

### LSU Baton Rouge and LSU Health Sciences Center Shreveport

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 <sup>1</sup>	\$10 Up to \$39	Up to \$30 Not covered
Contact lens exam options <sup>2</sup> • 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 <sup>3</sup>	\$130 allowance 20% off balance over \$130	\$65 allowance
Standard plastic lenses <sup>4</sup> • Single vision • Bifocal • Trifocal • Lenticular	\$15 \$15 \$15 \$15	Up to \$25 Up to \$40 Up to \$60 Up to \$100
Covered lens options <sup>4</sup> • 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 <sup>5</sup> (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

**If you use an  
IN-NETWORK provider  
(Member cost)**

**If you use an  
OUT-OF-NETWORK provider  
(Reimbursement)**

### Frequency

- 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

- Examination  
- Up to (2) services per year
- Retinal Imaging  
- Up to (2) services per year
- Extended Ophthalmoscopy  
- Up to (2) services per year
- Gonioscopy  
- Up to (2) services per year
- Scanning Laser  
- Up to (2) services per year

\$0  
\$0  
\$0  
\$0  
\$0

Up to \$77  
Up to \$50  
Up to \$15  
Up to \$15  
Up to \$33

## Rates - valid 8/1/2021 to 7/31/2022

	Monthly	Annual
<b>Student Only</b>	\$5.83	\$69.96
<b>Student + One</b>	\$11.65	\$139.80
<b>Student + Family</b>	\$15.62	\$187.44

## To enroll for annual coverage effective 8/1/2021

Visit [www.gallagherstudent.com](http://www.gallagherstudent.com) between 7/12/2021 and 9/10/2021. Search for your school (LSU - Baton Rouge or LSU - HSC Shreveport). Click Dental / Vision Enroll on the Student Access menu on the left. Students newly eligible for coverage starting in the Spring semester may enroll by contacting [Alyson\\_nass@ajg.com](mailto:Alyson_nass@ajg.com) for a 1/1/2022 coverage effective date.

Please contact your local Member Advocate at 225-906-1280 with any questions concerning your new benefits.

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.

## Optional benefits

- <sup>1</sup> Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.
- <sup>2</sup> 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.
- <sup>3</sup> Discounts may be available on all frames except when prohibited by the manufacturer.
- <sup>4</sup> Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.
- <sup>5</sup> 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.

