your identification card.

Privacy and confidentiality statement

We understand the importance of keeping *your* personal and health information (PHI) private. PHI includes both medical information and individually identifiable information, such as your name, address, telephone number or Social Security number. *We* are required by applicable federal and state law to maintain the privacy of *your* PHI.

Under both law and our policies, *we* have a responsibility to protect the privacy of your PHI. *We*:

1. Protect *your* privacy by limiting who may see *your* PHI;
2. Limit how *we* may use or disclose *your* PHI;
3. Inform *you* of your legal duties with respect to *your* PHI;
4. Explain *our* privacy policies; and
5. Strictly adhere to the policies currently in effect.

We reserve the right to change *our* privacy practices at any time, as allowed by applicable law, rules and regulations. *We* reserve the right to make changes in *our* privacy practices for all PHI that *we* maintain, including information *we* created or received before *we* made the changes. When *we* make a significant change in *our* privacy practices, *we* will send notice to *our* plan subscribers. For more information about *our* privacy practices, please contact *us*.

As a *covered person*, *we* may use and disclose *your* PHI, without *your* consent/authorization in the following ways:

1. Treatment – *we* may disclose *your* PHI to a *health care practitioner*, a hospital or other entity which asks for it in order for *you* to receive medical treatment; and
2. Payment – *we* may use and disclose *your* PHI to pay claims for *covered expenses* provided to *you* by *health care practitioners*, hospitals or other entities.

We may also use and disclose *your* PHI to conduct other health care operations activities.

It has always been *our* goal to ensure the protection and integrity of *your* PHI. Therefore, *we* will notify *you* of any potential situations where *your* identification would be used for reasons other than treatment, payment and health plan operations.

Claims

Additional policyholder responsibilities

In addition to responsibilities outlined in the *policy*, the *policyholder* is responsible for:

- Collection of premium; and
- Providing access to:
 - Benefit plan documents;
 - Renewal notices and policy modification information;
 - Product discontinuance notices; and
 - Information regarding continuation rights.

No *policyholder* has the power to change or waive any provision of the *policy*.

Certificate of insurance

A *certificate* setting forth a statement of insurance protection to which the *employee* and the *employee's* covered *dependents* are entitled will be available via internet access or in writing when requested. The *policyholder* is responsible for providing *employees* access to the *certificate*.

Assignment

The *policy* and its benefits may not be assigned by the *policyholder*.

Conformity with statutes

Any provision of the *policy* which is not in conformity with applicable state law(s) or other applicable law(s) shall not be rendered invalid, but shall be construed and applied as if it were in full compliance with the applicable state law(s) and other applicable law(s).

Modification of policy

This plan may be modified at any time by agreement between *us* and the *policyholder* without the consent of any *covered person*. Modifications will not be valid unless approved by *our* president, vice president, secretary or other authorized officer. The approval must be endorsed on, or attached to, the *policy*. No agent has the authority to modify the *policy*, waive any of the *policy* provisions, extend the time for premium payment, make or alter any contract, or waive any of the Company's other rights or responsibilities.

A note about this certificate – “benefit plan document”

This *certificate* is part of the insurance *policy* and describes the benefits, provisions and limitations of the *policy*. Nothing in this *certificate* waives or alters any of the terms or conditions of the *policy*. The final interpretation of any specific provision in this *certificate* is governed by the terms of the *policy*. In the event of conflict between the *policy* and this *certificate*, the provisions of the *policy* will prevail. The benefits outlined in this *certificate* are effective only if *you* are eligible for insurance, become insured and remain insured in accordance with the terms of the *policy*.

How we pay claims

Identification numbers

You will receive an electronic identification (ID) card showing *your* name, identification number and group number. Show this ID card to *your vision provider* when you receive *services*.

Submitting claim information and proof of loss

When *services* are rendered by a *preferred provider*, that provider will submit claim information.

When *services* are rendered by a *non-preferred provider*, you must submit the claim form directly to us. That claim form may be found on *our* website, **Humana.com**. Please contact the customer service number on *your* identification card if you have any questions regarding this process, or to request a paper copy.

We would like to receive this information within 90 days after the *expense incurred* date; however, the claim will not be reduced or denied if it was not reasonably possible to meet the 90-day guideline. In any event, we will need written proof of loss notice within one year after the date proof of loss is requested, except if you were legally incapacitated.

If you do not provide us with the necessary information, we will deny any related claims until you provide it to us.

Paying claims

Once we receive all the necessary information, we will determine if *benefits* are available, and if they are, we will pay any amount due under this *policy* within 45 days of receipt of the claim. If we cannot process *your* claim due to lack of information, we will notify you, or whoever is claiming payment under the *policy* if it is not you, of the information needed within 45 days of receipt of claim. Once we have received the necessary information, we will process *your* claim within 60 days of receipt of information. We may pay all or a portion of any *benefit* provided for *covered expenses* to the provider unless you or the *covered person* has notified us in writing by the time the claim form is submitted.

Reasons for denying a claim

Below is a list of the most common reasons we cannot pay a claim. Claim payments may be limited or denied in accordance with any of the provisions contained in this *certificate*.

1. **Not a covered benefit:** The *service* is not a *covered service* under the *certificate*.
2. **Eligibility:** You no longer are eligible under the “Terminating Coverage” section of this *certificate*, or the *expense incurred* date was prior to *your* effective date.
3. **Fraud:** You make an intentional misrepresentation by not telling us the facts or withhold information necessary for us to administer this *certificate*.

Insurance fraud is a crime. Anyone who willingly and knowingly engages in an activity intended to defraud us by filing a claim or form that contains false or deceptive information may be guilty of insurance fraud.

If a *covered person* commits fraud against us, as determined by us, coverage ends automatically, without notice, on the date the fraud is committed. This termination may be retroactive. We also will provide information to the proper authorities and support any criminal charges that may be brought. Further, we reserve the right to seek civil remedies available to us.

Claims

We will not end coverage if, after investigating the matter, we determine that the *member* provided information in error. We will adjust premium or claim payment based on this new information.

If you provided correct information and we made a processing error, you will be eligible for coverage and claims payment for *covered expenses*. We will adjust your premium or claim payment based on the correct information.

Duplicating provisions: If any charge is described as covered under two or more benefit provisions, we will pay only under the provision allowing the greater *benefit*. This may require us to make a recalculation based on both the amounts already paid and the amounts due to be paid. We have no obligation to pay for *benefits* other than those this *certificate* provides.

How to Challenge Our Claim Decision (Appeal Rights)

If a *covered person* disagrees with our decision on payment of a particular claim, the *covered person* can request a second review of the claim, also known as an appeal. To request this review, you must send us a letter requesting a second claim review within 60 days from the time you received notice of our claim payment decision. The *covered person* may also send any documents or information that are relevant to our decision of how to pay the claim.

Once we receive the request, we will make a second review of the claim and provide notice of our decision within 15 business days.

Legal actions

You cannot bring a legal action to recover a claim until 60 days after the date written proof of loss is made. No action may be brought after the expiration of the applicable statute of limitations after such proof of loss is required to be given.

Clerical error, misstatement of age or gender

If it is determined that information about the age or gender of you or your *dependents* was omitted or misstated in error, the amount of insurance for which you are properly eligible will be in effect. An equitable premium adjustment will be made. This provision applies equally to you and to us.

Right to collect needed information

You must cooperate with us and when asked, assist us by providing information we request to administer the policy.

If you fail to cooperate or provide the necessary information, we may recover payments made by us and deny any pending or subsequent claims for which the information is requested.

Claims paid incorrectly

If a claim was paid in error, we have the right to recover our payments. We may correct this error by an adjustment to any amount applied to the *reimbursement limits*. Errors may include such actions as:

1. Claims paid for *services* that are not actually covered under the *policy*.
2. Claims payment that is more than the amount allowed under the *policy*.
3. Claims paid based on fraud or an intentional misrepresentation.

Claims

We may seek recovery of *our* payments made in error from anyone to, for or with respect to whom such payments were made; or any insurance companies or organizations that provide other coverage for the *covered expenses*. We will determine from whom *we* shall seek recovery. For information on *our* process, see the Recovery rights provision.

Recovery rights

Your obligation in the recovery process

We have the right to collect *our* payments made in error. *You* are obligated to cooperate and assist *us* and *our* agents to protect *our* recovery rights by:

1. Obtaining *our* consent before releasing any party from liability for payment of vision expenses.
2. Providing *us* with a copy of any legal notices arising from *your* injury and its treatment.
3. Assisting *our* enforcement of recovery rights and doing nothing to prejudice *our* recovery rights.
4. Refraining from designating all (or any disproportionate part) of any recovery as exclusively for “pain and suffering.”

If *you* fail to cooperate, *we* will collect from *you* any payments *we* made.

Right of subrogation

You agree to transfer any rights to *us* that *you* have to recover any expenses paid under this policy. *We* will be subrogated to these recovery rights from any funds paid or payable.

We may enforce *our* subrogation rights by asserting a claim to any coverage to which *you* may be entitled. If *we* are precluded from exercising *our* subrogation rights, *we* may exercise *our* right of reimbursement.

Right of reimbursement

If *we* pay *benefits* and *you* later recover payment from the liable party, *we* have the right to recover from *you* the amount *we* paid. *You* must notify *us* in writing within 31 days of any settlement, compromise or judgment. If *you* waive or impair *our* right to reimbursement, *we* will suspend payment of past or future *services* until all outstanding lien(s) are resolved.

If *you* recover payments from and release any legally responsible party from future expenses relating to a sickness or bodily injury, *we* have a continuing right to seek reimbursement from *you*. This right, however, will apply only to the extent allowed by law. This reimbursement obligation exists regardless of whether a settlement, compromise or judgment designates that recovery includes or excludes vision expenses.

Limitations to recovery rights

Any such Right of Subrogation or Reimbursement provided to *us* under this policy shall not apply or shall be limited to the extent that the Florida Statutes or the Courts of Florida eliminate or restrict such rights.

Cost of legal representation

The costs of our legal representation in matters related to our recovery rights shall be borne solely by *us*. The costs of legal representation incurred by *you* shall be borne solely by *you*, unless we were given

Claims

timely notice of the claim and an opportunity to protect *our* own interests and *we* failed or declined to do so.

Workers' compensation

If *we* pay *benefits* but determine that the *benefits* were for the treatment of bodily injury or sickness that arose from or was sustained in the course of any occupation or employment for compensation, profit or gain, *we* have the right to recover that payment. *We* will exercise *our* right to recover against *you*.

The recovery rights will be applied even though:

1. The Workers' Compensation benefits are in dispute or are made by means of settlement or compromise;
2. No final determination is made that *bodily injury* or *sickness* was sustained in the course of, or resulted from, *your* employment;
3. The amount of Workers' Compensation due to medical or health care is not agreed upon or defined by *you* or the Workers' Compensation carrier; or
4. Medical or health care benefits are specifically excluded from the Workers' Compensation settlement or compromise.

