

Humana Vision

PPO

Frames

\$150 allowance then you pay 80%

Elective contact lenses

\$150 allowance

Lens options

Savings are available; see benefit summary for more details

Things to know

Frames/lenses or contact lens allowance once every 12 months. Select benefits displayed are based on services provided by in network providers. See benefit summary by clicking on the plan name for full coverage details.

Monthly premium

\$13.49

Monthly administrative fee

\$1.00

Enrollment fee

\$35.00

Routine exam

You pay \$15. Once every 12 months

Contact lens exam

You pay \$40. Once every 12 months

Effective date

07/23/2018

Waiting period

No waiting periods

Select this plan

Would you like to see which providers are available in your area?

[Search dental providers](#) or [Search vision providers](#)

Next step: Review selection

-or-

Compare selected plans

[Clear selected](#)

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