

# Humana Vision rate table

## Illinois

### 12/12/24 Frequency option

#### Rates effective: 2/1/2018 for an effective date no later than 7/31/2018

- If employees within a group are located outside of the state listed above, please contact your local sales representative to receive your quote.
- 50% employee participation is required for employer-sponsored plans.
- Case sizes are based off of enrolled subscribers.
- Rates are guaranteed for two years. If the vision product is added to another line of coverage on a date other than the groups renewal, the rates will be good up to their second renewal.
- For case size 2-9 rates add 5% to the 10-99 rates. Case size 2-4 cannot be sold stand alone.
- Add 16% to the 12/12/24 rates to obtain 12/12/12 rates.
- Add 22% to the rates to have both Eyeglass & Contact lenses allowable in same plan year.
- Rate cards are to be used for New Business only.

	Case Size	EMPLOYER-SPONSORED				VOLUNTARY			
		EE	ES	EC	FA	EE	ES	EC	FA
<b>Vision 100</b>	10-99	\$4.89	\$9.78	\$9.29	\$14.60	\$6.11	\$12.22	\$11.61	\$18.24
	100-499	\$4.69	\$9.39	\$8.92	\$14.01	\$5.87	\$11.73	\$11.14	\$17.52
<b>Vision 130</b>	10-99	\$5.59	\$11.17	\$10.61	\$16.68	\$6.98	\$13.97	\$13.27	\$20.85
	100-499	\$5.36	\$10.73	\$10.19	\$16.01	\$6.70	\$13.41	\$12.74	\$20.02
<b>Vision 160</b>	10-99	\$8.38	\$16.76	\$15.92	\$25.02	\$10.47	\$20.95	\$19.90	\$31.28
	100-499	\$8.04	\$16.09	\$15.28	\$24.02	\$10.06	\$20.11	\$19.11	\$30.03
<b>Other Frequency Options</b>	12/12/12	Add 16%	Add 16%	Add 16%	Add 16%	Add 16%	Add 16%	Add 16%	Add 16%
<b>Exam Plus</b>	10-99	\$2.23	\$4.47	\$4.25	\$6.67	\$2.44	\$4.87	\$4.63	\$7.27
	100-499	\$2.23	\$4.47	\$4.25	\$6.67	\$2.44	\$4.87	\$4.63	\$7.27

This is not a complete disclosure of plan qualifications and limitations.

Do not cancel current group coverage until written approval is received from Humana.

Final rates and whether coverage will be issued are subject to underwriting review and the actual composition of the group.

	Vision 100	Vision 130	Vision 160	Exam Plus
Exam/material copay	\$10/\$25	\$10/\$15	\$10/\$10	\$10 Exam
Retail frame allowance	\$100	\$130	\$160	N/A
Contact lenses allowance	\$100	\$130	\$160	N/A
Frequency	12/12/24	12/12/24	12/12/24	Exam once per year

Lens option benefits differ from plan to plan.

See Humana Sales Associate for Out-of-Network Benefits.

#### Flat Rate Rider Options

	EE	ES	EC	FA
Child Polycarbonate Lenses	\$0.00	\$0.00	\$1.50	\$1.50
Retinal Imaging	\$0.60	\$1.20	\$1.10	\$1.75
LASIK/PRK	\$0.50	\$1.00	\$0.50	\$1.00