You agree that, in consideration for the coverage provided by the policy, *we* will be notified of any Workers' Compensation claim that *you* make, and *you* agree to reimburse *us* as described above.

Eligibility

When you are eligible for coverage

Employee coverage

Eligibility date: The *employee* is eligible for coverage when:

1. Eligibility requirements listed in the Employer Group Application (see *your employer* for details) are satisfied; and
2. *Employee* is in *active status*.

Effective date: The *employee's* effective date will be calculated after *we* receive the completed enrollment forms *we* furnish. The *employee's* Effective Date provision is outlined in the Employer Group Application (see *your employer* for details). *Your* effective date may be:

1. Immediately after the waiting period;
2. The first of the month after the waiting period; or
3. The date approved by *us*.

Employee delayed effective date: If the *employee* is not in *active status* on the effective date, coverage is effective on the day after the *employee* returns to *active status*. The *employer* must notify *us* in writing when an *employee* returns to *active status*.

Benefit changes: Benefit changes will become effective on the date specified by *us*.

Late applicant: If *you* enroll or are enrolled more than 31 days after *your* eligibility date, *you* will be considered a *late applicant*.

Incontestability: After two years from the effective date of the policy, no misstatement made by the *policyholder*, except a fraudulent misstatement made in the application may be used to void the *policy*.

After *you* are insured without interruption for two years, *we* cannot contest the validity of *your* coverage except for:

- Nonpayment of premium; or
- Any fraudulent misrepresentation made by *you*.

At any time, *we* may assert defenses based upon provisions in the *policy* which relate to *your* eligibility for coverage under the *policy*.

Absent of fraud, all statements made by *you* will be deemed representations and not warranties. No statement made by *you* can be contested unless it is in a written or *electronic* form signed by *you*. A copy of the form must be given to *you* or *your* beneficiary.

An independent incontestability period begins for each type of change in coverage or when a new employee enrollment form is completed.

Dependent coverage

Eligibility date: If an *employee* is covered, the *employee's dependent* is eligible for coverage:

1. On the date the *employee* is eligible for coverage;
2. On the date of the *employee's* marriage (spouse and/or stepchildren);
3. On the date of birth of the *employee's* natural-born child;
4. On the date of placement of a child for the purpose of adoption by the *employee*; however, in the case of a newborn child, coverage begins at the moment of birth if a written agreement to adopt such child has been entered into by the *employee* prior to the birth of the child, whether or not the agreement is enforceable;

Eligibility

5. The date a foster child is placed in the *employee's* home; or
6. The date any child for whom the *employee* is the legal guardian, who is dependent on the *employee* for health care coverage pursuant to a valid court order, or who lives with the *employee* in a normal parent-child relationship and qualifies for the dependent exemption as defined in the Internal Revenue Code and Federal Tax Regulations. *We* have the right to request proof of the child's dependency status at any time.

Dependents who become employed by the *employer* participating in this policy must apply for coverage as an eligible *employee*.

Enrollment: Check with the *employer* on how to enroll for *dependent* coverage. Late enrollment may reduce *benefits*. The *employee* must enroll for *dependent* coverage and enroll additional *dependents* on enrollment forms *we* furnish.

Effective date: Each *dependent's* effective date of coverage is determined as follows:

1. If *we* receive the enrollment form before the *dependent's* eligibility date, the *dependent* is covered on the date he or she is eligible.
2. If *we* receive the enrollment form within 31 days after the *dependent's* eligibility date:
 - The *dependent* is covered on the date *we* receive the completed enrollment form; or
 - The *dependent* is covered on the date he or she is eligible if the *employee* already had *dependent* coverage in force.
3. If *we* receive the completed enrollment forms more than 31 days after the *dependent's* eligibility date the *dependent* will be considered a *late applicant*.

A *dependent's* effective date cannot occur before the *employee's* effective date of coverage.

Foster Child effective date

Coverage for a foster child or a child otherwise placed in the *employee* or covered spouse's custody by a court order, prior to the child's eighteenth birthday, will be provided from the date of placement if, on the date of placement, the *employee* had dependent coverage. No coverage will be provided under this provision for the child who is not ultimately placed in the *employee's* home. For a child in the *employee's* custody, coverage will terminate the date the *employee* no longer has legal custody.

Late applicant: If *you* enroll or are enrolled more than 31 days after *your* eligibility date, *you* will be considered a *late applicant*.

Retired employee coverage

Eligibility date: Retired *employees* are considered an eligible class if requested in the Employer Group Application and approved by *us*. Retired *employees* are eligible for coverage when the eligibility requirements in the Employer Group Application are satisfied.

Effective date: Retired *employees* must enroll for coverage on forms *we* furnish. The effective date of coverage for an eligible retired *employee* is the latter of:

1. The date retired *employees* are eligible for coverage under this policy;
2. The actual retirement date for *employees* who retire after that date; or
3. The date *we* specify if *we* receive the enrollment forms more than 31 days after the retired *employee's* eligibility date.

Eligibility

Retired employee delayed effective date: A retired *employee's* effective date of coverage will be delayed if the person is homebound due to bodily injury or sickness; or is confined to a hospital or mental health center. Coverage will be effective one day after discharge from confinement. A physician must certify the discharge. A decrease in insurance will be effective on the approved date of change.

Late applicant: If *you* enroll or are enrolled more than 31 days after *your* eligibility date, *you* are considered a *late applicant*.

Eligibility

Terminating coverage

Your insurance coverage may end at any time, as stated below and in the “Employer Group Application.” Coverage terminates on the earliest of the following events:

1. Termination date listed in the *policy*;
2. The date premiums are not paid by the required due date;
3. The date the *employer* stops participating in the *policy*;
4. The date *you* enter the military fulltime;
5. When *you* no longer are eligible for coverage as outlined in the “Employer Group Application;”
6. The date *you* terminate employment with the *employer*;
7. For a *dependent*, the date the *employee’s* insurance terminates;
8. For a *dependent*, the end of the month he/she no longer meets the definition of a *dependent*;
9. The date an *employee* requests that insurance be terminated for the *employee* and/or *dependents*;
10. An *employee’s* retirement date unless the “Employer Group Application” provides coverage for retirees; or
11. For any *benefit* that may be deleted from the policy, the date it is deleted.

You and the *employer* are responsible to notify *us* of any change in eligibility, including the lack of eligibility, of any *covered person*.

Termination for cause

We will terminate *your* coverage for cause under the following circumstances:

1. If *you* allow an unauthorized person to use *your* identification card or if *you* use the identification card of another *covered person*. Under these circumstances, the person who receives the services provided by use of the identification card will be responsible for paying *us* for those services.
2. If *you* or the *policyholder* perpetrate fraud and/or intentional misrepresentation on claims, identification cards or other identification in order to obtain services or a higher level of benefits. This includes the fabrication and/or alteration of a claim, identification card or other identification.

Special provisions for active status

If the *employer* continues coverage under this policy, *your* coverage remains in force for no longer than three consecutive months if the *employee* is:

1. Temporarily laid off;
2. Temporarily in part-time status; or
3. On an *employer*-approved leave of absence.

All premiums must be submitted to *us* through the *employer*.

Eligibility

Continuation of coverage during military leave

An *employee* called to active duty or state active duty is eligible for continuation if they are:

1. A member of the Florida National Guard; or
2. A Florida resident and a member of any branch of the United States military reserves.

Any *employee's dependents* who have coverage under this plan immediately prior to the date of the *employee's* covered absence are also eligible to elect continuation.

You or an appropriate military authority, must notify *your employer* of *your* intent to continue coverage under this section. Notification must occur prior to reporting to active duty or state active duty, unless such notice is precluded by military necessity or if such notice is impossible or unreasonable.

Coverage available under any insurance sponsored by the Department of Defense will be coordinated with *benefits* available under this plan, as allowed by the Department of Defense.

Premium payment

If continuation coverage is elected under this section, coverage will have the same premium in effect as for other *members* under this same plan, unless the *employee* requests coverage changes that might alter the premium in effect prior to such activation.

Reinstatement

We will reinstate coverage for the *members* who elected not to continue coverage under this plan while on active duty or state active duty:

1. After receipt of that person's request for reinstatement upon return from active duty or state active duty; and
2. If reinstatement is requested within 30 days after returning to work with the same *employer*.

Upon reinstatement of coverage, no additional waiting period will be applied for any condition that existed at the time the *member* was called to active duty or state active duty.

Other information

The *employee* should contact the *employer* with any questions regarding coverage normally available during a military leave of absence or continuation coverage and notify the *employer* of any changes in marital status, or a change of address.

Replacement provisions

Applicability: This provision applies only if:

1. *You* are eligible for vision coverage on *your employer's* effective date under this policy; and
2. *You* were covered on the final day of coverage on *your employer's* previous group vision plan (Prior Plan).

Delayed effective date: *We* will waive the "Delayed Effective Date" provision if it applies to *you* when *you* would otherwise be eligible for vision coverage on *your employer's* effective date under this policy. Vision coverage is provided to *you* until the earlier of the following dates:

1. 90 days after *your employer's* effective date under this plan.
2. The date *your* vision coverage would otherwise terminate according to the "Terminating coverage" section in the *certificate*.

If *you* satisfy the "Delayed Effective Date" provision before either of these dates, *your* vision coverage will continue uninterrupted.

Definitions

Allowance: The maximum amount *we* will pay for a *covered service* as shown in the “Schedule”.

Active status: The *employee* performs all of his or her duties on a regular full-time basis for the required number of hours per week shown on the Employer’s Group Application, for 48 weeks per year. *Active status* applies to *employees* whether they perform their duties at the *employer’s* business establishment or at another location when required to travel for job purposes; on each regular paid vacation day; and any regular non-working holiday if the *employee* is not *totally disabled* on his or her effective date of coverage. An *employee* is considered in *active status* if he or she was in *active status* on his or her last regular working day.

Benefit: The amount payable in accordance with the provisions of this plan.

Certificate: This benefit plan document, which outlines the benefits, provisions and limitations of the *policy*.

Comprehensive eye exam: An exam of the complete visual system which includes: case history; monocular and binocular visual acuity, with or without present corrective lenses; neurological integrity (pupil response); biomicroscopy (external exam); visual field testing (confrontation); ophthalmoscopy (internal exam); tonometry (intraocular pressure); refraction (with recorded visual acuity); extraocular muscle balance assessment; dilation as required; present prescription analysis; specific recommendation; assessment plan; and *provider* signature.

Contact lens fitting and follow-up: A diagnostic evaluation and fitting include contact lens compatibility tests, diagnostic evaluations and diagnostic lens analysis to determine a patient’s suitability for contact lenses or a change in contact lenses. Procedures for the diagnostic evaluation may include:

1. Contact lens related history
2. Keratometry and/or corneal topography
3. Anterior segment analysis with dyes
4. Biomicroscopy of eye and adnexia
5. Biomicroscopy with diagnostic lenses
6. Over-refraction
7. Visual acuity with diagnostic lenses
8. Determination of contact lens specifications
9. Patient instructions and consultations
10. Proper documentation with assessment and plan.

Appropriate follow-up evaluations may include the following procedures:

1. contact lens history including a review of care and hygiene regimen
2. visual acuities
3. Over-refraction, as indicated
4. Keratometry and/or corneal topography as indicated
5. Evaluation of prescription contact lenses with appropriate instruments
6. Biomicroscopy of eyes and adnexia (with fluorescein or other dyes as indicated)
7. Consultation and proper documentation with assessment and plan.

Copayment: The charge, in addition to premiums, which *members* are required to pay for certain *covered services* provided under the *policy*. A *copayment* is either expressed as a flat dollar amount, or a percentage of the *reimbursement limit*. The *member* must make *copayments* at the time of service directly to the provider.

Cosmetic service: *Services* provided primarily for the purpose of improving appearance.

Definitions

Covered expense: The *reimbursement limit* for a *covered service*.

Covered person: An *employee* and/or the *employee's dependents* who are enrolled for benefits provided under the *policy*.

Covered service: A *service* considered *visually necessary or appropriate*, or routine, that is:

1. Ordered by a *vision provider*;
2. For the *benefits* described, subject to any *reimbursement limit*, as well as all other terms, provisions, limitations and exclusions of the *policy*; and
3. Incurred when a member is insured for that *benefit* under the *policy* on the date the *expense* incurred date.

Dependent: A covered *employee's*:

1. Lawful spouse; and
2. Natural born child, step-child, foster child, legally adopted child, or child placed for adoption, whose age is less than the limiting age;
3. Child whose age is less than the limiting age and for whom the *employee* has received a Qualified Medical Child Support Order (QMCSO) or National Medical Support Notice (NMSN) to provide coverage, if the *employee* is eligible for family coverage until:
 - o Such QMCSO or NMSN is no longer in effect; or
 - o The child is enrolled for comparable health coverage, which is effective no later than the termination of the child's coverage under the *policy*.

The limiting age for each *dependent* child is the end of the calendar year in which the child reaches the age of 26.

A covered *dependent* child who becomes an *employee* eligible for other group coverage no longer is eligible for coverage under this *policy*.

A covered *dependent* child who reaches the limiting age while insured under this *policy* remains eligible for vision care service *benefits* if:

1. Incapable of self-sustaining employment by reason of an intellectual or physical disability; and
2. Dependent on the covered *employee* for support and maintenance.

You need to provide *us* with satisfactory proof that the above conditions continually exist after the *dependent* reaches the limiting age. *We* may not request proof more often than annually after two years from the date the first proof was furnished. If *we* do not receive satisfactory proof, the child's coverage ends on the date proof is due.

Electronic or electronically: Relating to technology having electrical, digital, magnetic, wireless, optical, electromagnetic, or similar capabilities.

Electronic mail: A computerized system that allows a user of a network computer system and/or computer system to send and receive messages and documents among other users on the network and/or with a computer system.

Eligibility date: The date the *employee* or *dependent* is eligible to participate in the plan.

Employee: The person who is regularly employed and paid a salary or earnings and is in *active status* at the *employer's* place of business. If the *employer* is a union, the *employee* must be in good standing and eligible for insurance according to the union's rules of eligibility.

Definitions

Employer: The *policyholder* of the group insurance plan, or any subsidiary described in the Employer Group Application.

Expense incurred: The amount *you* are charged for a *service*.

Family member: Anyone related to *you* by blood, marriage or adoption.

Group: The persons for whom this insurance coverage has been arranged to be provided.

Health care practitioner: A practitioner professionally licensed by the appropriate state agency to diagnose or treat sickness or bodily injury and who provides services within the scope of that license.

Materials: Lenses, frame, and contact lenses covered under this *policy*.

Member: The person covered under the *policy*. *Employees* and/or their covered *dependents*.

Member Cost in Network: The amount of the *member's* responsibility for services provided by a *preferred provider*.

Non-preferred provider: A vision provider who has not entered into a service agreement with *us* nor has been designated by *us* to provide vision care services to covered persons.

Out of Network Allowance: The benefit available to a *member* for services provided by a *non-preferred provider*.

Policy: The document describing the benefits *we* provide as agreed to by *us* and the *policyholder*.

Policyholder: The legal entity named on the face page of the policy.

Preferred provider: A vision provider who has entered into a service agreement with *us* to provide vision care services to covered persons.

Reimbursement limit is the maximum allowable fee for a *covered service*. It is the lesser of the charged amount, or:

1. In the case of *services* rendered by providers with whom *we* have agreements, the fee that *we* have negotiated with that *preferred provider*;
2. In the case of services rendered by providers with whom we do not have agreements, the amount shown in the Plan's *Non-Preferred Provider Benefit* on the schedule.

Services: Procedures, surgeries, exams, consultations, advice, diagnosis, referrals, treatment, tests, supplies, drugs, devices or technologies.

Total disability/totally disabled: An *employee* or employed covered spouse who, during the first 12 months of a disability, is prevented by *bodily injury* or *sickness* from performing all aspects of his or her respective job or occupation. After 12 months, *total disability/totally disabled* means the person is prevented by *bodily injury* or *sickness* from engaging in any paid job or occupation that he/she is reasonably qualified for by education, training or experience.

For any *member* who is not employed, *total disability* means a disability preventing him/her from performing the usual and customary activities of someone in good health of the same age and gender.

A *totally disabled* individual may not engage in any paid job or occupation.

Definitions

Visually necessary or appropriate: Services and materials medically or visually necessary to restore or maintain a patient's visual acuity and health and for which there is no less expensive professionally acceptable alternative, as determined by *us*.

Vision provider: An optometrist or ophthalmologist licensed and otherwise qualified to practice vision care and/or provide vision care materials.

Waiting period: The period of time, elected by the *policyholder*, which must pass before an *employee* is eligible for coverage under the *policy*.

We, us and our: The insurance company as shown on the cover page of this *certificate*.

You and your: Any covered *employee* and/or *dependent(s)*.



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INSURED BY
HUMANA INSURANCE COMPANY

Benefits

Policyholder: CITY OF CORAL GABLES
 Group Number: 621075
 Type of coverage: FL HUMANA VISION 10039VOLUNTARY
 Effective Date: 10/01/2018

Schedule of benefits

This summary provides an overview of plan *benefits*. Refer to your ““Vision Benefits”” provision{s} for detailed descriptions, including additional limitations or exclusions.

When services or materials are provided by *preferred providers*, your cost will be the cost shown in the Preferred Provider Benefit column shown in the Vision Benefits provision below.

When services or materials are provided by *non-preferred providers*, we will pay the lesser of the actual expense incurred or the *reimbursement limit* for each covered benefit.

If a benefit is subject to a frequency limitation, that limitation is calculated based on the length of time between dates of service.

Vision benefits

Service/Material	Frequency	Preferred Provider Benefit	Non-Preferred Provider Benefit
<u>Routine Vision Examination</u> w/dilation as necessary	1 per 12 months	\$10 Copayment	\$30 Allowance
<u>Frames</u>	1 per 24 months	\$100 Allowance	\$50 Allowance
<u>Standard Plastic Lenses</u>	1 per 12 months		
Single Vision/Materials		\$25 Copayment	\$25 Allowance
Bifocal		\$25 Copayment	\$40 Allowance
Trifocal		\$25 Copayment	\$60 Allowance
Lenticular		\$25 Copayment	\$100 Allowance
<u>Contact Lenses (in lieu of frames and lenses)</u>	1 per 12 months		
Conventional		\$100 Allowance	\$80 Allowance
Disposable		\$100 Allowance	\$80 Allowance
Medically Necessary		Paid in Full	\$200 Allowance
<u>Lens Options</u>		includes Lens Copay	

Benefits

**Standard Progressive
(add on to Bifocal)**

\$25 Copayment

\$40 Allowance

Frames - The *preferred provider* will show the *covered person* the frames that this policy covers in full. If a *covered person* selects a frame that costs more than the amount covered under this *policy*, the *covered person* is responsible for the difference in cost. Where the vision exam shows new lenses or frames or both are a *visual necessity*, benefits for lenses and frames include (1) prescribing and ordering proper lenses; (2) assisting with selection of frames; (3) verifying accuracy of finished lenses; and (4) proper fitting and adjustments.

Lenses – Where the vision exam shows new lenses or frames or both are a *visual necessity*, benefits for lenses and frames include (1) prescribing and ordering proper lenses; (2) assisting with selection of frames; (3) verifying accuracy of finished lenses; and (4) proper fitting and adjustments.

Contact Lenses

Contact lenses are provided in lieu of all other lens and frame benefits available herein. This means that utilization of contact lens benefits exhausts all of the *covered person's* lens and frame benefits for the current benefit period and future eligibility for lenses and frames will be determined as if spectacle lenses and frames were obtained in the current benefit period.

Contact lens materials when medically necessary – We will pay a benefit for one pair of contact lenses under the following circumstances and only if prior authorization from *us* is obtained: 1) following cataract surgery without intraocular lens; 2) correction of extreme visual acuity problems not correctable with glasses; 3) high ametropia of either +10D or -10D in any meridian; 4) Anisometropia greater than 5.00 diopters and aesthenopia or diplopia, with spectacles; 5) Diagnosis of Keratoconus supported by medical record documentation consistent with a two line improvement of visual acuity with contact lenses as the treatment of choice; or 6) monocular aphakia and/or binocular aphakia where the provider certifies contact lenses are medically necessary for safety and rehabilitation to a productive life.

Benefits

Limitations & exclusions (all services)

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.
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.

Benefits

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.

Supplemental Vision Expense Benefit

Diabetic EyeCare Benefit

Your certificate is amended to include this supplemental plan benefit. The effective date of the benefit is the latter of the effective date of *your certificate* or the date this benefit is added to *your certificate*. *Benefits* are subject to *visual necessity* and all policy terms, conditions and limitations.

The following benefit is added to *your certificate* as follows:

We will pay listed benefits for covered expenses received from a preferred provider for eye care related to diabetes as follows:

Service/Material	Frequency	Preferred Provider Benefit	Non-Preferred Provider Benefit
Medical Office Visit	2 per year	Paid in Full	\$77 Allowance
Retinal Imaging (not covered if extended ophthalmoscopy has been done in the last 6 months)	2 per year	Paid in Full	\$50 Allowance
Extended Ophthalmoscopy (not covered if retinal imaging has been done in the last 6 months)	2 per year	Paid in Full	\$15 Allowance
Gonioscopy	2 per year	Paid in Full	\$15 Allowance
Scanning Laser	2 per year	Paid in Full	\$33 Allowance

The following definitions are added to *your certificate*:

Office Service Visit (Medical Follow-up Exam) – means an office visit for the evaluation and management of an established patient. The office visit includes patient history, follow-up examination services as deemed appropriate by the provider, and medical decision making.

Extended Ophthalmoscopy means an examination of the interior of the eye, focusing on the posterior segment of the eye, including the lens, retina, and optic nerve, by direct or indirect ophthalmoscopy, and includes a retinal drawing with interpretation and report.

Gonioscopy means a procedure to look at the front part of the eye (anterior chamber) to check the angle where the iris meets the cornea with a gonioscope or with a contact prism lens.

Retinal Imaging Examination means the recording of a portion(s) or complete retina surface and structures.

Scanning Laser means a computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral.

Supplemental Vision Expense Benefit

EXCLUSIONS

In addition to the Exclusions in the *certificate*, no benefits will be paid for services connected with or charges arising from:

1. any vision materials;
2. orthoptic or vision training, subnormal vision aids and any associated supplemental testing;
3. medical, pathological and/or surgical treatment of the eye, eyes or supporting structures; or
4. any vision examination by a *policyholder* as a condition of employment.

Humana



Bruce Broussard
President

Change in Plan Rider: Open Enrollment

Your certificate is amended to include this plan rider. The effective date of the rider is the latter of the effective date of *your certificate* or the date this rider is added to *your certificate*. *Benefits* are subject to all *policy* terms, conditions and limitations, including *waiting periods*, if any.

Open enrollment period

The open enrollment period is the annual period during which eligible *employees* may apply for coverage for themselves and their eligible *dependents* as outlined in the **Employer Group Application** (see *your employer* for details).

To enroll for coverage

The *employee* must complete the enrollment/change form provided by *us*, carefully listing each person to be covered. Enrollment during the open enrollment period will be allowed if *we* receive the completed forms within the open enrollment period. Any reference to *late applicants* within the **Eligibility** section of *your certificate* and/or *policy* is removed. *Late applicants* are not eligible for coverage, and must wait until the following open enrollment period to apply.

The **When you are eligible for coverage** section in *your certificate* is amended as follows:

The eligibility date of coverage is amended to read:

Employee Coverage:

Eligibility date: The *employee* is eligible for coverage:

1. When eligibility requirements listed in the **Employer Group Application** (see *your employer* for details) are satisfied; and
2. When he or she is in *active status*, or;
3. On the *employer's* annual anniversary date.

Dependent coverage

Eligibility date: If an *employee* is covered, the *employee's dependent* is eligible for coverage on:

1. The date the *employee* is eligible for coverage;
2. The date of the *employee's* marriage (spouse and/or stepchildren);
3. The date of birth of the *employee's* natural-born child;
4. The date a child is placed in the *employee's* home for adoption by the *employee*, or;
5. The *employer's* annual anniversary date.

Please check the **Schedule of benefits** section of this *certificate* for any *waiting periods* that may apply to *you*.

Humana



Bruce Broussard
President

Notice of Non-Insured Benefits

Discount/access disclosure

From time to time, *we* may offer or provide *you* with additional goods and/or services that are not related to the benefits provided under the Policy. In addition, *we* may arrange for third-party service providers to provide you with discounts on goods and services. Some of these third party service providers may make payments to *us* when these discount programs are used.

These payments offset the cost to us of making these programs available and may help reduce the costs of *your* plan administration.

Who has responsibility for these discounts?

Although *we* have arranged for third parties to offer discounts on these goods and services, these discount programs are not insured benefits under the Policy. The third-party providers are solely responsible for providing the goods and/ or services. *We* are not responsible for any goods and/ or services nor are *we* liable if vendors refuse to honor such discounts. Further, *we* are not liable for the negligent provision of such goods and/ or services by third-party service providers.

Discount programs may not be available to people who "opt out" of marketing communications, or where otherwise restricted by law.

Notices

The following pages contain important information about certain federal laws. There may be differences between the Certificate of Insurance and this Notice packet. There may also be differences between this notice packet and state law. You are eligible for the rights more beneficial to you, unless preempted by state or federal law.

This section includes notices about:

Claims procedures

Federal legislation

Medical child support orders

Continuation of coverage for full-time students during medical leave of absence

General notice of COBRA continuation of coverage rights

Family and Medical Leave Act (FMLA)

Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)

Your Rights under ERISA

Discrimination Notice

Claim procedures

The Employee Retirement Income Security Act of 1974 (ERISA) established minimum requirements for claims procedures. Humana complies with these standards. Covered persons in insured plans subject to ERISA should also consult their insurance benefit plan documents (e.g., the Certificate of Insurance or Evidence of Coverage). Humana complies with the requirements set forth in any such benefit plan document issued by it with respect to the plan unless doing so would prevent compliance with the requirements of the federal ERISA statute and the regulations issued thereunder. The following claims procedures are intended to comply with the ERISA claims regulation, and should be interpreted consistent with the minimum requirements of that regulation. Covered persons in plans not subject to ERISA should consult their benefit plan documents for the applicable claims and appeals procedures.

Discretionary authority

With respect to paying claims for benefits or determining eligibility for coverage under a policy issued by Humana, Humana as administrator for claims determinations and as ERISA claims review fiduciary, shall have full and exclusive discretionary authority to:

1. Interpret plan provisions;
2. Make decisions regarding eligibility for coverage and benefits; and
3. Resolve factual questions relating to coverage and benefits.

Claim procedures

Definitions

Adverse determination: means a decision to deny benefits for a pre-service claim or a post-service claim under a group health and/or dental plan.

Claimant: A covered person (or authorized representative) who files a claim.

Concurrent-care Decision: A decision by the plan to reduce or terminate benefits otherwise payable for a course of treatment that has been approved by the plan (other than by plan amendment or termination) or a decision with respect to a request by a Claimant to extend a course of treatment beyond the period of time or number of treatments that has been approved by the plan.

Group health plan: an employee welfare benefit plan to the extent the plan provides dental care to employees or their dependents directly (self insured) or through insurance (including HMO plans), reimbursement or otherwise.

Health insurance issuer: the offering company listed on the face page of your Certificate of Insurance or Certificate of Coverage and referred to in this document as "Humana."

Post-service Claim: Any claim for a benefit under a group health plan that is not a Pre-service Claim.

Pre-service Claim: A request for authorization of a benefit for which the plan conditions receipt of the benefit, in whole or in part, on advance approval.

Urgent-care Claim (expedited review): A claim for covered services to which the application of the time periods for making non-urgent care determinations:

could seriously jeopardize the life or health of the covered person or the ability of the covered person to regain maximum function; or

in the opinion of a physician with knowledge of the covered person's medical condition, would subject the covered person to severe pain that cannot be adequately managed without the service that is the subject of the claim.

Humana will make a determination of whether a claim is an Urgent-care Claim. However, any claim a physician, with knowledge of a covered person's medical condition, determines is a "Urgent-care Claim" will be treated as a "claim involving urgent care."

Submitting a claim

This section describes how a Claimant files a claim for plan benefits.

A claim must be filed in writing and delivered by mail, postage prepaid, by FAX or e-mail. A request for pre-authorization may be filed by telephone. The claim or request for pre-authorization must be submitted to Humana or to Humana's designee at the address indicated in the covered person's benefit plan document or identification card. Claims will be not be deemed submitted for purposes of these procedures unless and until received at the correct address.

Claims submissions must be in a format acceptable to Humana and compliant with any legal requirements. Claims not submitted in accordance with the requirements of applicable federal law respecting privacy of protected health information and/or electronic claims standards will not be accepted by Humana.

Claims submissions must be timely. Claims must be filed as soon as reasonably possible after they are incurred, and in no event later than the period of time described in the benefit plan document.

Claims submissions must be complete and delivered to the designated address. At a minimum they must include:

- Name of the covered person who incurred the covered expense.
- Name and address of the provider
- Diagnosis
- Procedure or nature of the treatment
- Place of service
- Date of service
- Billed amount

A general request for an interpretation of plan provisions will not be considered a claim. Requests of this type, such as a request for an interpretation of the eligibility provisions of the plan, should be directed to the plan administrator.

Procedural defects

If a Pre-service Claim submission is not made in accordance with the plan's requirements, Humana will notify the Claimant of the problem and how it may be remedied within five (5) days (or within 24 hours, in the case of an Urgent-care Claim). If a Post-service Claim is not made in accordance with the plan's requirement, it will be returned to the submitter.

Authorized representatives

A covered person may designate an authorized representative to act on his or her behalf in pursuing a benefit claim or appeal. The authorization must be in writing and authorize disclosure of health information. If a document is not sufficient to constitute designation of an authorized representative, as determined by Humana, the plan will not consider a designation to have been made. An assignment of benefits does not constitute designation of an authorized representative.

- Any document designating an authorized representative must be submitted to Humana in advance or at the time an authorized representative commences a course of action on behalf of the covered person. Humana may verify the designation with the covered person prior to recognizing authorized representative status.
- In any event, a health care provider with knowledge of a covered person's medical condition acting in connection with an Urgent-care Claim will be recognized by the plan as the covered person's authorized representative.

Covered persons should carefully consider whether to designate an authorized representative. Circumstances may arise under which an authorized representative may make decisions independent of the covered person, such as whether and how to appeal a claim denial.

Claims decisions

After a determination on a claim is made, Humana will notify the Claimant within a reasonable time, as follows:

Pre-service claims

Humana will provide notice of a favorable or *adverse determination* within a reasonable time appropriate to the medical circumstances but no later than 15 days after the plan receives the claim.

This period may be extended by an additional 15 days, if Humana determines the extension is necessary due to matters beyond the control of the plan. Before the end of the initial 15-day period, Humana will notify the Claimant of the circumstances requiring the extension and the date by which Humana expects to make a decision.

If the reason for the extension is because Humana does not have enough information to decide the claim, the notice of extension will describe the required information, and the Claimant will have at least 45 days from the date the notice is received to provide the necessary information.

Urgent-care claims (expedited review)

Humana will determine whether a particular claim is an Urgent-care Claim. This determination will be based on information furnished by or on behalf of a covered person. Humana will exercise its judgment when making the determination with deference to the judgment of a physician with knowledge of the covered person's condition. Humana may require a Claimant to clarify the medical urgency and circumstances supporting the Urgent-care Claim for expedited decision-making.

Notice of a favorable or *adverse determination* will be made by Humana as soon as possible, taking into account the medical urgency particular to the covered person's situation, but not later than 72 hours after receiving the Urgent-care Claim.

If a claim does not provide sufficient information to determine whether, or to what extent, services are covered under the plan, Humana will notify the Claimant as soon as possible, but not more than 24 hours after receiving the Urgent-care Claim. The notice will describe the specific information necessary to complete the claim. The Claimant will have a reasonable amount of time, taking into account the covered person's circumstances, to provide the necessary information – but not less than 48 hours.

Humana will provide notice of the plan's Urgent-care Claim determination as soon as possible but no more than 48 hours after the earlier of:

- The plan receives the specified information; or
- The end of the period afforded the Claimant to provide the specified additional information.

Concurrent-care decisions

Humana will notify a Claimant of a Concurrent-care Decision involving a reduction or termination of pre-authorized benefits sufficiently in advance of the reduction or termination to allow the Claimant to appeal and obtain a determination.

Humana will decide Urgent-care Claims involving an extension of a course of treatment as soon as possible taking into account medical circumstances. Humana will notify a Claimant of the benefit determination, whether adverse or not, within 24 hours after the plan receives the claim, provided the claim is submitted to the plan 24 hours prior to the expiration of the prescribed period of time or number of treatments.

Post-service claims

Humana will provide notice of a favorable or *adverse determination* within a reasonable time appropriate to the medical circumstances but no later than 30 days after the plan receives the claim.

This period may be extended an additional 15 days, if Humana determines the extension is necessary due to matters beyond the plan's control. Before the end of the initial 30-day period, Humana will notify the affected Claimant of the extension, the circumstances requiring the extension and the date by which the plan expects to make a decision.

If the reason for the extension is because Humana does not have enough information to decide the claim, the notice of extension will describe the required information, and the Claimant will have at least 45 days from the date the notice is received to provide the specified information. Humana will make a decision on the earlier of the date on which the Claimant responds or the expiration of the time allowed for submission of the requested information.

Initial denial notices

Notice of a claim denial (including a partial denial) will be provided to Claimants by mail, postage prepaid, by FAX or by e-mail, as appropriate, within the time frames noted above. With respect to adverse decisions involving Urgent-care Claims, notice may be provided to Claimants orally within the time frames noted above. If oral notice is given, written notification must be provided no later than 3 days after oral notification.

A claims denial notice will convey the specific reason for the *adverse determination* and the specific plan provisions upon which the determination is based. The notice will also include a description of any additional information necessary to perfect the claim and an explanation of why such information is necessary. The notice will disclose if any internal plan rule, protocol or similar criterion was relied upon to deny the claim. A copy of the rule, protocol or similar criterion will be provided to Claimants, free of charge, upon request.

The notice will describe the plan's review procedures and the time limits applicable to such procedures, including a statement of the Claimant's right to bring a civil action under ERISA Section 502(a) following an adverse benefit determination on review.

If an *adverse determination* is based on medical necessity, experimental treatment or similar exclusion or limitation, the notice will state that an explanation of the scientific or clinical basis for the determination will be provided, free of charge, upon request. The explanation will apply the terms of the plan to the covered person's medical circumstances.

In the case of an adverse decision of an Urgent-care Claim, the notice will provide a description of the plan's expedited review procedures

Appeals of Adverse Determinations

A Claimant must appeal an *adverse determination* within 180 days after receiving written notice of the denial (or partial denial). An appeal may be made by a Claimant by means of written application to Humana, in person, or by mail, postage prepaid.

A Claimant, on appeal, may request an expedited appeal of an adverse Urgent-care Claim decision orally or in writing. In such case, all necessary information, including the plan's benefit determination on review, will be transmitted between the plan and the Claimant by telephone, facsimile, or other available similarly expeditious method, to the extent permitted by applicable law

Determination of appeals of denied claims will be conducted promptly, will not defer to the initial determination and will not be made by the person who made the initial adverse claim determination or a subordinate of that person. The determination will take into account all comments, documents, records, and other information submitted by the Claimant relating to the claim.

On appeal, a Claimant may review relevant documents and may submit issues and comments in writing. A Claimant on appeal may, upon request, discover the identity of medical or vocational experts whose advice was obtained on behalf of the plan in connection with the *adverse determination* being appealed, as permitted under applicable law.

If the claims denial is based in whole, or in part, upon a medical judgment, including determinations as to whether a particular treatment, or other service is experimental, investigational, or not medically necessary or appropriate, the person deciding the appeal will consult with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment. The consulting health care professional will not be the same person who decided the initial appeal or a subordinate of that person.

Time periods for decisions on appeal

Appeals of claims denials will be decided and notice of the decision provided as follows:

Urgent-care Claims	As soon as possible but no later than 72 hours after Humana receives the appeal request.
Pre-service Claims	Within a reasonable period but no later than 30 days after Humana receives the appeal request.
Post-service Claims	Within a reasonable period but no later than 60 days after Humana receives the appeal request.
Concurrent-care Decisions	Within the time periods specified above depending on the type of claim involved.

Appeals denial notices

Notice of a claim denial (including a partial denial) will be provided to Claimants by mail, postage prepaid, by FAX or by e-mail, as appropriate, within the time periods noted above.

A notice that a claim appeal has been denied will include:

- The specific reason or reasons for the *adverse determination*;
- Reference to the specific plan provision upon which the determination is based;
- If any internal plan rule, protocol or similar criterion was relied upon to deny the claim. A copy of the rule, protocol or similar criterion will be provided to the Claimant, free of charge, upon request;
- A statement describing any voluntary appeal procedures offered by the plan and the claimant's right to obtain the information about such procedures, and a statement about the Claimant's right to bring an action under section 502(a) of ERISA;
- If an *adverse determination* is based on medical necessity, experimental treatment or similar exclusion or limitation, the notice will state that an explanation of the scientific or clinical basis for the determination will be provided, free of charge, upon request. The explanation will apply the terms of the plan to the covered person's medical circumstances.

In the event an appealed claim is denied, the Claimant will be entitled to receive without charge reasonable access to, and copies of, any documents, records or other information that:

- Was relied upon in making the determination;
- Was submitted, considered or generated in the course of making the benefit determination, without regard to whether such document, record or other information was relied upon in making the benefit determination;
- Demonstrates compliance with the administrative processes and safeguards required in making the determination;

- Constitutes a statement of policy or guidance with respect to the plan concerning the denied treatment option or benefit for the claimant's diagnosis, without regard to whether the statement was relied on in making the benefit determination.

Exhaustion of remedies

Upon completion of the appeals process under this section, a Claimant will have exhausted his or her administrative remedies under the plan. If Humana fails to complete a claim determination or appeal within the time limits set forth above, the claim shall be deemed to have been denied and the Claimant may proceed to the next level in the review process.

After exhaustion of remedies, a Claimant may pursue any other legal remedies available, which may include bringing civil action under ERISA section 502(a) for judicial review of the plan's determination. Additional information may be available from the local U.S. Department of Labor Office.

Legal actions and limitations

No lawsuit may be brought with respect to plan benefits until all remedies under the plan have been exhausted.

No lawsuit with respect to plan benefits may be brought after the expiration of the applicable limitations period stated in the benefit plan document. If no limitation is stated in the benefit plan document, then no such suit may be brought after the expiration of the applicable limitations under applicable law.

Medical child support orders

An individual who is a child of a covered employee shall be enrolled for coverage under the group health plan in accordance with the direction of a Qualified Medical Child Support Order (QMCSO) or a National Medical Support Notice (NMSO).

A QMCSO is a state-court order or judgment, including approval of a settlement agreement that:

- provides for support of a covered employee's child;
- provides for health care coverage for that child;
- is made under state domestic relations law (including a community property law);
- relates to benefits under the group health plan; and
- is "qualified," i.e., it meets the technical requirements of ERISA or applicable state law.

QMCSO also means a state court order or judgment enforcing state Medicaid law regarding medical child support required by the Social Security Act § 1908 (as added by Omnibus Budget Reconciliation Act of 1993).

An NMSO is a notice issued by an appropriate agency of a state or local government that is similar to a QMCSO requiring coverage under the group health plan for a dependent child of a non-custodial parent who is (or will become) a covered person by a domestic relations order providing for health care coverage.

Procedures for determining the qualified status of medical child support orders are available at no cost upon request from the plan administrator.

Continuation of coverage for full-time students during medical leave of absence

A dependent child who is in regular full-time attendance at an accredited secondary school, college or university, or licensed technical school continues to be eligible for coverage for until the earlier of the following if the dependent child takes a medically necessary leave of absence:

- Up to one year after the first day of the medically necessary leave of absence; or
- The date coverage would otherwise terminate under the plan.

We may require written certification from the dependent child's health care practitioner that the dependent child has a serious bodily injury or sickness requiring a medically necessary leave of absence.

General notice of COBRA continuation coverage rights

Introduction

You are getting this notice because you recently gained coverage under a group health and/or dental plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health and/or dental coverage. It can also become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "'qualifying event.'" Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "'qualified beneficiary.'" You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you too lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you too lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to the employer, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA coverage available?

The plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- the end of employment or reduction of hours of employment;
- death of the employee;
- commencement of a proceeding in bankruptcy with respect to the employer; or
- the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events or a second qualifying event during the initial period of coverage may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of

- **continuation coverage** - If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage

Second qualifying event extension of 18-month period of

- **continuation coverage** - If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, or other laws affecting your group health and/or dental plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit at www.dol.gov/ebsa. (address and phone numbers of Regional and District EBSA Office are available through EBSA's website.)

Keep your plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information:

Humana
Billing/Enrollment Department
101 E Main Street
Louisville, KY 40201
1-800-872-7207

Family and Medical Leave Act (FMLA)

If an employee is granted a leave of absence (Leave) by the employer as required by the Federal Family and Medical Leave Act, s/he may continue to be covered under the plan for the duration of the Leave under the same conditions as other employees who are currently employed and covered by the plan. If the employee chooses to terminate coverage during the Leave, or if coverage terminates as a result of nonpayment of any required contribution, coverage may be reinstated on the date the employee returns to work immediately following the end of the Leave. Charges incurred after the date of reinstatement will be paid as if the employee had been continuously covered.

Uniformed Services Employment and Reemployment Rights Act of 1994***Continuation of benefits***

Effective October 13, 1994, federal law requires health plans offer to continue coverage for employees that are absent due to service in the uniformed services and/or dependents.

Eligibility

An employee is eligible for continuation under USERRA if he or she is absent from employment because of voluntary or involuntary performance of duty in the Armed Forces, Army National Guard, Air National Guard, or commissioned corps of the Public Health Service. Duty includes absence for active duty, active duty for training, initial active duty for training, inactive duty training and for the purpose of an examination to determine fitness for duty.

An employee's dependents that have coverage under the plan immediately prior to the date of the employee's covered absence are eligible to elect continuation under USERRA.

If continuation of Plan coverage is elected under USERRA, the employee or dependent is responsible for payment of the applicable cost of coverage. If the employee is absent for not longer than 31 days, the cost will be the amount the employee would otherwise pay for coverage. For absences exceeding 30 days, the cost may be up to 102% of the cost of coverage under the plan. This includes the employee's share and any portion previously paid by the employer.

Duration of coverage

If elected, continuation coverage under USERRA will continue until the earlier of:

- 24 months beginning the first day of absence from employment due to service in the uniformed services; or
- The day after the employee fails to apply for a return to employment as required by USERRA, after the completion of a period of service.

Under federal law, the period coverage available under USERRA shall run concurrently with the COBRA period available to an employee and/or eligible dependent.

Other information

Employees should contact their employer with any questions regarding coverage normally available during a military leave of absence or continuation coverage and notify the employer of any changes in marital status, or change of address.

Your Rights Under the Employment Rights Income Security Act of 1974 (ERISA)

Under ERISA, all plan participants covered by ERISA are entitled to certain rights and protections, as described below. Notwithstanding anything in the group health plan or group insurance policy, following are a covered person's minimum rights under ERISA. ERISA requirements do not apply to plans maintained by governmental agencies or churches.

Information about the plan and benefits

Plan participants may:

- Examine, free of charge, all documents governing the plan. These documents are available in the plan administrator's office.
- Obtain, at a reasonable charge, copies of documents governing the plan, including a copy of any updated summary plan description and a copy of the latest annual report for the plan (Form 5500), if any, by writing to the plan administrator.
- Obtain, at a reasonable charge, a copy of the latest annual report (Form 5500) for the plan, if any, by writing to the plan administrator.

As a plan participant, you will receive a summary of any material changes made in the plan within 210 days after the end of the plan year in which the changes are made unless the change is a material reduction in covered services or benefits, in which case you will receive a summary of the material reduction within 60 days after the date of its adoption.

If the plan is required to file a summary annual financial report, you will receive a copy from the plan administrator.

Responsibilities of plan fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plan. These people, called "fiduciaries" of the plan, have a duty to act prudently and in the interest of plan participants and beneficiaries.

No one, including an employer, may discharge or otherwise discriminate against a plan participant in any way to prevent the participant from obtaining a benefit to which the participant is otherwise entitled under the plan or from exercising ERISA rights.

Continue group health plan coverage

Participants may be eligible to continue health care coverage for themselves, their spouse or dependents if there is a loss of coverage under the group health plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review the COBRA notice in this document regarding the rules governing COBRA continuation coverage rights.

Claims determinations

If a claim for a plan benefit is denied or disregarded, in whole or in part, participants have the right to know why this was done, to obtain copies of documents relating to the decision without charge and to appeal any denial within certain time schedules.

Enforce your rights

Under ERISA, there are steps participants may take to enforce the above rights. For instance:

- if a participant requests a copy of plan documents and does not receive them within 30 days, the participant may file suit in a Federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$ 110 a day until the participant receives the materials, unless the materials were not sent because of reasons beyond the control of the plan administrator;
- if a claim for benefits is denied or disregarded, in whole or in part, the participant may file suit in a state or Federal court;
- if the participant disagrees with the plan's decision, or lack thereof, concerning the qualified status of a domestic relations order or a medical child support order, the participant may file suit in Federal court;
- if plan fiduciaries misuse the plan's money, or if participants are discriminated against for asserting their rights, they may seek assistance from the U.S. Department of Labor, or may file suit in a Federal court.

The court will decide who should pay court costs and legal fees. If the participant is successful, the court may order the person sued to pay costs and fees. If the participant loses, the court may order the participant to pay the costs and fees.

Assistance with questions

- Contact the group health plan human resources department or the plan administrator with questions about the plan;
- For questions about ERISA rights, contact the nearest area office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or:

The Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue N.W.
Washington, D.C. 20210;

- Call the publications hotline of the Employee Benefits Security Administration to obtain publications about ERISA rights.

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, sex, sexual orientation, gender identity, or religion. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion.

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 the number on your ID card 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, sex, sexual orientation, gender identity, or religion, you can file a grievance with:

Discrimination Grievances
P.O. Box 14618
Lexington, KY 40512-4618

If you need help filing a grievance, call the number on your ID card 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, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Florida Notice:

Effective July 1, 1994, certain victims of violent crime do not have to meet the deductible or copayment provision of any insurance policy for the treatment of their crime-related injuries pursuant to the Florida Crimes Compensation Act, excluding 960.28. Eligibility under the Florida Crimes Compensation Act is determined when victims of violent crime apply for services with the Office of the Attorney General, Division of Victim Services. When victims are determined eligible, they are given written notification which references their insurance exemption. If you are eligible under the Florida Crimes Compensation Act, please forward a copy of such written notification to us to report your status.

**“WARNING:
LIMITED BENEFITS WILL BE PAID WHEN
NONPARTICIPATING PROVIDERS ARE USED.**

You should be aware that when you elect to utilize the services of a nonparticipating provider for a covered nonemergency service, benefit payments to the provider are not based upon the amount the provider charges. The basis of the payment will be determined according to your policy’s out-of-network reimbursement benefit. Nonparticipating providers may bill insureds for any difference in the amount. **YOU MAY BE REQUIRED TO PAY MORE THAN THE COINSURANCE OR COPAYMENT AMOUNT.** Participating providers have agreed to accept discounted payments for services with no additional billing to you other than allowance, copayment, and deductible amounts. You may obtain further information about the providers who have contracted with your insurance plan by consulting your insurer’s website or contacting your insurer or agent directly.”

To obtain more information about *your* coverage and to provide assistance in resolving complaints, please feel free to contact our Customer Service Department at:

Humana Insurance Company
1100 Employers Blvd
Green Bay, WI 54344
1-800-233-4013



Bruce Broussard
President

State of Florida

Department of State

I certify from the records of this office that HUMANA INSURANCE COMPANY is a Wisconsin corporation authorized to transact business in the State of Florida, qualified on September 2, 1987.

The document number of this corporation is P15803.

I further certify that said corporation has paid all fees due this office through December 31, 2019, that its most recent annual report/uniform business report was filed on May 31, 2019, and that its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Thirteenth day of June, 2019*



Ronald R. DeBevoise
Secretary of State

Tracking Number: 5753468155CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



**Florida
Department
of Insurance**

HUMANA INSURANCE COMPANY

**is hereby authorized to transact
insurance in the state of Florida.**

**This certificate signifies that the company
has satisfied all requirements of the
Florida Insurance Code for the issuance
of a license and remains subject to
all applicable laws of Florida.**

Date of Issuance: May 19, 1988

No. 02-39-1263473

A handwritten signature in black ink that reads "Tom Gallagher".

Tom Gallagher
Treasurer and Insurance Commissioner

Company Directory: Search Results

This information is current as of 6/20/2019

HUMANA INSURANCE COMPANY

FEIN	39-1263473
Florida Company Code	05901
NAIC Company Code	73288
Company Type	LIFE AND HEALTH INSURER
Home State	WI
Web Site	http://WWW.HUMANA.COM
Authorization Type	CERTIFICATE OF AUTHORITY
Authorization Status	ACTIVE
First Licensed in Florida Date	05/19/1988

Addresses

Type	Address	Phone
ADMINISTRATIVE	1100 EMPLOYERS BOULEVARD, DEPERE WI 54115 United States	(920) 336-1100
HOME	1100 EMPLOYERS BOULEVARD, DEPERE WI 54115 United States	
MAILING	P.O. BOX 740036, LOUISVILLE KY 40201-7436 United States	(502) 580-8965
CLAIMS WEBSITE	http://www.humana.com	(866) 427-7478
LOCATION OF RECORDS	500 WEST MAIN STREET, LOUISVILLE KY 40202 United States	(502) 580-1000

Authorized Lines of Business

Line of Business	Type
ACCIDENT AND HEALTH	DIRECT AND REINSURANCE
GROUP LIFE AND ANNUITIES	DIRECT AND REINSURANCE
LIFE	DIRECT AND REINSURANCE
DISCOUNT MEDICAL PLAN	DIRECT AND REINSURANCE

[New Search](#)

DISCLAIMER

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EXAMPLES

The Office of Insurance Regulation company search does not require you to know exactly how Office of Insurance Regulation has the company's name recorded. It will take your input and return every name that contains your input as it appears in any part of all records. In other words, if your search is:

Floricorp

then the search will return all the names that have "Floricorp" in any part of the record. For example:

FLORICORP, INC.
FLORICORP PROPERTY AND CASUALTY COMPANY
SOUTHERN FLORICORP UNLIMITED

If you entered

Floricorp P

you would get only

FLORICORP PROPERTY AND CASUALTY COMPANY

Note that even though the whole name is searched, the service still looks for an exact match. So if you entered

FLORICORP,

(i.e., with a comma) you would only get

FLORICORP, INC.



Rating Search: Search

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Humana Insurance Company

A.M. Best #: 007574 NAIC #: 73288 FEIN #: 391263473

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Best's Credit Ratings

<div style="background-color: #e6f2ff; padding: 5px; margin-bottom: 10px;">Financial Strength Rating View Definition</div> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">Rating:</td><td>A- (Excellent)</td></tr> <tr><td>Affiliation Code:</td><td>g (Group)</td></tr> <tr><td>Financial Size Category:</td><td>XV (\$2 Billion or greater)</td></tr> <tr><td>Outlook:</td><td>Stable</td></tr> <tr><td>Action:</td><td>Affirmed</td></tr> <tr><td>Effective Date:</td><td>May 02, 2018</td></tr> <tr><td>Initial Rating Date:</td><td>June 30, 1986</td></tr> </table> <div style="background-color: #e6f2ff; padding: 5px; margin-top: 10px;">Long-Term Issuer Credit Rating View Definition</div> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 20%;">Long-Term:</td><td>a-</td></tr> <tr><td>Outlook:</td><td>Stable</td></tr> <tr><td>Action:</td><td>Affirmed</td></tr> </table>	Rating:	A- (Excellent)	Affiliation Code:	g (Group)	Financial Size Category:	XV (\$2 Billion or greater)	Outlook:	Stable	Action:	Affirmed	Effective Date:	May 02, 2018	Initial Rating Date:	June 30, 1986	Long-Term:	a-	Outlook:	Stable	Action:	Affirmed	<div style="background-color: #e6f2ff; padding: 5px; margin-bottom: 10px;">Best's Credit Rating Analyst</div> <p>Rating Office: A.M. Best Rating Services, Inc.</p> <p>Senior Financial Analyst: Wayne J Kaminski</p> <p>Senior Director: Sally A. Rosen</p> <p><i>Note: See the Disclosure information Form or Press Release below for the office and analyst at the time of the rating event.</i></p> <div style="background-color: #ffe6e6; padding: 5px; margin-top: 10px;">Disclosure Information</div> <p>Disclosure Information Form View A.M. Best's Rating Disclosure Form</p> <p>Press Release A.M. Best Affirms Credit Ratings of Humana Inc. and Its Subsidiaries May 02, 2018</p>
Rating:	A- (Excellent)																				
Affiliation Code:	g (Group)																				
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Long-Term:	a-																				
Outlook:	Stable																				
Action:	Affirmed																				

Effective Date: May 02, 2018
Initial Rating Date: June 20, 2005

u Denotes [Under Review Best's Rating](#)

Rating History

A.M. Best has provided ratings & analysis on this company since 1986.

Financial Strength Rating

Effective Date	Rating
5/2/2018	A-
3/8/2017	A-
7/7/2015	A- u
5/7/2015	A-
2/28/2014	A-

Long-Term Issuer Credit Rating

Effective Date	Rating
5/2/2018	a-
3/8/2017	a-
7/7/2015	a- u
5/7/2015	a-
2/28/2014	a-

Best's Credit Reports



[Best's Credit Report \(Download PDF\)](#) - Where applicable, includes Best's Financial Strength Rating and rationale along with comprehensive analytical commentary, detailed business overview and key financial data.

Report Revision Date: 5/23/2018 (represents the latest significant change).



Historical Reports are available in [Best's Credit Report Archive](#).

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Press Releases

Date ▾	Title
May02, 2018	A.M. Best Affirms Credit Ratings of Humana Inc. and Its Subsidiaries
Mar 08, 2017	A.M. Best Removes From Under Review With Positive Implications and Affirms Credit Ratings of Humana Inc. and Its Subsidiaries
Jul 07, 2015	A.M. Best Places Ratings of Humana Inc. and Its Subsidiaries Under Review with Positive Implications
May07, 2015	A.M. Best Affirms Ratings of Humana Inc. and Its Subsidiaries
Feb 28, 2014	A.M. Best Affirms Ratings of Humana Inc. and Its Subsidiaries
Jan 11, 2013	A.M. Best Affirms Ratings of Humana Inc. and Its U.S. Subsidiaries
Sep 20, 2011	A.M. Best Affirms Ratings of Humana Inc. and Its Subsidiaries
Jun 02, 2010	A.M. Best Affirms Ratings of Humana Inc. and Its Core Insurance and Health Maintenance Organization Subsidiaries
Jul 22, 2009	A.M. Best Comments on Humana's Loss of TRICARE Contract
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Humana.

Insight Network

CITY OF CORAL GABLES

Created by...

Humana

June 25, 2019

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Access Overview

June 25, 2019

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Access Analysis

2 Insight Provider in 2 miles

Employee / Provider Groups

CITY OF CORAL GABLES.
Insight

Access Map

Employee locations

- ◆ With access
- Without access

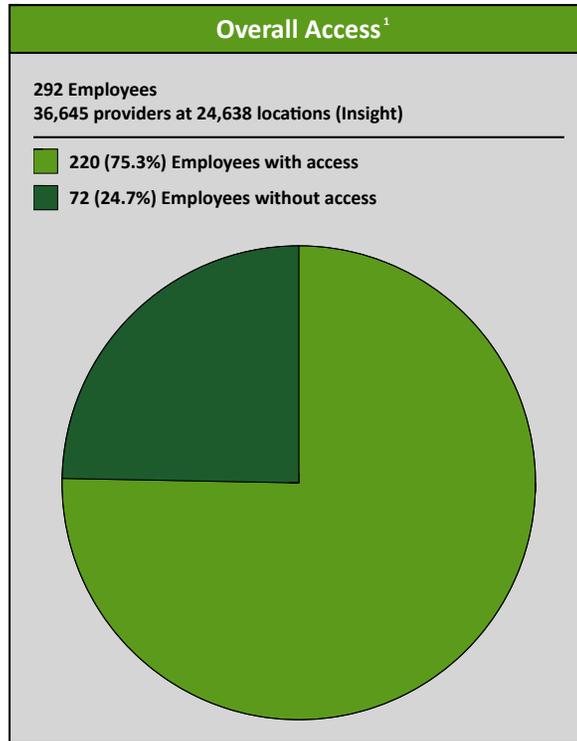


Comparison Graph

Percent of employees with access to a choice of providers over miles

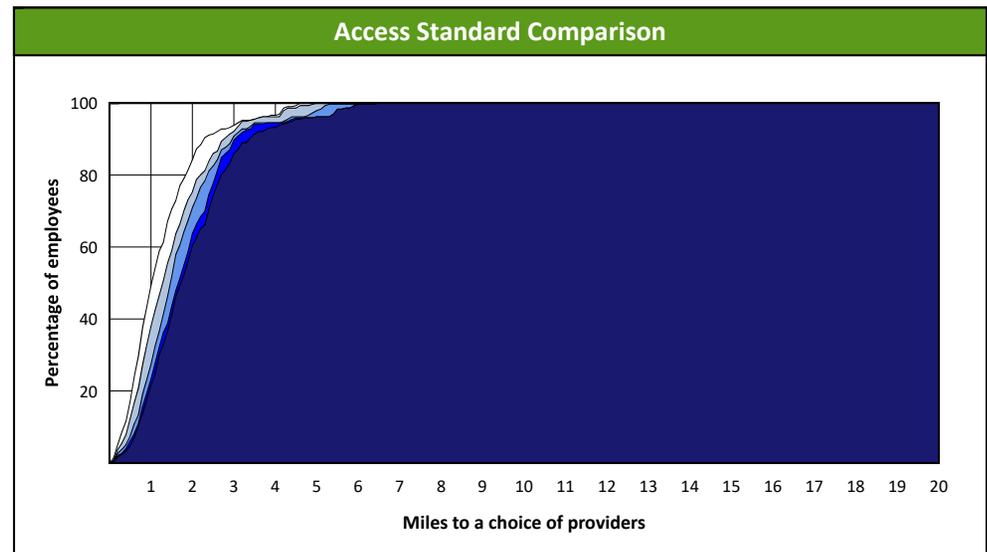
- 1st closest
- 2nd closest
- 3rd closest
- 4th closest
- 5th closest

¹ The Access Standard is defined as (CITY OF CORAL GABLES.) employees accessing:
2 (Insight) providers in 2 miles



Distances

	Average
Distance to 1st closest provider	1.3 miles
Distance to 2nd closest provider	1.5 miles
Distance to 3rd closest provider	1.7 miles
Distance to 4th closest provider	1.9 miles
Distance to 5th closest provider	2.0 miles



Access Detail By Zip Code

June 25, 2019

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Access Analysis

2 Insight Provider in 2 miles

Employee / Provider Groups

CITY OF CORAL GABLES.

Insight

2 Insight Provider in 2 miles

¹ The Access Standard is defined as (CITY OF CORAL GABLES.) employees accessing:

2 (Insight) providers in 2 miles

Employees With Access								
County	Zip Code	Employee	Provider	With Access ¹		Average Distance		
		#	#	#	%	1	2	3
Broward, FL	33020	1	16	1	100.0	0.4	0.4	0.4
	33023	1	5	1	100.0	0.5	0.5	1.6
	33024	2	14	2	100.0	1.3	1.5	1.5
	33025	2	7	2	100.0	0.8	0.8	1.2
	33027	2	13	1	50.0	1.0	1.0	1.0
	33029	4	7	4	100.0	1.2	1.2	1.5
	33308	1	8	1	100.0	0.9	0.9	0.9
	33319	1	1	1	100.0	0.2	0.2	1.0
	33324	1	32	1	100.0	1.6	1.6	1.6
	33328	1	89	1	100.0	0.8	1.3	1.3
Flagler, FL	32135	1	0	1	100.0	0.2	0.2	0.2
Miami-Dade, FL	33014	1	17	1	100.0	0.5	0.5	1.4
	33015	1	17	1	100.0	0.7	2.0	2.0
	33016	1	8	1	100.0	0.5	0.5	0.8
	33017	1	0	1	100.0	0.6	0.7	0.7
	33018	2	21	2	100.0	0.9	0.9	0.9
	33030	1	7	1	100.0	2.0	2.0	2.0
	33033	10	16	8	80.0	1.5	1.5	1.5
	33034	2	0	2	100.0	1.5	1.5	1.5
	33056	2	0	1	50.0	1.8	1.8	1.8
	33114	1	0	1	100.0	0.1	0.5	0.5
	33125	3	0	2	66.7	0.7	1.4	1.8
	33126	2	0	2	100.0	0.9	1.2	1.5
	33127	1	12	1	100.0	1.1	1.1	1.1
	33128	2	0	2	100.0	0.9	0.9	0.9
	33129	3	0	3	100.0	0.9	0.9	1.1
	33132	2	3	2	100.0	0.8	0.8	0.8
	33133	11	1	11	100.0	0.7	1.0	1.2
	33134	22	4	22	100.0	0.5	0.6	1.0
	33136	1	1	1	100.0	0.8	1.2	1.2
	33137	1	0	1	100.0	0.9	0.9	0.9
33141	1	2	1	100.0	1.4	1.4	2.8	
33143	6	8	6	100.0	1.0	1.3	1.3	
33144	6	29	6	100.0	0.8	0.9	1.0	
33145	9	14	9	100.0	0.5	0.5	0.5	
33146	5	4	5	100.0	1.2	1.3	1.3	
33147	6	0	1	16.7	1.4	1.4	2.7	
33149	1	2	1	100.0	0.4	0.5	6.2	
33155	18	26	14	77.8	1.1	1.3	1.4	
33156	4	19	4	100.0	0.6	0.7	0.8	

Access Detail By Zip Code

June 25, 2019

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Access Analysis

2 Insight Provider in 2 miles

Employee / Provider Groups

CITY OF CORAL GABLES.

Insight

2 Insight Provider in 2 miles

¹ The Access Standard is defined as (CITY OF CORAL GABLES.) employees accessing:

2 (Insight) providers in 2 miles

Employees With Access								
County	Zip Code	Employee	Provider	With Access ¹		Average Distance		
		#	#	#	%	1	2	3
Miami-Dade, FL	33157	18	4	8	44.4	1.3	1.6	1.7
	33158	1	0	1	100.0	1.0	1.0	1.0
	33161	4	2	3	75.0	0.8	1.4	1.6
	33162	1	90	1	100.0	1.0	1.0	1.0
	33165	10	3	10	100.0	0.9	1.3	1.4
	33166	3	3	3	100.0	0.8	1.3	1.5
	33168	2	2	2	100.0	1.0	1.0	2.7
	33172	6	12	6	100.0	0.8	0.8	0.9
	33173	8	8	8	100.0	0.8	0.9	1.1
	33174	1	14	1	100.0	0.5	0.6	0.6
	33175	3	7	3	100.0	1.2	1.7	1.7
	33176	5	19	5	100.0	1.6	1.7	2.0
	33177	9	2	4	44.4	1.4	1.4	1.4
	33179	1	19	1	100.0	1.0	1.6	1.6
	33181	1	1	1	100.0	1.0	1.3	1.6
	33182	1	0	1	100.0	1.7	1.7	1.8
	33183	3	21	3	100.0	0.5	0.6	0.7
	33186	15	21	15	100.0	1.1	1.1	1.4
	33189	5	23	3	60.0	0.7	0.7	1.1
	33193	8	1	4	50.0	1.3	1.5	1.5
33196	8	0	3	37.5	1.1	1.1	1.1	
33255	1	0	1	100.0	1.7	1.7	2.0	
33283	1	0	1	100.0	0.2	0.2	0.2	
Palm Beach, FL	33483	1	9	1	100.0	0.6	1.4	1.4
	33486	1	0	1	100.0	1.6	1.6	1.6
St. Lucie, FL	34953	1	3	1	100.0	1.7	1.7	1.7
Grand Totals		261	667	220	84.3	0.9	1.1	1.3

Access Detail By Zip Code

June 25, 2019

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Access Analysis

2 Insight Provider in 2 miles

Employee / Provider Groups

CITY OF CORAL GABLES.

Insight

2 Insight Provider in 2 miles

¹ The Access Standard is defined as (CITY OF CORAL GABLES.) employees accessing:

2 (Insight) providers in 2 miles

Employees Without Access								
County	Zip Code	Employee	Provider	Without Access ¹		Average Distance		
		#	#	#	%	1	2	3
Broward, FL	33027	2	13	1	50.0	2.1	2.8	3.0
Flagler, FL	32164	1	13	1	100.0	2.7	2.7	2.9
Houston, GA	31069	1	11	1	100.0	3.2	3.2	3.2
Miami-Dade, FL	33032	4	0	4	100.0	2.9	2.9	2.9
	33033	10	16	2	20.0	2.3	2.3	2.3
	33054	3	0	3	100.0	3.4	3.4	3.7
	33056	2	0	1	50.0	2.3	2.3	2.3
	33125	3	0	1	33.3	1.3	2.1	2.2
	33142	6	0	6	100.0	1.8	2.6	2.7
	33147	6	0	5	83.3	2.5	2.7	3.2
	33150	2	0	2	100.0	1.2	2.3	2.4
	33155	18	26	4	22.2	2.0	2.2	2.3
	33157	18	4	10	55.6	2.2	2.5	2.5
	33161	4	2	1	25.0	2.0	2.4	2.4
	33177	9	2	5	55.6	1.5	2.7	2.9
	33185	2	0	2	100.0	2.2	2.7	2.8
	33187	11	0	11	100.0	4.1	4.3	5.0
33189	5	23	2	40.0	2.7	2.7	2.8	
33193	8	1	4	50.0	1.7	2.5	2.5	
33196	8	0	5	62.5	1.9	3.4	3.4	
33242	1	0	1	100.0	1.7	2.1	2.1	
Grand Totals		124	111	72	58.1	2.4	2.9	3.1

Our Bold Goal

Humana's Bold Goal is a health and business strategy dedicated to improving the health of the communities we serve 20 percent by 2020.

With community partners and physician practices, we are creating evidence-based, scalable and financially sustainable solutions to population health problems at a local level. We track our progress using the U.S. Centers for Disease Control and Prevention (CDC) assessment tool, Healthy Days,¹ which measures self-reported mentally and physically Unhealthy Days (UHD) of an individual over a 30-day period. This allows us to show a direct link between improved health, positive business results and social impact.

Healthy Days

We use Healthy Days as a measurement of the results:

- Offer a holistic approach to health by measuring both mentally and physically UHD
- Are third-party validated and a published tool with a proven track record
- Have a measurable return on investment (ROI): 1 UHD = \$15.643 increase per person in monthly medical costs
- Show a strong correlation to both social determinants of health and chronic conditions

We are making progress

In 2018 we enhanced our capabilities and introduced social determinant screenings to our care managers and pharmacists as part of our clinical model for healthcare services. We also made tools available to support primary care physicians and clinicians across Bold Goal communities, helping them screen and solve for food insecurity, social isolation and loneliness.

Through our Bold Goal, in partnership with nonprofit organizations, businesses, government leaders and healthcare professionals, we are working to identify the root causes of poor health and build a stronger healthcare ecosystem that meets people where they are.

Communities we serve

Every community we serve is unique. Because of this, there is no one-size-fits-all answer to improving population health.

Following are the results of our Bold Goal communities' initiatives in 2018:

Baton Rouge, Louisiana

From 2015 to 2018, Humana Medicare Advantage members in Baton Rouge had a 5.1 percent reduction in UHDs. Medicare Advantage members with disabilities saw a 5.8 percent reduction; low-income members saw a 4.9 percent reduction; and those living with diabetes saw a 3.7 percent reduction in UHDs. About 16 percent of the population in Baton Rouge lives in areas with limited access to healthy foods and grocery stores, and one in seven people struggles with hunger.

Humana and the Mayor's Healthy City Initiative came together in 2016 to help unify the community around health goals. The community is focused on helping residents get active, eat healthy and access preventive care. Baton Rouge is an example of how strong community leadership and a locally led coalition can provide a solid foundation for improved health and Healthy Days by supporting people where they are.

Broward County, Florida

Since 2015, Humana Medicare Advantage members in Broward County have experienced a 3.5 percent increase in UHDs. Those struggling with depression saw a 12 percent increase, but Medicare Advantage members with a disability reported a 3.9 percent reduction in UHDs. An influx of new members with higher mentally UHDs and depression may explain the increase. However, the work Humana and the Health Advisory Board for Broward County have done around food insecurity may have helped those populations most in need, especially during times of disaster.

In 2018, Humana and Feeding South Florida provided nutritious food to more than 13,000 Broward County residents at 65 mobile food distributions. They also facilitated Broward's first

Food Insecurity Summit in order to expand community understanding of social determinants and their impact on health and outcomes. A top priority for Humana and Broward's Health Advisory Board for 2019 is to address mentally UHDs and food insecurity in seniors, which, according to a recent community report, are a growing population with mounting need

Knoxville, Tennessee

Over the last few years, Humana and the Knoxville Health Advisory Board have been focused on addressing poverty and diabetes. Knox County ranks higher than the national average in diabetes, 12 percent versus 11 percent, and according to data from the U.S. Census, 26.5 percent of people in Knoxville are living in poverty.

This focus has led to positive trends in low-income Humana Medicare members, who experienced a 2.9 percent reduction in UHDs in 2018. However, overall Healthy Days in Humana Medicare Advantage members in Knoxville slowed to a 1.5 percent reduction in UHDs since their 2015 baseline. The slower progression in overall Medicare Advantage members was due in large part to new members with high mentally and physically UHDs.

In 2018, Humana's Knoxville Board of Directors, in partnership with the Knoxville Health Advisory Board, held three poverty simulations that included the University of Tennessee College of Nursing, South College and Emerald Academy. This effort to address poverty and UHDs will continue in 2019, as well as deepen their work around food insecurity and social isolation.

Louisville, Kentucky

Since 2015, Humana Medicare Advantage members have seen a 1.5 percent increase in UHDs. While the overall number is still statistically flat, Medicare Advantage members across four priority conditions—diabetes, depression, chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF)—saw a significant reduction in UHDs.

In 2018, the Louisville Health Advisory Board launched an Essential Needs Navigation Pilot with Family Health Centers to assess lower-income individuals for basic non-clinical health needs. In addition, the board's Behavioral Health Committee trained more than 2,200 community volunteers in Question, Persuade, Refer (QPR), an emergency response designed to help prevent suicide. Louisville ranks 11th out of 50 peer cities in rates of suicide. Louisville's Health Advisory Board and Humana will continue to work on suicide prevention and improving respiratory health, as well as address food insecurity, loneliness and social isolation with both physician and community partners.

New Orleans, Louisiana

Humana Medicare Advantage members living in New Orleans saw a 3.9 percent reduction in UHDs from 2015 to 2018, and Medicare Advantage members living with diabetes showed a 6 percent decline. Medicare Advantage members also saw improvements across several priority conditions: those living with CHF saw a 9 percent improvement, and the population living with COPD improved 6 percent. Members living with depression, however, continue to see increases in UHDs.

The New Orleans Health Advisory Board and Humana have been focused on promoting physical activity and healthy eating throughout the city with their continued partnership with FitNOLA. In 2019, they are exploring opportunities to educate and engage healthcare professionals around additional social determinants of health and how they impact chronic conditions such as diabetes and depression. They are also working with the American Heart Association to build health literacy and advocacy programs in one of New Orleans' most underserved neighborhoods.

San Antonio, Texas

Humana Medicare Advantage members living in San Antonio saw a 9.8 percent reduction in their UHDs, which means they are halfway toward their Bold Goal. While San Antonio, in general, still faces high rates of obesity (27 percent) and physical inactivity (22 percent), Humana Medicare Advantage members saw UHD improvements in

populations with diabetes, disability and low-income subsidies. New members in San Antonio tended to be healthier, driving both mentally and physically Healthy Days improvements. San Antonio is our first Bold Goal community and has built a strong foundation for improving health with community partners.

Since 2015, the San Antonio Health Advisory Board and Humana have remained committed to setting shared goals and standards to improve community health, and the efforts are working. In 2019, their focus will be on social determinants screening standardization and continued test-and-learn interventions.

Tampa Bay, Florida

Humana Medicare Advantage members living in Tampa Bay had a 3.8 percent reduction in their UHDs—a dramatic shift from last year when UHDs increased. However, mentally UHDs continue to be a problem in Tampa; in fact, those Medicare Advantage members living with depression saw a 2 percent increase in UHDs.

The Tampa Bay Bold Goal Health Collaborative has been focused on addressing the behavioral health needs of the community. In addition, they are working to improve access to healthy food as well as to alleviate loneliness and social isolation among seniors. Their work with the Hunger Action Alliance and Papa is helping Tampa Bay understand the links between aging and social determinants of health. They have also engaged faith-based organizations, academic institutions and mental health professionals to help create solutions around the rising prevalence of substance abuse and opioid addiction throughout the community.

Jacksonville, Florida

While Humana Medicare Advantage members in Jacksonville saw a slight increase in UHDs from 2015 to 2018, Medicare Advantage members with diabetes saw a 4.1 percent reduction.

Humana and the Health Advisory Board worked with TRICARE and Feeding Northeast Florida to connect food-insecure military families to resources, and they partnered with established food distribution sites to promote education on

diabetes and chronic diseases. The Health Advisory Board also joined forces with the Mayor's Council on Fitness and Wellbeing to establish the Movement for Change to address loneliness and social isolation.

Kansas City Metro

Overall, Humana Medicare Advantage members in Kansas City saw a slight reduction in UHDs from 2015 to 2018. Those Medicare Advantage members living with diabetes saw a 2.9 percent reduction, and those with depression saw a 7.2 percent reduction.

In 2018, Humana partnered with the VFW and After the Harvest to collect enough food for more than 54,000 meals. Humana also collaborated with Walgreens and other clinical partners to screen more than 15,000 individuals for food insecurity. Kansas City is expanding screenings of social determinants and Healthy Days with physician practices.

Richmond, Virginia

Humana Medicare Advantage members in Richmond saw a 5.9 percent reduction in UHDs in 2018. Humana is a participating partner in the East End Coalition for Older Adults, which convenes community partners and residents to address social barriers to health such as food insecurity and isolation.

Chicago, Illinois

Humana Medicare Advantage members in Chicago saw a 1.5 percent reduction in UHDs in 2018. As one of Humana's newest Bold Goal communities, they kicked off by partnering with JenCare, AgeOptions Area Agency on Aging and the Greater Chicago Food Depository to tackle barriers to health—such as food insecurity and lack of transportation—in Chicago's older adult population.

Moving forward: 2020 and beyond

Improving population health is a long-term investment and journey—and we are fully committed. As we move toward 2020, we are making plans for the future. We look forward to giving back more Healthy Days to every community, employee, and member we serve.